		01/25/2018 19 : 25
FEC	REPORT OF RECEIPTS AND DISBURSEMENTS or Other Than An Authorized Committee	PAGE 1 / 396
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	Office Use Only 12FE4M5
UnitedHealth Group Ind	corporated PAC (UnitedHealth Group PAC)	
ADDRESS (number and street)	701 Pennsylvania Ave, NW Suite 200	
Check if different than previously reported. (ACC)	Washington	
2. FEC IDENTIFICATION NU C C00274431	MBER ▼ CITY ▲ 3. IS THIS NEW REPORT X (N) OR	STATE ▲ ZIP CODE ▲ AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Feb 20 (M2) May 20 (M3) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) Jul 20 (M7)	(Non-Election Year Only) S) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31	(c) 12-Day Primary (12P) PRE-Election Report for the: Convention (12C) 3)	General (12G) Runoff (12R) Special (12S) in the State of
Year-End Report (YI July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 12	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M / D D / Y Y Y Y 31 2017
I certify that I have examined thi Type or Print Name of Treasurer	s Report and to the best of my knowledge and belief it is Sherwood, Susan, , ,	true, correct and complete.
Signature of Treasurer	ood, Susan, , , [Electronically Filed]	Date 01 / 25 / 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.

	Office				FEC FORM 3X
1	Use				Rev. 05/2016
	Only				

x

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	Report Covering the Period: From:		o: 12 31 / Y Y Y Y 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		242591.24
	(b) Cash on Hand at Beginning of Reporting Period	823880.77	
	(c) Total Receipts (from Line 19)	285459.58	1723205.42
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1109340.35	1965796.66
7.	Total Disbursements (from Line 31)	488260.00	1344716.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	621080.35	621080.35
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)		

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From:	/ D D / Y Y Y Y 01 2017 To:	12 / D D / Y Y Y Y 12 31 2017
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Contributions (other than loans) From: (a) Individuals/Persons Other 		
Than Political Committees (i) Itemized (use Schedule A)	282523.06	1555601.03
(ii) Unitemized (iii) TOTAL (add	2936.52	158904.39
Lines 11(a)(i) and (ii)	285459.58	1714505.42
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	285459.58	1714505.42
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 4. Loan Repayments Received 15. Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made to Federal Candidates and Other 	0.00	0.00
Political Committees	0.00	7500.00
(Dividends, Interest, etc.)	0.00	1200.00
(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
9. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	285459.58	1723205.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	285459.58	1723205.42

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 10.00 10.00 Expenditures (c) Total Operating Expenditures 10.00 (add 21(a)(i), (a)(ii), and (b)) 10.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 775000.00 144000.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 1416.31 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 1416.31 29. Other Disbursements (Including Non-Federal Donations)..... 568290.00 344250.00 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 Total Federal Election Activity (add (C) 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)).. 488260.00 1344716.31 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 488260.00 1344716.31

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))▶
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

		_			-	285459.58
						0.00
	÷		÷	÷	-7	0.00
		7			7	285459.58
						10.00
+	÷	-7	÷	÷	-7	
		-7			-7	0.00
						10.00

1714505.42 1416.31 1713089.11 10.00 0.00 10.00

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Any information copied from such Reports or for commercial purposes, other than us				or the		oose of	soliciting	g contribu	tions
NAME OF COMMITTEE (In Full)	orated PAC (I	JnitedHealth Group PA	AC)						
A. Full Name of Individual (Last, First, Mid PONS, NATALIE, , , Mailing Address 12970 EAST CIBOLA		Date of	Re ′	D . [D / Y	YYY	Ŷ		
City	State	Zip Code	- I	12 Trans	acti	05 on ID ·	4164965	2017 58	
SCOTTSDALE	AZ	85259-3563	A					nis Period	
FEC ID number of contributing federal political committee.	C					y		5000.	00
Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General	Optum Services, Inc Bus Segment Gen Counsel Receipt For: Aggregate Year-to-Date ▼								
Other (specify) ▼		5000.00							
Full Name of Individual (Last, First, Mid B. AMBROSE, Frank, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 43267 Parkers Ridge I		12 05 2017					Y		
City Lansdowne	State VA	Zip Code 20176-5108					4164967 Receipt th	'3 nis Period	
FEC ID number of contributing federal political committee.	C			5000.00					
Name of Employer (for Individual) Rally Health		upation (for Individual) cutive Vice President, Operations		Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00							
Full Name of Individual (Last, First, Mic C. WILBUR, DANN, , ,	ddle Initial) or Full C	rganization Name		Date of	Re	ceipt			
Mailing Address 224 RIDGEVIEW AVE				м м 12	/	22		2017 [°]	Y
City WAYZATA	State MN	Zip Code 55391-1018	Δ				4172481	13 nis Period	
FEC ID number of contributing federal political committee.	С					,		1000.	_
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt		Me	emo	Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	1						
SUBTOTAL of Receipts This Page (optic	nal)	•				,	.,	11000.	00
TOTAL This Period (last page this line n	umber only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

			Use separate schedule(s)			(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the		pose of		contribu		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	۹C)							
A.	Full Name of Individual (Last, First, Middle Initia WEBER, DONALD, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 145 South 17th St				^M 12	/	D 10 22) / Y	ү ү 2017	Y	
	City La Crosse	State WI	Zip Code 54601-4255					4172484 Receipt th			
	FEC ID number of contributing federal political committee.	C							5000.	00	
	Name of Employer (for Individual) LHI		upation (for Individual) nder and Chairman		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00]							
B.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 2201 NORTH STAR ROAD				^M 12	1	31) / Y	2017	Y	
	City UPPER ARLINGTON	State OH	Zip Code 43221-3810					PR11597 Receipt th		3	
	FEC ID number of contributing federal political committee.	С							42.	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgmt		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00] '	P/R Ded	uctio	on (\$14.	.00 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 20 MCNULTY DRIVE				12 ^M	1	31		2017	Y	
	City EAST HARTFORD	State CT	Zip Code 06118-2413					PR11598 Receipt th		3	
	FEC ID number of contributing federal political committee.	С			Ľ		,	, <u>,</u>	28.	86	
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	ıpation (for Individual) T		M	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12]	P/R Ded	ucti	on (\$9.6	62 Bi-Wee	ekly)		
s	UBTOTAL of Receipts This Page (optional)			▶ _			,	5	5070.8	36	
т	OTAL This Period (last page this line number of	nly)					-				

Use separate schedule(s)

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PAGE 8 OF

	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	g the name and a	deress of any pointed commute						
UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middl A. SWAN, SHARON, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 395 STEAMBOAT CROS	SING		12 31 2017					
City DRIPPING SPRINGS	State TX	Zip Code 78620-4342	Transaction ID : PR1159803248253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strat Acct Exec	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middl ELLISTON, JAMES, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 302 S 52ND ST	01-1-	7. 0.4	12 31 2017					
City OMAHA	State NE	Zip Code 68132-3544	Transaction ID : PR1159805948253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middl C. GAUDIO, JOSEPH, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4842 E MOUNTAIN VIEV			12 / D D / Y Y Y Y 12 31 2017					
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811848253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		576.90					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1835.55	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	l)		636.90					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathematic mathematical statements and a	I ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions be to solicit contributions from such committee.					
UnitedHealth Group Incorpora	ited PAC (I	United Health Group P	AC)					
Full Name of Individual (Last, First, Middle WICHMANN, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7000 ANTRIM ROAD			12 31 Y Y Y Y Y 12 31 2017					
City EDINA	State MN	Zip Code 55439-1708	Transaction ID : PR1159814748253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		576.90					
Name of Employer (for Individual) United HealthCare Services Inc	Occ	upation (for Individual) D	Memo Item					
Receipt For: Primary General Other (specify) \checkmark	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. MEAD, BRUCE, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1232 GRAY BRANCH RD			12 31 2017					
City MCKINNEY	State TX	Zip Code 75071-6495	Transaction ID : PR1159816148253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		830.14					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P SIs	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$276.70 Bi-Weekly)					
Full Name of Individual (Last, First, Middle PENSHORN, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 120 BLACK OAKS LANE	1	1	12 / D D / Y Y Y Y 12 / 31 / 2017					
City WAYZATA	State MN	Zip Code 55391-1363	Transaction ID : PR1159816948253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		576.90					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UnitedHlth Group	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			1983.94					
TOTAL This Period (last page this line number	er only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 10 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ng the name and a								
UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mid KALLMEYER, PAUL, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 468 HERALD DR			12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1						
City AMBLER	State PA	Zip Code 19002-1530	Transaction ID : PR1159817448253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		150.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid B. QUIRK, THOMAS, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6458 ORCHID LANE	1		12 ¹						
City DALLAS	State TX	Zip Code 75230-4121	Transaction ID : PR1159819148253						
FEC ID number of contributing federal political committee.	C	73230-4121	Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Care Initiv	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Mid C. BARATZ, MEREDITH, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1850 SOLEDAD AVEN			12 31 / Y Y Y Y 2017						
City LA JOLLA	State CA	Zip Code 92037-3820	Transaction ID : PR1159820048253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	nal)		480.57						
TOTAL This Period (last page this line nu	imber only)								

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
	d Statements ma	av not be sold or used by any n	13 14 15 16 1 erson for the purpose of soliciting contributions				
r for commercial purposes, other than using			e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)		la ita di la altia Onavez Di					
angle UnitedHealth Group Incorpora	ated PAC (l	United Health Group PA	4C)				
Full Name of Individual (Last, First, Middle FALK, DAVID, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 323 LAWRENCE AVE			12 31 2017				
City	State	Zip Code	Transaction ID : PR1159820248253				
HIGHLAND PARK	NJ	08904-1851	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		42.00				
Name of Employer (for Individual) Optum Services, Inc	Occu Med	upation (for Individual) I Dir	Memo Item				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle MIGLIORI, RICHARD, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address PO BOX 72							
			12 31 2017				
City	State MN	Zip Code	Transaction ID : PR1159827448253				
WAYZATA FEC ID number of contributing	_	55391-0072	Amount of Each Receipt this Period				
federal political committee.	C		576.90				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, UHG Chief Medical Officer	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle, BUENEMANN, BARBARA, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 128 ROSEBROOK DR			12 31 2017				
City	State	Zip Code	Transaction ID : PR1159828748253				
FLORISSANT	MO	63031-8633	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		34.62				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Service	Memo Item				
	Aggregate	Year-to-Date ▼					
Other (specify)		300.04	P/R Deduction (\$11.54 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).		•	653.52				
TOTAL This Period (last page this line numb							

SCHEDULE A (FEC Form 3X) ___

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		2 6 17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting conti	ributions				
$\overline{\}$	NAME OF COMMITTEE (In Full)		_						
$ \rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)					
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name						
Α.	RIVET, JEANNINE, , ,			Date of Receipt					
	Mailing Address 4305 TRILLIUM WAY			M M / D D / Y Y 12 31 201	Y Y 7				
	City	State	Zip Code	Transaction ID : PR115983004	8253				
	MINNETRISTA	MN	55364-7708	Amount of Each Receipt this Per	riod				
	FEC ID number of contributing federal political committee.	С		5	576.90				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	United HealthCare Services Inc	EVF	P UnitedHlth Grp						
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		4000.80	P/R Deduction (\$192.30 Bi-Weekly)				
	Other (specify) V		4999.80						
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name						
Β.	HOCK, CHRISTOPHER, , ,			Date of Receipt					
	Mailing Address 215 WINDMILL HILL			12 / D D / Y Y 31 2011					
		State CT	Zip Code	Transaction ID : PR155112894					
	WETHERSFIELD		06109-2746	Amount of Each Receipt this Per	riod				
	FEC ID number of contributing federal political committee.	C			34.62				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	, 199. oguto		P/R Deduction (\$11.54 Bi-Weekly)					
	Other (specify) v	L	300.04						
с.	Full Name of Individual (Last, First, Middle Init MATTEO, MICHAEL, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 25 JEREMIAHS WAY			 					
				12 31 201					
	City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621	Transaction ID : PR155113344					
	FEC ID number of contributing			Amount of Each Receipt this Per	nou				
	federal political committee.	C		3	46.14				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	Optum Services, Inc	Chie	ef Growth Off						
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify)		2999.88	P/R Deduction (\$115.38 Bi-Weekly	r)				
				1					
s	UBTOTAL of Receipts This Page (optional)			9	57.66				
т	OTAL This Period (last page this line number of	only)							

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle A. CARR, ANTHONY, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 5201 THOROUGHBRED LI	N		M M / D D / Y Y Y Y 12 31 2017					
City SOUTHWEST RANCHES	State FL	Zip Code 33330-2406	Transaction ID : PR1554323448253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		714.27					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP PEOs Trusts	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.89	P/R Deduction (\$238.09 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. HARRIS, CHRISTINE, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 25 JUSTIN LANE			12 31 Y Y Y Y 12 31 2017					
City WETHERSFIELD	State CT	Zip Code 06109-2542	Transaction ID : PR1554323648253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	1					
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle MILLER, KATHERINE, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2321 HARBOR LAKE DRIV			12 / D D / Y Y Y Y 12 31 2017					
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324348253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.38					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			859.65					
TOTAL This Period (last page this line number	er only)							

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IT.			Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	× 11a	11b 11c 14 15	12	17			
	y information copied from such Reports and S for commercial purposes, other than using the			rson for the purp	pose of soliciting	g contribut	tions			
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	.C)						
Α.	Full Name of Individual (Last, First, Middle Ini ANDERSON, CRAIG, , ,	tial) or Full O	rganization Name	Date of Re	ceipt					
	Mailing Address 47 AMATO CIRCLE			12 /	31 / Y	2017	Y			
	City WETHERSFIELD	State CT	Zip Code 06109-3971		ion ID : PR1575 Each Receipt th		3			
	FEC ID number of contributing federal political committee.	С				686.7	79			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.83	P/R Deductio	on (\$228.93 Bi-V	√eekly)				
в.	Full Name of Individual (Last, First, Middle Ini ERICKSON, KAREN, , ,	tial) or Full O	rganization Name	Date of Re	ceipt					
	Mailing Address 15348 RED OAKS ROAD SE			12 /	D D / Y 31	2017	Y			
	City PRIOR LAKE	State MN	Zip Code 55372-1834		on ID : PR1575		3			
	FEC ID number of contributing federal political committee.	С	33372-1034	Amount of Each Receipt this Period 576.90						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)	Memo	Item					
	Receipt For: Primary General Other (specify) ▼		um Exec Year-to-Date ▼ 4999.80	P/R Deductio	on (\$192.30 Bi-V	/eekly)				
с.	Full Name of Individual (Last, First, Middle Ini MONFILETTO, ERNEST, , ,	tial) or Full O	rganization Name	Date of Re	ceipt					
	Mailing Address 3062 COMFORT ROAD			12 ^M /	31	2017				
	City NEW HOPE	State PA	Zip Code 18938-5622		ion ID : PR1575 Each Receipt th		3			
	FEC ID number of contributing federal political committee.	С			y y	230.7	76			
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) Ntwk Prgms	Memo	ltem					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.92	P/R Deductio	on (\$76.92 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)					1494.4	15			
Т	OTAL This Period (last page this line number	only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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				or each category of the Detailed Summary Page	×	11			-	1b 4		110		12		17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents ma ne and a	ay n .ddre	ot be sold or used by any pe ess of any political committee	erson f to so	or	the	pur; htrib	ро	se	of s	solici	ting uch	contri	ibuti	ons
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	Jni	tedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) o	nization Name	[Date	e of	Re	ece	eipt								
	Mailing Address 5033 PARK TERRACE						[™]	/	Į	D 3	^р 81	/	Y	2017		Y
	,	State MN		Zip Code					-			-		58548		
	EDINA			55436-1098	_ /	٩mo	ount	t of	Ea	ach	Re	eceip	t this	s Peri	iod	
	FEC ID number of contributing federal political committee.	2							-					57	76.9	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) n Mgmt			Me	emo	o It	tem	I					
		gregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		-j-	4999.80	P	/R [Ded	uctio	on	ı (\$1	192.	.30 B	i-We	eekly))	
	Full Name of Individual (Last, First, Middle Initial) (KELLY, JOHN, , ,	or Full O	rgar	nization Name		Date	e of	Re	ece	eipt						
	Mailing Address 341 PLEASANT AVENUE						™ 12	1	l	D 3	р 31	1	Y	2017		Y
	5	State MN		Zip Code 55102-2333										59748 s Peri		
	FEC ID number of contributing federal political committee.	C					614.45									
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP		ion (for Individual)			Me	emo	o It	tem	I					
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Yea	r-to-Date ▼ 4999.90	P/	/R [Dedu	uctio	on	(\$2	204.	75 B	i-We	eekly)		
	Full Name of Individual (Last, First, Middle Initial) (CAHILL, LAURA, , ,	or Full O	rgar	nization Name		Date	e of	Re	ece	eipt						
	Mailing Address 119 SILVER BEECH ROAD						12 [™]	1	I	D 3	^р 31	1	Y	2017		Y
	,	State CT		Zip Code 06488-2786										63648 s Peri		
	FEC ID number of contributing federal political committee.						_		,					-	42.1	2
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ion Sales Executive		μ	M	emc	o li	tem	1					
	Receipt For: Ag Primary General Other (specify)	gregate	Yea	r-to-Date ▼ 365.04	P.	/R I	Ded	ucti	ion	n (\$ 1	14.0)4 Bi	We	ekly)		
S	JBTOTAL of Receipts This Page (optional)			••••••					1					123	33.4	7
т	OTAL This Period (last page this line number only)			••••••					-						-	

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			Use separate schedule(s)	(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions					
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)					
A.	Full Name of Individual (Last, First, Middle Initia WEBB, ROBERT, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 4516 DREXEL AVENUE			M M / D D / Y Y Y Y 12 31 2017					
	City EDINA	State MN	Zip Code 55424-1130	Transaction ID : PR1580865348253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		576.90					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? UnitedHIth Grp	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia HUGHES, RICHARD, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 3905 COUNTY ROAD 44			12 / D D / Y Y Y Y 12 31 2017					
	City MINNETRISTA	State MN	Zip Code 55364-9572	Transaction ID : PR1596304148253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		300.00					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 2 COO of Human Capital	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia JOHNSON, THAD, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 9741 GLACIER BAY	State	Zin Oode	12 / D D / Y Y Y Y 12 / 31 / 2017					
	City EDEN PRAIRIE	MN	Zip Code 55347-2615	Transaction ID : PR1596304348253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		576.90					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	1453.80					
т	OTAL This Period (last page this line number or	וy)							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12			
٨٠	v information conied from such Deposite and Oktober	nonto ma	, ,	13 14 15 16 17			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan						
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	JnitedHealth Group PA	.C)			
Α.	Full Name of Individual (Last, First, Middle Initial) (SCHUMACHER, DANIEL, , ,	or Full Or	rganization Name	Date of Receipt			
	Mailing Address 5401 LARADA LANE			12 31 Y Y Y Y 12 31 2017			
	5	State	Zip Code	Transaction ID : PR1596305448253			
		MN	55436-1024	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	0		576.90			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Pres & COO	Memo Item			
	Receipt For:		Year-to-Date ▼				
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)			
в.	Full Name of Individual (Last, First, Middle Initial) (THEISEN, SCOTT, , ,	or Full Or	rganization Name	Date of Receipt			
	Mailing Address 1950 MEADOWWOODS TRAIL			12 31 2017			
		State	Zip Code	Transaction ID : PR1596305648253			
	LONG LAKE	MN	55356-9312	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	0		57.69			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Ops	Memo Item			
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ , 1499.98	P/R Deduction (\$19.23 Bi-Weekly)			
с.	Full Name of Individual (Last, First, Middle Initial) (OBERRENDER, ROBERT, , ,	or Full Or	rganization Name	Date of Receipt			
	Mailing Address 4505 MOORLAND AVENUE			12 31 2017			
	5	State	Zip Code	Transaction ID : PR1596307048253			
	EDINA	MN	55424-1158	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	0		576.90			
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item			
	United HealthCare Services Inc	SVP	Treas & Chief Invstmnt Off				
		ggregate	Year-to-Date 🔻				
	Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)			
s	UBTOTAL of Receipts This Page (optional)			1211.49			
т	OTAL This Period (last page this line number only))	•••••				

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	ated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle ANDERSON, KENNETH, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 12700 NE 245TH AVE			12 31 Y Y Y Y 2017					
City BRUSH PRAIRIE	State WA	Zip Code 98606-7761	Transaction ID : PR1596309248253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		59.73					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.05	P/R Deduction (\$19.91 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. ANDERSON, MICHAEL , , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 17907 INVERNESS CUR			12 / D D / Y Y Y Y 12 31 2017					
City EDEN PRAIRIE	State MN	Zip Code 55347-2155	Transaction ID : PR1596309348253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle FLYNN, DIANE, , ,	-	rganization Name	Date of Receipt					
Mailing Address 3318 FOXRIDGE CIRCLE		Zin Oada	12 / D D / Y Y Y Y 31 / 2017					
City TAMPA	State FL	Zip Code 33618-2149	Transaction ID : PR1596309748253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		117.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) n Exec Dir	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)		218.73					
TOTAL This Period (last page this line numl	per only)							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Mid A. DAVIDSON, TRACY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6058 HARBOUR TOW	N CIR		12 31 2017					
City WESTERVILLE	State OH	Zip Code 43082-8144	Transaction ID : PR1596311648253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		576.90					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mid B. DOOLEY, JEFFREY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1142 GREENBROOK D			12 / D D / Y Y Y Y 12 31 2017					
City DANVILLE	State CA	Zip Code 94526-4306	Transaction ID : PR1596312148253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		34.62					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn Growth Off	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)					
Full Name of Individual (Last, First, Mid C. DUNLOP, RICHARD, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2964 WYSE COURT			12 / D D / Y Y Y Y 12 31 2017					
City LEWIS CENTER	State OH	Zip Code 43035-8253	Transaction ID : PR1596312348253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		30.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		641.52					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	Detailed Summary Page	×	11a 13] 11b 14		11c	12	17	
Any information copied from such Reports and or for commercial purposes, other than using t				or the p		pose		oliciting	contribut	ions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora										
Full Name of Individual (Last, First, Middle A. GARCIA, STEVAN, , ,		Date of	Re	eceip	ot					
Mailing Address 1375 GRAYHAWK PLACE				м м 12	/	D	31	/ Y	y y 2017	Y
City LARKSPUR	State CO	Zip Code 80118-8623							3 1294825 is Period	3
FEC ID number of contributing federal political committee.	С					-		- -	0.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ops		Me	emo) Iter	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/	R Dedu	uctio	on (\$	\$0.00	Bi-Wee	ekly)	
Full Name of Individual (Last, First, Middle B. HEUMANN, KURT, , ,	Initial) or Full C	rganization Name		Date of	Re	eceip	ot			
Mailing Address 9825 GERALD DR	1.0.1			[™] 12	/	D	д 31	/ Y	2017	Y
City SAINT LOUIS	State MO	Zip Code 63128-1767	A						13748253 is Period	3
FEC ID number of contributing federal political committee.			540.00					00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo) Iter	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/	R Dedu	uctic	on (\$	\$180.0	00 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle KAJA, TIMOTHY, , ,		rganization Name		Date of	Re	eceip	ot			
Mailing Address 2383 GULF SHORE BLVD				^M 12			31		2017 ^Y	
City NAPLES	State FL	Zip Code 34103-4357	A						31454825 is Period	3
FEC ID number of contributing federal political committee.	С				_	,		y	4999.9	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nfo Tech		Me	emo	o Ite	em			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/	R Ded	uctio	on (\$	\$4999	.90 Bi-\	Weekly)	
SUBTOTAL of Receipts This Page (optional).						,		,	5539.9	0
TOTAL This Period (last page this line number	er only)	•				- -		-y		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	AC)				
Full Name of Individual (Last, First, Middle I MALLATT, KATHLEEN, , ,	nitial) or Full C	Organization Name	Date of Receipt				
Mailing Address 4304 SOUTH 167 AVENUE			12 12 1 D D / Y Y Y Y Y 12 31 2017				
City OMAHA	State NE	Zip Code 68135-1353	Transaction ID : PR1596315448253				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) United HealthCare Services Inc							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle I ROSENTHAL, DANIEL, , ,	nitial) or Full C	Organization Name	Date of Receipt				
Mailing Address 8 VIA HERMOSA							
City ORINDA	State CA	Zip Code 94563-1828	Transaction ID : PR1596317348253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		576.90				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle I C. RUTH, KEVIN, , ,	nitial) or Full C	Organization Name	Date of Receipt				
Mailing Address 16621 ALEXANDER MANO	R DRIVE		12 / D D / Y Y Y Y Y 12 31 2017				
City SILVER SPRING	State MD	Zip Code 20905-5028	Transaction ID : PR1596317448253				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P. HIth Advancement	Memo Item				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			2565.84				
TOTAL This Period (last page this line numbe	r only)	••••••					

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat			
Full Name of Individual (Last, First, Middle In A. STURKEY, DAVID, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 1941 MARINA ROAD			M M / D D / Y Y Y Y 12 31 2017
City	State	Zip Code	Transaction ID : PR1596318448253
IRMO	SC	29063-8579	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item
Receipt For:	Angregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		1014.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In B. TODD, JEFFREY, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 467 PRAIRIE WAY SOUTH			12 31 Y Y Y Y Y 12 31 2017
City	State	Zip Code	Transaction ID : PR1596319048253
BAYPORT	MN	55003-1607	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle II C. TURNAU, CHRIS, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address PO BOX 43216 3741 DUNBAR KNOLL			12 31 2017
City	State	Zip Code	Transaction ID : PR1596319148253
BROOKLYN PARK	MN	55443-0216	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		•	307.38
TOTAL This Period (last page this line numbe			

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
II EIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle A. VIERLING, FRANK, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address N5021 GREENS COULEE	I		M M / D D / Y Y Y Y Y 12 31 2017
City ONALASKA	State WI	Zip Code 54650	Transaction ID : PR1596319448253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. WASSERSTEIN, M LAURIE, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 92 GOODWIN CIRCLE			12 / D D / Y Y Y Y Y 12 31 2017
City HARTFORD	State CT	Zip Code 06105-5205	Transaction ID : PR1596319548253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		57.69
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle DODDY, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 50 WALSINGHAM ROAD			12 / D D / Y Y Y Y Y 12 31 2017
City MENDHAM	State NJ	Zip Code 07945-1827	Transaction ID : PR1600597348253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Tech	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			204.69
TOTAL This Period (last page this line numb	per only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	×	11a		11b		11c	12				
Any information conied from such Denosts and	Ptotomonto	here and as used by any a		13 r. tho		14	for	15	16	17			
Any information copied from such Reports and S or for commercial purposes, other than using the	e name and a	ay not be sold or used by any political committee	erson to e to soli	cit cor	ntrib	utions	fro	m such	contribu	ee.			
NAME OF COMMITTEE (In Full)		Inite all leadth One in DA											
UnitedHealth Group Incorporate	· ·	•	AC)										
Full Name of Individual (Last, First, Middle In A. ILE, MICHAEL L, , ,	itial) or Full C	rganization Name		Date of Receipt									
Mailing Address 14924 PONDVIEW CIRCLE				^м М 12	/	31		/ Y	2017	Y			
City	State	Zip Code	Transaction ID : PR1600597648253										
WAYZATA	MN	55391-2249	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		384.60											
Name of Employer (for Individual) Optum Services, Inc													
Receipt For:	Year-to-Date V												
Primary General Other (specify) ▼	P/	R Dedi	uctio	on (\$19	92.3	30 Bi-W	/eekly)						
Full Name of Individual (Last, First, Middle In B. MICHAUX, MICHAEL, , ,	itial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 742 GOODRICH AVE		[™] [™]	/	D 31		/ Y	2017	Y					
City	State	Zip Code		Transa	acti	on ID :	PF	R16005	9854825	3			
SAINT PAUL	MN	55105-3343	A	mount	of	Each I	Rec	eipt th	is Period				
FEC ID number of contributing federal political committee.	С			_		,	_	-15-	300.	00			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) GM PCM		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	P/I	R Dedu	uctic	on (\$10	0.0	0 Bi-W	'eekly)				
Full Name of Individual (Last, First, Middle In C. SANDY, LEWIS, , ,	itial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 4800 SUNNYSLOPE ROAD	E			[™] 12	1	D 31		/ Y	2017 [°]	Y			
City	State	Zip Code							59874825	3			
EDINA	MN	55424-1163	A	mount	of	Each I	Rec	eipt th	is Period				
FEC ID number of contributing federal political committee.	С			_		y		y	2699.	90			
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item							
United HealthCare Services Inc	SVF	Clin Advancement											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		4999.90	P/	R Dedi	uctio	on (\$89	99.9	90 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional)			. [9	3384.	50			
TOTAL This Period (last page this line number	only)		. [,		7					

Use separate schedule(s)

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116				or each category of the Detailed Summary Page		X 11a		111	-	11c		2 6	17	
	/ information copied from such Reports and State for commercial purposes, other than using the na					for the		pos	e of s	soliciting	g conti	ributi	ons	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) PETERSON, MATTHEW, , ,) or Full O	rgar	nization Name		Date o	f Re	ecei	pt					
	Mailing Address 2260 FOX STREET	1				12	/		31	/ Y	ү 201	Y 7	Y	
	City ORONO	State MN		Zip Code 55356-8316	Transaction ID : PR1602669948253									
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 576.90												
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) cillary & Ind/Sgt CAO		N	lemo	o Ite	m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80		P/R Dec	ductio	on ((\$192.	.30 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Initial) MALONEY, JEFFREY, , ,) or Full O	rgar	nization Name		Date o	f Re	ecei	pt					
	Mailing Address 6327 PASADENA POINT BLVD S		12 ^M	/		31	/ Y	201		Y				
	City GULFPORT	State FL		Zip Code 33707-3867	_			-		R16132				
	FEC ID number of contributing federal political committee.	С				Ē		-	_		2	288.4	5	
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) Mgmt		N	lemo	o Ite	۶m					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.90		P/R Dec	luctic	on (\$96.1	5 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initial)) or Full O	rgar	nization Name		Date o	f Re	eceij	pt					
	Mailing Address 1210 COUNTRY CLUB DR	1				12	1	Ľ	31	/ Y	201 [°]		Y	
	City CUTCHOGUE	State NY		Zip Code 11935-1728	-					PR1613			3	
	FEC ID number of contributing federal political committee.	С				Amoun		J				897.9	5	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		N	lemo	o Ite	эm					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2500.02		P/R Dec	ductio	on ((\$132	.65 Bi-V	√eekly	')		
sı	JBTOTAL of Receipts This Page (optional)			••••••							12	63.3	0	
т	OTAL This Period (last page this line number onl	y)			-			-		-		-		

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middl A. KENNEDY, WILLIAM, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 14 MYRA LN			M M / D D / Y Y Y Y 12 31 2017							
City BURLINGTON	State CT	Zip Code 06013-1327	Transaction ID : PR1653443148253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		60.00							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. BELLAMY, THOMAS, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2743 THOMAS AVENUE			12 / ^D D / ^Y Y Y Y 12 31 2017							
City MINNEAPOLIS	State MN	Zip Code 55416-4346	Transaction ID : PR1653444348253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		673.05							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.85	P/R Deduction (\$224.35 Bi-Weekly)							
Full Name of Individual (Last, First, Middl C. HOLMAN, ROBERT, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address N12464 HORSESHOE B	END RD	Zip Code	M M / D D / Y Y Y Y 12 31 2017							
City MINONG	WI	54859-8026	Transaction ID : PR1653445048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	l)		763.05							
TOTAL This Period (last page this line num	nber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				category of the Summary Page	×	11a 13		11b		11c	12	17		
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments ma me and a	ay not be so ddress of ar	ld or used by any p ny political committee	erson f e to sol	or the	purp ntrib	pose	e of s ns fro	15 oliciting m such	16 contribu commit	tions ee.		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHe	ealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) SEVIGNY, BRIAN, , ,	or Full C	rganization	Name	[Date of	Re	ceip	ot					
	Mailing Address 137 CREEKVIEW LANE				12 / D D / Y Y Y Y 12 31 2017									
	City	State	Zip Co		Transaction ID : PR1653445748253									
	LORETTO	MN	5535	7-2111	A	Amount	of	Eac	h Re	ceipt thi	is Period			
	FEC ID number of contributing federal political committee.			42.12										
	Name of Employer (for Individual) Optum Services, Inc		Me	emo	lter	m								
	Receipt For: A	ggregate	Year-to-Date	• ▼										
	Primary General Other (specify) ▼			365.04	P/	'R Ded	uctio	on (\$	\$14.0 [,]	4 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initial) SULLIVAN, DANIEL, , ,	or Full C	rganization	Name		Date of	Re	ceip	ot					
	Mailing Address 57 QUORN HUNT ROAD					м м 12	/	D	^р 31	/ Y	y y 2017	Y		
	City	State	Zip Co	de		Trans	acti	on I	D : P	R16534	4584825	3		
	WEST SIMSBURY	СТ	06092	-2524	A	Amount	of	Eac	h Re	ceipt thi	is Period			
	FEC ID number of contributing federal political committee.	С			115.38									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for IT	Individual)		Me	emo	lter	m					
	Receipt For: A Primary General Other (specify) ▼	vggregate	Year-to-Date	999.96	P/	R Dedi	uctic	on (\$	\$38.40	6 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initial) ARCHER, LORI, , ,	or Full C	rganization	Name		Date of	Re	eceip	ot					
	Mailing Address 2781 SADDLE CLUB ROAD					^M 12	/	D	31 D	/ Y	2017	Y		
	City	State IN	Zip Coo					-			5014825	3		
	GREENWOOD		46143	-9211	/	Amount	of	Eac	h Re	ceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					_	y		y	34.	62		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Prov Svc	Individual)		M	emo) Itei	m					
	Receipt For: A Primary General Other (specify) I	vggregate	Year-to-Date	300.04	P,	/R Ded	uctio	on (\$	\$11.5	4 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)										192.	12		
т	OTAL This Period (last page this line number only	/)						-		-				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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TIEMIZED RECEIPTS for each category of Detailed Summary P.						11a 13		11		11c	12	17					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments ma me and a	ay not be sold or u ddress of any polit	ised by any per ical committee	rson f to so	or the	purı ntrib	pos	e of s	soliciting	contribu	tions					
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth	Group PA	C)												
A.	Full Name of Individual (Last, First, Middle Initial) EMERSON, PAUL, , ,	or Full C	rganization Name		[Date o	f Re	ecei	pt								
	Mailing Address 18855 MEADOW VIEW BLVD	01-1-1	Zin Onda		12 31 2017												
	City PRIOR LAKE	State MN	Zip Code 55372-3133		Transaction ID : PR1806750348253												
		ů l							Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum360 Services Inc	ual)		М	emo	o Ite	em										
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼	4999.80	P	/R Ded	luctio	on ((\$192	.30 Bi-W	/eekly)						
в.	Full Name of Individual (Last, First, Middle Initial) PINOTTI, SHERRI, , ,	or Full C	rganization Name			Date o	f Re	ecei	pt								
	Mailing Address 416 BEAR AVE S					M M 12	/	ľ	31	/ Y	үүү 2017	Y					
	City VADNAIS HEIGHTS	State MN	Zip Code 55127-7078					-			3984825 is Period						
	FEC ID number of contributing federal political committee.							28.50									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individ IT Proj Mgmt	ual)		M	emo	o Ite	em								
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼	247.00	P/	'R Ded	uctio	on (\$9.50	Bi-Wee	ekly)						
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	rganization Name			Date o	f Re	ecei	pt								
	Mailing Address 9 STRATFORD ROAD					M M 12	/	ľ	31	/ Y	ү ү 2017	Y					
	City FARMINGTON	State CT	Zip Code 06032-1444								37914825						
		С				Amoun		La J			is Period 42.	12					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ VP CInt Relationshi	,		M	lemc	o Ite	em								
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼	365.04	P	/R Dec	lucti	ion	(\$14.0)4 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)			····· ►				1			647.	52					
т	OTAL This Period (last page this line number only	r)		····· ►				-		- 45-							

SCHEDULE A (FEC Form 3X) - - - - -

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		Use separate schedule(s)	(check o	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	 			
Any information copied from such Reports and											
or for commercial purposes, other than using	the name and a	iddress of any political committee	e to solicit c	ontric	outions t	rom sucr	1 committe	эе.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle ANDERSON, CATHERINE, , ,	Initial) or Full C	organization Name	Date	of Re	eceipt						
Mailing Address 57 SIMMONS LANE			12 31 2017								
City SEVERNA PARK	State MD	Zip Code 21146-1921					55074825 is Period	3			
FEC ID number of contributing federal political committee.	С						755.5	59			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Strat Initiv		Memo	tem Item						
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4999.90	P/R Deduction (\$251.85 Bi-Weekly)									
Full Name of Individual (Last, First, Middle BISHOP-HEROUX, KATHLEEN,		organization Name	Date	of Re	eceipt						
Mailing Address 145 COTTAGE RD			12		31	/ Y	y y 2017	Y			
City ENFIELD	State CT	Zip Code 06082-2208			-		6084825	3			
		00002-2200	Amou	nt of	Each R	leceipt th	is Period	_			
FEC ID number of contributing federal political committee.	C		나는		-yr 1		60.0	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo	o Item						
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		520.00	P/R De	ductio	on (\$20.	00 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle DUFEK, ROBERT, , ,	,	organization Name	Date	of Re	eceipt						
Mailing Address 816 PROMONTORY PLAC	1	Zin Oode	12		31		2017				
City EAGAN	State MN	Zip Code 55123-2297			-		57714825 is Period	3			
FEC ID number of contributing federal political committee.	С				y .		75.0	00			
Name of Employer (for Individual) Optum Services, Inc	Occ Dir I	upation (for Individual) T		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V 650.00	P/R De	educti	on (\$25.	.00 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optional)					, .	,	890.5	9			
TOTAL This Period (last page this line numb	er only)										

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12							
Any information copied from such Reports and S	Statements ma	Ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions to collicit contributions from such committee							
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ddress of any political committee	to solicit contributions from such committee.							
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In A. JOHNSON, CHRISTOPHER, , ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 12880 53RD STREET NORT	Ή		12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1							
City STILLWATER	State MN	Zip Code 55082-1063	Transaction ID : PR1903591148253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		117.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$39.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle In B. PENN, STEVEN, , ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6766 IDLEWOOD WAY			12 / D D / Y Y Y Y Y 12 31 2017							
City EDEN PRAIRIE	State MN	Zip Code 55346-3506	Transaction ID : PR1903612948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In SANTELLI, JOHN, , ,	itial) or Full O	rganization Name	Date of Receipt							
Mailing Address 25510 BIRCH BLUFF ROAD			12 / D D / Y Y Y Y 12 31 2017							
City EXCELSIOR	State MN	Zip Code 55331-8520	Transaction ID : PR1903622048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		576.90							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P CIO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			735.90							
TOTAL This Period (last page this line number	only)									

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle STEERUP, LORI, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7019 DONLEA LANE			12 31 Y Y Y Y Y 12 31 2017						
City EDEN PRAIRIE	State MN	Zip Code 55346-3164	Transaction ID : PR1903628648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Partner	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle WEYMOUTH, PAUL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 317 WRIGHTS MILL RD			12 / D D / Y Y Y Y 12 31 2017						
City	State CT	Zip Code	Transaction ID : PR1903636948253						
COVENTRY		06238-1559	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		57.69						
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		499.98	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle BEATY, JON, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 32860 SE DIVERS RD			12 / D D / Y Y Y Y 12 31 2017						
City ESTACADA	State OR	Zip Code 97023-7507	Transaction ID : PR2119467848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Qlty	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			129.69						
TOTAL This Period (last page this line numb	per only)								

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I A. BRYAN, KATHIE, , ,	nitial) or Full C	rganization Name	Data of Doccint							
Mailing Address 912 JOSHUA PLACE			Date of Receipt							
	Chata	Zin Onda	12 31 2017							
City SAN DIEGO	State CA	Zip Code 92154-2537	Transaction ID : PR2119469448253 Amount of Each Receipt this Period							
FEC ID number of contributing	С		75.00							
federal political committee.	U		4. 4. 4. 4.							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item							
Receipt For:		g Cnslt Year-to-Date ▼								
Primary General	, iggi oguto	650.00	P/R Deduction (\$25.00 Bi-Weekly)							
Other (specify) V		000.00	1							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name								
B. CADRIEL, DANIEL, , , Mailing Address 26023 NORTH 53RD DRIVI	=		Date of Receipt							
			12 31 2017							
City PHOENIX	State AZ	Zip Code 85083-6349	Transaction ID : PR2119469848253 Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	С		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Manager Client Management	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. CAMPBELL, COLLEEN, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4936 LONGMEADOW PAR	K ST		12 31 2017							
City	State	Zip Code	Transaction ID : PR2119469948253							
ORLANDO	FL	32811-7485	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
United HealthCare Services Inc Receipt For:		c Dir Clin Qlty Year-to-Date ▼	_							
Primary General	Aggregate		P/R Deduction (\$15.00 Bi-Weekly)							
Other (specify)		390.00	1							
SUBTOTAL of Receipts This Page (optional)			150.00							
TOTAL This Period (last page this line numbe	r only)									

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, M CROSS, RICHARD, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 11361 DONOVAN R	DAD		12 31 / Y Y Y Y 12 31 2017
City ROSSMOOR	State CA	Zip Code 90720-2931	Transaction ID : PR2119471848253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, M DEMBROSKI, TODD, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1390 FINCH LN	04-4-	Zip Code	12 / D D / Y Y Y Y 12 31 2017
City GREEN BAY	State WI	Zip Code 54313-6400	Transaction ID : PR2119472848253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		45.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name of Individual (Last, First, M DUNGAN, TARA, , ,		rganization Name	Date of Receipt
Mailing Address 619 HIGH COUNTR		Zip Code	12 31 2017
City SAN ANTONIO	State TX	Zip Code 78260-1829	Transaction ID : PR2119473248253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir, Clin Appeals	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (opt	ional)		150.00
TOTAL This Period (last page this line	number only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

		Use separate schedule(s)	(check d	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12				
Any information copied from such Reports and	Statements ma	ay not be sold or used by any p	erson for th	ne pui	14 rpose of	15 soliciting	16 contribut	17 ions			
or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I GILDERNICK, AMY, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt						
Mailing Address 2709 WILLIAMS GRANT			M 12		31	D / Y	2017	Y			
City DE PERE	State WI	Zip Code 54115-9456				PR21194 Receipt th	7524825 is Period	3			
FEC ID number of contributing federal political committee.	С				ар. I		60.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clms		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R D	educt	ion (\$20.	.00 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle I HANSEN, DAVID, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt						
Mailing Address 33 VIA CONOCIDO			M 1		31) / Y	2017	Y			
City SAN CLEMENTE	State CA	Zip Code 92673-7044				PR21194 Receipt th	76748253 is Period	5			
FEC ID number of contributing federal political committee.	С				-		405.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn Pres Ntwk Mgmt		Mem	o Item						
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		3510.00	P/R D	educti	ion (\$13	5.00 Bi-W	eekly)				
Full Name of Individual (Last, First, Middle I C. HARLAN, MADELINE, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt						
Mailing Address 3444 CORTES PLACE			M 1		31		2017 ^Y	Y			
City ROUND ROCK	State TX	Zip Code 78665-5666				PR21194 Receipt th	17694825 is Period	3			
FEC ID number of contributing federal political committee.	С				y .	, y	42.1	2			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R D	educt	ion (\$14	.04 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optional)					,		507.1	2			
TOTAL This Period (last page this line numbe	er only)										

FOR LINE NUMBER:

PAGE 35 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A. HARVEY, ANNE, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4916 THOR WAY			M M / D D / Y Y Y Y Y 12 31 2017							
City CARMICHAEL	State CA	Zip Code 95608-5650	Transaction ID : PR2119477248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Ntwk Contrctng	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. HAYES, PAULINE, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7651 YORKTOWN AVE			12 31 Y Y Y Y Y 12 31 2017							
City HUNTINGTON BEACH	State CA	Zip Code 92648-7803	Transaction ID : PR2119477448253							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc	Occ	upation (for Individual) Fin	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. HO, SAMUEL, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4220 OCEAN DR			M M / D D / Y Y Y Y 12 31 2017							
City MANHATTAN BEACH	State CA	Zip Code 90266-3059	Transaction ID : PR2119477948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		576.90							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Clin Off	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		636.90							
TOTAL This Period (last page this line nur	nber only)									

FOR LINE NUMBER:

PAGE 36 OF

			Use separate schedule(s)	(check only one)					
	ED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	17	
	mation copied from such Reports and Stat mmercial purposes, other than using the n			erson for the	e purpose	of solicitin	ng contribut	tions	
	OF COMMITTEE (In Full) edHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HUSER, DONNA L, , , Mailing Address 406 SKYTRAIL DR					Date of Receipt				
	D number of contributing I political committee.	С			30.00				
OPTU	ame of Employer (for Individual) Occupation (for Individual) PTUM TECHNOLOGY, INC. Clms Bus Proc Anlyst				Memo Iter	n			
	ot For: Primary General Other (specify) v	Aggregate Year-to-Date ▼ 260.00			P/R Deduction (\$10.00 Bi-Weekly)				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name KNUTSON, MARK, , ,				of Receipt	t			
	Mailing Address 19312 FAIRHAVEN EXT				12 / D D / Y Y Y Y 12 31 2017				
City SANT	A ANA	State CA	Zip Code 92705-6310		Transaction ID : PR2119480248253 Amount of Each Receipt this Period			3	
FEC I	D number of contributing I political committee.	С			45.00				
	of Employer (for Individual) Services, Inc		upation (for Individual) Cust Service		Memo Item				
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 390.00	P/R Deduction (\$15.00 Bi-Weekly)					
	ame of Individual (Last, First, Middle Initia KER, TIMOTHY, , ,	l) or Full Or	rganization Name	Date of	of Receipt	t			
	Mailing Address 3115 S GOTHIC CIRCLE				12 31 2017 Transaction ID : PR2119482348253				
City GREE	EN BAY	WI	54313-4384			h Receipt t		3	
	D number of contributing I political committee.	ě l				,	24.(00	
United	of Employer (for Individual) I HealthCare Services Inc		ipation (for Individual) .ct Svs		Memo Item				
	ot For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 208.00			P/R Deduction (\$8.00 Bi-Weekly)				
SUBTO	TAL of Receipts This Page (optional)		····· •				99.0)0	
TOTAL	This Period (last page this line number on	ly)	•		. T				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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			Detailed Summary Page	×	11a 13		11b		11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		liciting	contribu	tions			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) MACE-MEADOR, HEATHER, , ,) or Full C	Organization Name		Date of	Re	ceipt							
	Mailing Address 13531 CARLTON OAKS				12 / D D / Y Y Y Y 12 31 2017									
	City	State	Zip Code		Transaction ID : PR2119482548253									
	SAN ANTONIO	ТХ	78232-4902	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			60.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		M	emo	lterr	ı						
	Pagaint For:		Year-to-Date ▼	_										
	Primary General Other (specify) ▼	Aggregate	520.00	P/	R Ded	uctio	on (\$2	20.00) Bi-We	ekly)				
В.	Full Name of Individual (Last, First, Middle Initial)) or Full C	Organization Name		Date of	Re	ceipt							
	Mailing Address 834 WOODTACK COVE WAY				M M / D J Y									
	City	State	Zip Code											
	HENDERSON	NV	89002-8294	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					-		-y	30.	00			
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) VP SIs Acct Mgmt		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/I	R Ded	uctic	on (\$1	10.00) Bi-We	ekly)				
С.	Full Name of Individual (Last, First, Middle Initial) NEURURER, SCOTT, , ,) or Full C	Organization Name		Date of	Re	eceipt							
	Mailing Address 23822 VIA MONTE				^M 12	/		^р 31	/ Y	y y 2017	Y			
	City	State	Zip Code		Trans	acti	ion II) : P	R21194	8494825	3			
	COTO DE CAZA	CA	92679-4001	A	mount	t of	Each	Rec	ceipt thi	is Period				
	FEC ID number of contributing federal political committee.	С			_		y		y	349.	56			
	Name of Employer (for Individual) Optum Services, Inc	Occ VP (upation (for Individual) Ops		M	emo	lterr	ı						
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.05	P/R Deduction (\$116.52 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		b							439.	56			
т	OTAL This Period (last page this line number onl	y)	······	Ī			-							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middl ANYGARD, KEITH E, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1139 E OCEAN BOULEV #106	'ARD		12 31 Y Y Y Y Y 12 31 2017								
City LONG BEACH	State CA	Zip Code 90802-6521	Transaction ID : PR2119485048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		60.00								
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) npli Cnslt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middl B. OLLMANN-WAGNER, TRACY,		organization Name	Date of Receipt								
Mailing Address 2839 TIMBER LANE			12 / 31 / 2017								
City GREEN BAY	State WI	Zip Code 54313-5841	Transaction ID : PR2119485248253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		45.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) cc Dir SIs Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middl C. PAXSON, LYNDA A, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3924 E GARNET PL			12 31 2017								
City HIGHLANDS RANCH	State CO	Zip Code 80126-5044	Transaction ID : PR2119485848253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		75.00								
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) ïeld Acct Mgr	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona			180.00								
TOTAL This Period (last page this line num	ber only)										

Use separate schedule(s)

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ı ب	EMIZED RECEIPTS		Use separate schedule(s)	(C	heck onl	у ог	ne)								
11			for each category of the Detailed Summary Page		X 11a		11b	11c	12						
	y information copied from such Reports and S														
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit co	ntrib	outions f	rom such	n committ	ee.					
\backslash	NAME OF COMMITTEE (In Full)		InitedHealth Group D/												
	UnitedHealth Group Incorporate			чC)											
<u>v</u>	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	rganization Name												
Α.	PETE, DIANA, , ,				Date of Receipt										
	Mailing Address 9010 MORNINGSTAR DRIVE				12 31 2017										
	City	State	Zip Code			act		PR21194	18634825	3					
	SUGAR LAND	ТХ	77479-3316		Amount of Each Receipt this Period 36.00										
	FEC ID number of contributing	С													
	federal political committee.	U				-	-	-	50.	50					
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	ltem								
	United HealthCare Services Inc	Ass	c Dir Clin Qlty												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		312.00	P/R Deduction (\$12.00 Bi-Weekly)											
				-											
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full O	Organization Name												
в.	PETERS, MICHELLE, , ,				Date of	t Re	· .								
	Mailing Address 1128 COUNTRYSIDE DR				^M 12	1′	31		2017	Y					
	City	State	Zip Code		Trans	acti	ion ID :	PR21194	8644825	3					
	DE PERE	WI	54115-1040		Amoun	t of	Each R	leceipt th	is Period						
	FEC ID number of contributing federal political committee.	С		45.00											
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir		Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General			11.	P/R Ded	uctio	on (\$15.	00 Bi-We	ekly)						
	Other (specify) v		, 390.00	1											
C.	Full Name of Individual (Last, First, Middle Ini PITTMAN, AUSTIN, , ,	tial) or Full O	Organization Name		Date of	f Re	eceipt								
-	Mailing Address 4621 EDINA BLVD				M M		D D) / Y	YY	Y					
					12	1	31		2017						
	City EDINA	State MN	Zip Code 55424-1154						48674825 is Period	3					
	FEC ID number of contributing				Amoun				is renou	_					
	federal political committee.	С					y	9	576.9	90					
	Name of Employer (for Individual)	Occ	upation (for Individual)	_	М	emo	ttem								
	United HealthCare Services Inc		Segment CEO												
	Receipt For:	Aggregate	Year-to-Date ▼												
Primary General			4999.80					P/R Deduction (\$192.30 Bi-Weekly)							
	Other (specify)			41.	1										
Г					_					_					
s	UBTOTAL of Receipts This Page (optional)		••••••				y		657.9	90					
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11	OTAL This Period (last page this line number	only)	•••••••	•	1	1.0	-		1						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	-1	1a 3		11 14	- F	_	11c 15	12	Γ	17
or for	formation copied from such Reports and State commercial purposes, other than using the na					for	the p		oos	e of	sol	liciting	contrib		ns
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)										
	I Name of Individual (Last, First, Middle Initial) ROCHNOW, JAMES, , ,	or Full O	Orgar	nization Name	Date of Receipt										
	iling Address 143 RUSTIC OAK DRIVE				12 / D D / Y Y Y Y 31 2017										
City	/ IXEMBURG	State WI		Zip Code 54217-7320		Transaction ID : PR2119487248253									
FE		C			Amount of Each Receipt this Period 42.00										
	me of Employer (for Individual) ted HealthCare Services Inc	Occi Dir I	•	ion (for Individual)			Me	mo	lte	əm					
Rec	Ceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
	I Name of Individual (Last, First, Middle Initial)	or Full O	Drgar	nization Name		Da	te of	Ree	cei	pt					
	iling Address 55 PERENNIAL					12 / D D / Y Y Y Y 12 31 2017									
City IR\	/ /INE	State CA		Zip Code 92603-0621					-				8 79482 s Perio		
	C ID number of contributing eral political committee.	С			42.1									2.12	
	me of Employer (for Individual) ted HealthCare Services Inc		cupat Clin	tion (for Individual) Qlty		Memo Item									
Rec	Ceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 365.04	P/	P/R Deduction (\$14.04 Bi-Weekly)									
	I Name of Individual (Last, First, Middle Initial) OGERS, DEBBIE E, , ,	or Full O	Drgar	nization Name		Dat	te of	Ree	cei	pt					
Mai	iling Address 413 DOE RUN RD	1					12 [™]	/	Ľ	31		/ Y	2017	Y	1
City SE	/ EQUIM	State WA		Zip Code 98382-4704									88648		
FE	C ID number of contributing	С				AII)	Journ		∃a	CH R		τρι (ni	s Perio 3	0.00	
	ne of Employer (for Individual) ITED HEALTHCARE SVS INC	Occi Sr P	•	ion (for Individual) ⁄Igr I			Me	emo	lte	əm					
Rec	Ceipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
SUB	TOTAL of Receipts This Page (optional)			••••••					,				11	4.12	
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			for each category of the Detailed Summary Page	×	11a		11b	11c	12		 [
	ormation copied from such Reports and Sta ommercial purposes, other than using the n										17 s		
	IE OF COMMITTEE (In Full)												
∕Un	itedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)									
	Name of Individual (Last, First, Middle Initia ACCIA, CAROL A, , ,	l) or Full Or	ganization Name		Date of Receipt								
Maili	ng Address 14848 LANDERWOOD DR				12 31 Y Y Y Y 2017								
City EAS	STVALE	State CA	Zip Code 92880-3992	Transaction ID : PR2119489348253 Amount of Each Receipt this Period									
	ID number of contributing ral political committee.	С		30.00									
UNI	e of Employer (for Individual) FED HEALTHCARE SVS INC		pation (for Individual) Dvlp Ana		Me	emo	Item						
	eipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 260.00	P/	/R Dedu	uctio	n (\$10.0	00 Bi-We	ekly)				
	Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Red	ceipt						
	ng Address 9407 LLANO VERDE			12 / 31 / 2017 Transaction ID : PR2119490148253									
City HEI	OTES	State TX	Zip Code 78023-4156										
FEC	ID number of contributing ral political committee.	C			Amount			eceipt th		0.00			
	e of Employer (for Individual) d HealthCare Services Inc		ipation (for Individual) Gen Mgmt		Memo Item								
	eipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ , 260.00	P/I	R Dedu	ıctio	n (\$10.0	00 Bi-We	ekly)				
	Name of Individual (Last, First, Middle Initia ETTLER, RONALD, , ,	l) or Full Or	ganization Name		Date of	Red	ceipt						
	ng Address 11527 TRAILS END RD				м м 12	/	D D D 31	/ Y	2017 [°]	Y			
City LEA	NDER	State TX	Zip Code 78641-5813	Δ				PR21194 eceipt th					
	ID number of contributing ral political committee.	С			anount					D.00			
Unit	e of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Ilthcare Econ		Me	emo	ltem						
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/	/R Dedi	uctic	on (\$10.	00 Bi-We	ekly)				
SUBT	DTAL of Receipts This Page (optional)						,		90	0.00			
ΤΟΤΑΙ	- This Period (last page this line number on	ly)	•				,			-			

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cl	heck only	у ог	ne)							
11			for each category of the Detailed Summary Page		× 11a]11b	11c	12	<i>,</i>				
Ar	y information copied from such Reports and S	Statements ma	ay not be sold or used by any p	erson	13 for the	pur	14 pose of	15 soliciting	contribut	17 ions				
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	solicit co	ntrib	outions	from such	n committ	90.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)										
A.	Full Name of Individual (Last, First, Middle Ini THOMSON, CHERYL, , ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 222 FOREST DR				^M 12	1	D 31) / Y	2017	Y				
	City SOBIESKI	State WI	Zip Code 54171-9748			49164825 iis Period	3							
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	45.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	1	P/R Ded	ucti	on (\$15	.00 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Ini TUCKER, STEVEN, , ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 3784 8TH AVENUE				12 31 2017 Transaction ID : PR2119492048253									
	City SAN DIEGO	State CA	Zip Code 92103-4305						19204825 iis Period	3				
	FEC ID number of contributing federal political committee.	С							288.0	00				
	Name of Employer (for Individual) Optum Services, Inc	Occ VP		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2496.00]	P/R Ded	uctio	on (\$96.	.00 Bi-We	eekly)					
C.	Full Name of Individual (Last, First, Middle Ini VANASTEN, SUSAN, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address N2249 NICOLE COURT	Chata	Zin Oode		12 ×		31		2017					
	City KAUKAUNA	State WI	Zip Code 54130-9462						49264825 iis Period	3				
	FEC ID number of contributing federal political committee.	С			120.00									
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) R Telesls Dir	al) 1040.00 P/R Deduction (\$40.0										
	Primary General Other (specify)	Aggregate						0.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	453.0	00				
T,	OTAL This Period (last page this line number	only)		_ •										

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I WESTPHAL, SCOTT, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4536 ROCKY RUN LN			Model Dot Yes Yes <thyes< th=""> <thyes< td="" th<=""></thyes<></thyes<>								
City OCONTO	State WI	Zip Code 54153-9268									
FEC ID number of contributing federal political committee.	С		34.62								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I B. DAUGHERTY, LINDA, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 15442 NORTH 19TH WAY			12 / D D / Y Y Y Y Y 12 31 2017								
City PHOENIX	State AZ	Zip Code 85022-3329	Transaction ID : PR2119493548253								
		03022-3323	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		520.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. WRIGHT, GREGORY, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 10471 STRAND TERRACE			12 / D D / Y Y Y Y 12 31 2017								
City SANTA ANA	State CA	Zip Code 92705-1495	Transaction ID : PR2119494148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		75.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			169.62								
TOTAL This Period (last page this line numbe	r only)										

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. YOUNG, GEORGE, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 36296 N 98TH WAY			M M M / D D / Y Y Y Y 12 31 2017 Transaction ID : PR2119494448253 Amount of Each Receipt this Period								
City SCOTTSDALE	State AZ	Zip Code 85262-3138									
FEC ID number of contributing federal political committee.	C		45.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. YOUNG, STEVEN C, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 10765 QUAIL CREEK DRI			12 / Y Y Y Y 12 31 / 2017								
City PARKER	State CO	Zip Code 80138-3064	Transaction ID : PR2119494548253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) Acct Exec	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260,00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. MASON, JOHN, J, ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 524 N CRESCENT HEIGH	TS BLVD		12 / D D / Y Y Y Y 12 31 2017								
City LOS ANGELES	State CA	Zip Code 90048-2208	Transaction ID : PR2126373848253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			651.90								
TOTAL This Period (last page this line numb	er only)										

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	łC)							
Full Name of Individual (Last, First, Middle A. BURKE, FORREST, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 380 LEAF STREET			12 31 / Y Y Y Y Y 12 31 2017							
City ORONO	State MN	Zip Code 55356-9733	Transaction ID : PR2133132448253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		576.90							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. COLEMAN, WILLIAM, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 831 RATLEY ROAD			12 / D D / Y Y Y Y Y 2017							
City WEST SUFFIELD	State CT	Zip Code 06093-2400	Transaction ID : PR2133132548253							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clms	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$12.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. CUMMINGS, DANIEL, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1929 FAIRMOUNT AVE			12 31 / Y Y Y Y 2017							
City SAINT PAUL	State MN	Zip Code 55105-1539	Transaction ID : PR2133132648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.00							
Name of Employer (for Individual) Optum Services, Inc	Occ Dir F	upation (for Individual) Fin	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		657.90							
TOTAL This Period (last page this line num	ber only)									

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. HULTGREN, BROR, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 408 22ND ST			12 31 Y Y Y Y Y 2017							
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		576.90							
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Reg	upation (for Individual) n CEO Year-to-Date ▼	Memo Item							
Primary General Other (specify) ▼	Aggregate	4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MORISATO, SUSAN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 238 ARDMORE ROAD			12 31 / Y Y Y Y 2017							
City DES PLAINES	State IL	Zip Code 60016-2119	Transaction ID : PR2133133848253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		576.90							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. NETTLETON, KIMBERLY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5003 DARNELL	1		12 / D D / Y Y Y Y 12 31 2017							
City HOUSTON	State TX	Zip Code 77096-1510	Transaction ID : PR2133133948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$15.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1198.80							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EWIZED RECEIPTS			etailed Summary Page	×	11a		111	b	11c		12		
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	y information copied from such Reports and Stat for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)		_											
$\Big)$	UnitedHealth Group Incorporated	PAC (l	Jnit	edHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial PUTNAM, T JEFFREY, , ,) or Full O	rgani	zation Name		Date of Receipt								
	Mailing Address 303 ELMWOOD PLACE WEST					12 / D D / Y Y Y Y 12 31 2017								
	City	State		Zip Code		Trans	acti	ion	ID : P	R2133	1342	4825	3	
	MINNEAPOLIS	MN		55419-1349	_ /	Amount	of	Ead	ch Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						-		-9-	_	576.9	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) p CFO	Memo Item									
	Receipt For:	Aggregate	Year-	to-Date ▼										
	Primary General Other (specify) ▼			4999.80	P/	/R Ded	uctio	on (\$192.	30 Bi-W	/eek	ly)		
В.	Full Name of Individual (Last, First, Middle Initial SCHIMMELBUSCH, DIANE, , ,) or Full O	rgani	zation Name		Date of	Re	eceip	ot					
	Mailing Address 2203 LAKE GARDENS DRIVE				12 31 Y Y Y Y Y Y 12 31 2017									
	City	State	2	Zip Code		Trans	acti	ion	ID : P	R21331	1346	48253		
	KINGWOOD	TX		77339-3629	/	Amount	of	Ead	ch Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С				75.00								
	Name of Employer (for Individual) Optum Services, Inc		upatio Gen I	on (for Individual) Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial SHIELS, ANITA, , ,) or Full O	rgani	zation Name		Date of	Re	ecei	ot					
	Mailing Address 477 LAKE TIDE DRIVE					^M 12	/		31	/ Y)17	Y	
	City	State		Zip Code		Trans	act	ion	ID : F	R2133	1347	4825	3	
	CHAPIN	SC		29036-8769	/	Amount	of	Ead	ch Re	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						y		y	_	30.0	0	
	Name of Employer (for Individual)		•	on (for Individual)		M	emc	o Ite	em					
	United HealthCare Services Inc		Gen N	-	_									
	Receipt For: Primary General	Aggregate	Year-	to-Date ▼								,		
	Other (specify)		-	260.00	P/R Deduction (\$10.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			••••••				,				681.9	0	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			10 0						.00.				
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia COLE, DANIEL, , ,	l) or Full Or	rganization Name		Date of Receipt									
	Mailing Address 9790 FOXWORTH DRIVE	1			^M 12	1	31) / Y	2017	Y				
	City JOHNS CREEK	State GA	Zip Code 30022-6259	Transaction ID : PR214572834825 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							20	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		P/R Dedu	uctio	on (\$10.	.00 Bi-We	ekly)					
B.	Full Name of Individual (Last, First, Middle Initia FALKENBERG, ROBERT, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 6 LANTANA			12 / D D / Y Y Y Y 12 / 31 / 2017 Transaction ID : PR2145728448253										
	City NEWPORT COAST	State CA	Zip Code 92657-1646					PR21457 leceipt th		-				
	FEC ID number of contributing federal political committee.	C				U			245					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	_	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	F	P/R Dedu	uctio	on (\$81.	94 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle Initia RUMMEL, LEAH, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 12100 TRAUTWEIN ROAD				^M 12	1	31		2017					
	City AUSTIN	State TX	Zip Code 78737-9358				-	PR2145						
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	9	45	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	ttem							
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	310.	82				
т	OTAL This Period (last page this line number on	ly)	•	-			-							

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	ig the name and a	duces of any political commute									
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mide SMITH, DANNETTE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4200 ALDEN DRIVE			12 31 / Y Y Y Y 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10								
City EDINA	State MN	Zip Code 55416-5010	Transaction ID : PR2145729948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Midden B. BENSON, MARYNELL, , ,	lle Initial) or Full O	Date of Receipt									
Mailing Address 222 IRON WORKS WAY			12 / D D / Y Y Y Y Y 12 31 2017								
City WAYNE	State	Zip Code 19087-4213	Transaction ID : PR2162866948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		30.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) In Exec Dir	P/R Deduction (\$10.00 Bi-Weekly)								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
Full Name of Individual (Last, First, Midd C. LEWIS, KURT, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 961 RIVER FOREST DF	1		12 / D D / Y Y Y Y 12 31 2017								
City MAINEVILLE	State OH	Zip Code 45039-7720	Transaction ID : PR2203967548253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		34.62								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	al)		641.52								
TOTAL This Period (last page this line nur	mber only)										

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the r	name and a	doress of any political committee	to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initia GIBSON, CHRISTINE, , ,	al) or Full O	Date of Receipt							
	Mailing Address 8516 29TH AVE N			M M / D D / Y Y Y Y 12 31 2017						
	City NEW HOPE	State MN	Zip Code 55427-2622	Transaction ID : PR2225166748253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		115.38						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Strat Initiv	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia BEAULE, JEAN-FRANCOIS, , ,	Date of Receipt								
	Mailing Address 7 STRATFORD RD	1		12 / D D / Y Y Y Y 12 31 2017						
	City	State	Zip Code	Transaction ID : PR2225813648253						
	FARMINGTON	СТ	06032-1444	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		346.14						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Hith Advancement	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 753 WOOD HILL DRIVE				12 / D D / Y Y Y Y 12 31 2017						
	City CHANHASSEN	State MN	Zip Code 55317-9561	Transaction ID : PR2225818448253 Amount of Each Receipt this Period						
				45.00						
			upation (for Individual) Software Engineering	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			506.52						
т	OTAL This Period (last page this line number or	nly)								

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171			Use separate schedule(s)	(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12						
An	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma	ay not be sold or used by any po	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee						
	NAME OF COMMITTEE (In Full)		utiess of any political committee							
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Initia MCGUIRE, MICHAEL, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 437 DRURY LANE			12 31 Y Y Y Y Y 12 12 11 2017						
	City WYCKOFF	State NJ	Zip Code 07481-2204	Transaction ID : PR2225818848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.				1071.42						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.98	P/R Deduction (\$357.14 Bi-Weekly)						
R	Full Name of Individual (Last, First, Middle Initia RYAN, JOHN, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 45 WESTMORELAND LN			12 31 2017						
	City	State	Zip Code	Transaction ID : PR2225819648253						
	NAPERVILLE	IL	60540-5817	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		173.07						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CInt Mgmt Svc	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 276 COYOTE WILLOW DRIVE			12 / D D / Y Y Y Y 12 31 2017						
	City COLORADO SPRINGS	State CO	Zip Code 80921-7631	Transaction ID : PR2225819748253 Amount of Each Receipt this Period						
Optum Services, Inc Dir				230.76						
			upation (for Individual) Bus Dvlp	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			1475.25						
т	OTAL This Period (last page this line number or	nly)	••••••							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	(C)				
Full Name of Individual (Last, First, Middle GREENMAN, DEE, , ,	e Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 536 HIGH DR	State	Zip Code	12 31 2017 Transaction ID : PR2231350248253				
CARMEL	IN	46033-2338	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		45.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.80	P/R Deduction (\$15.20 Bi-Weekly)				
Full Name of Individual (Last, First, Middle CONNLY, MICHAEL, , ,							
Mailing Address 570 MONTCALM PL			12 31 2017				
City SAINT PAUL	State MN	Zip Code 55116-1730	Transaction ID : PR2247625848253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		627.19 Memo Item				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$209.01 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. CARCIONE, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 11 CARRIAGE WAY			12 / D D / Y Y Y Y 12 31 2017				
City WHITE PLAINS	State NY	Zip Code 10605-5424	Transaction ID : PR2247626848253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		173.10				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1ed Dir	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.20	P/R Deduction (\$57.70 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional))		845.89				
TOTAL This Period (last page this line numb	per only)						

Use separate schedule(s)

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IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)	L			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\left(\right. \right. }$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia KANTOLA, KEVIN, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 7031 HALSTEAD DRIVE				12 31 2017						
	City MINNETRISTA	State MN	Zip Code 55364-3201					PR22476 leceipt th			
FEC ID number of contributing federal political committee.								- 45-	117.	00	
	Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP IT				tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$39.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia O'BRIEN, DENNIS, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 61 LOUGHLIN AVE	1			12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	City COS COB	State CT	Zip Code 06807-2621	Transaction ID : PR2247627348253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Regn CEO			576.90						
	Name of Employer (for Individual) United HealthCare Services Inc				Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	ggregate Year-to-Date ▼ 4999.80				P/R Deduction (\$192.30 Bi-Weekly)				
С.	Full Name of Individual (Last, First, Middle Initia VERNEY, JEFFERY, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 266 WESTLEDGE ROAD	1				12 31 2017					
	City WEST SIMSBURY	State CT	Zip Code 06092-2017					PR2247			
FEC ID number of contributing federal political committee.					729.61						
Name of Employer (for Individual) United HealthCare Services Inc			pation (for Individual) Sen Mgmt		Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90		P/R Ded	ucti	on (\$24	3.19 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)		••••••				, .		1423.	51	
Т	OTAL This Period (last page this line number on	ly)	••••••	-			-				

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1 erson for the purpose of soliciting contributions from such committee							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle GARODIA, SANJAY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 110 COVINGTON COURT			12 31 2017							
City OAK BROOK	State IL	Zip Code 60523-2574	Transaction ID : PR2247627848253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		115.38							
Name of Employer (for Individual) Optum Services, Inc	Occ	upation (for Individual) O	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. OHMAN, DANIEL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 205 RIVERMERE WAY			12 31 2017							
City	State GA	Zip Code	Transaction ID : PR2247628048253							
	GA	30350-6346	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		288.45							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. PRINCE, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 546 HARRINGTON ROAD			12 / D D / Y Y Y Y 12 31 2017							
City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738448253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		576.90							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			980.73							
TOTAL This Period (last page this line number	er only)	······								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVILED REGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mid CRONN, CHRISTOPHER, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1122 COLORADO STR SUITE 2399	EET		M M / D D / Y Y Y Y 12 31 2017						
City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522948253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		190.38						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.96	P/R Deduction (\$63.46 Bi-Weekly)						
Full Name of Individual (Last, First, Mid B. CURRY, CAROLE, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name CURRY, CAROLE, , ,								
Mailing Address 411 FLEECE FLOWER			12 D D / Y Y Y Y 12 31 2017						
City GAITHERSBURG	State MD	Zip Code 20878-2646	Transaction ID : PR2402315748253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgr II	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid FRASCINO, MJ, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7 PIONEER DRIVE			12 31 2017						
City ELLINGTON	State CT	Zip Code 06029-3221	Transaction ID : PR2402316548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
United HealthCare Services Inc		upation (for Individual) /ktg Comm	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	nal)		274.38						
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	NC)					
Full Name of Individual (Last, First, Middle JACOBS, DONALD, , ,		rganization Name	Date of Receipt					
Mailing Address 19495 VINE RIDGE ROAI	D	Zip Code	12 31 2017 Transaction ID : PR2402317348253					
EXCELSIOR	MN	55331-9173	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		30.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr II	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. KEPLEY CARRIER, ANGELA, ,		organization Name	Date of Receipt					
Mailing Address 3219 PENINSULA DRIVE			12 ^D ^D ¹ ^Y					
City JAMESTOWN	State NC	Zip Code 27282-8717	Transaction ID : PR2402317748253 Amount of Each Receipt this Period 60.00					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle LEVI-BAUMGARTEN, MARILY		organization Name	Date of Receipt					
Mailing Address 4800 W 27TH ST			12 / D D / Y Y Y Y Y 12 31 2017					
City SAINT LOUIS PARK	State MN	Zip Code 55416-1933	Transaction ID : PR2402317948253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		60.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)		150.00					
TOTAL This Period (last page this line num	ber only)	••••••						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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			Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or for	nformation copied from such Reports and State commercial purposes, other than using the na	ements ma me and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions							
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)							
	ll Name of Individual (Last, First, Middle Initial) EWIS, ERIC, , ,	or Full C	Organization Name	Date of Receipt							
	iling Address 4574 SEAGULL CIRCLE NE			12 31 Y Y Y Y Y 12 31 2017							
Cit	-	State	Zip Code	Transaction ID : PR2402318048253							
PF	RIOR LAKE	MN	55372-1296	Amount of Each Receipt this Period							
	C ID number of contributing leral political committee.	С		24.00							
	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Acctng	Memo Item							
Re	ceipt For:		Year-to-Date ▼								
	Primary General Other (specify) ▼	iggiogalo	208.00	P/R Deduction (\$8.00 Bi-Weekly)							
	II Name of Individual (Last, First, Middle Initial) OGAN, JAKE, , ,	Date of Receipt									
Ma	iling Address 4826 EAST CALLE REDONDA			12 31 2017							
Cit	у	State	Zip Code	Transaction ID : PR2402318248253							
PH	IOENIX	AZ	85018-2931	Amount of Each Receipt this Period							
	C ID number of contributing leral political committee.	С		576.90							
	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) vt Affs Dir	Memo Item							
Re	ceipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Ful C. N	II Name of Individual (Last, First, Middle Initial) ICGRATH, STACY, , ,	or Full C	Organization Name	Date of Receipt							
	iling Address 5801 CHOWEN AVE S			12 31 2017							
Cit	-	State	Zip Code	Transaction ID : PR2402318548253							
E	DINA	MN	55410-2759	Amount of Each Receipt this Period							
	C ID number of contributing leral political committee.	С		51.36							
	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Proj Mgmt	Memo Item							
Re	Ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 445.12	P/R Deduction (\$17.12 Bi-Weekly)							
SUB	TOTAL of Receipts This Page (optional)			652.26							
тот/	AL This Period (last page this line number only	/)									

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 1 person for the purpose of soliciting contributions							
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Middle MOCKLER, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 373 SW 176TH PL			M M / D D / Y Y Y Y 12 31 2017							
City NORMANDY PARK	State WA	Zip Code 98166-3761	Transaction ID : PR2402318748253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prod	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MORRISON DAVIS, ANDREA, , ,	I Name of Individual (Last, First, Middle Initial) or Full Organization Name ORRISON DAVIS, ANDREA, , ,									
Mailing Address 2 LAKESHIRE COURT			12 / 12 / Y Y Y Y 12 / 31 / 2017							
City OWINGS MILLS	State MD	Zip Code 21117-1246	Transaction ID : PR2402318948253							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Mgt Cons CInt Svc	Memo Item							
Receipt For: Primary General Other (specify) ▼	I	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. ROSSI, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11632 KNOX STREET	I		12 31 / Y Y Y Y 2017							
City OVERLAND PARK	State KS	Zip Code 66210-3608	Transaction ID : PR2402319648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		54.75							
United HealthCare Services Inc Di		upation (for Individual) Health Plan Operations	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$18.25 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			114.75							
TOTAL This Period (last page this line numb	er only)	······								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
VinitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle ZEPP, LYNN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 22503 MAGNOLIA TRACE	BOULEVARD		12 31 / Y Y Y Y 12 31 2017							
City LUTZ	State FL	Zip Code 33549-9306	Transaction ID : PR2402320948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. CRANLEY, SHELLEY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3801 MAURICE COURT			M M / D D / Y							
City	State NV	Zip Code								
LAS VEGAS	_	89108-5245	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		75.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. ANLIKER, JAY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4306 MOUNTAIN LANE			12 / D D / Y Y Y Y 12 31 2017							
City WAUSAU	State WI	Zip Code 54401-8543	Transaction ID : PR2402445048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		60.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)) TPA	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			165.00							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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IT.			Use separate schedule(s)	(check only	one)	L					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c 15	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for the	ourpose of s	oliciting	contribu	utions			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	.C)							
A.	Full Name of Individual (Last, First, Middle Initia BECKER, JAMES, , ,	l) or Full Or	rganization Name	Date of	Receipt						
	Mailing Address 378 FERNDALE ROAD WEST			12 31 2017							
	City WAYZATA	State MN	Zip Code 55391-1559		action ID : P of Each Red						
FEC ID number of contributing federal political committee.						-ge	576	.90			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Me	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initia COLEMAN, JAMES, , ,	Date of	Receipt								
	Mailing Address 4720 WEST 66TH STREET			12 / D D / Y Y Y Y 12 31 2017							
	City EDINA	State MN	Zip Code 55435-1506	Transaction ID : PR2402445248253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		642.84							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp SVP, Human Capital	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.88	P/R Deduction (\$214.28 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	Date of	Receipt						
Mailing Address 11688 TANGLEWOOD DRIVE			75.0.1	12 / D D / Y Y Y Y 12 31 2017							
	City EDEN PRAIRIE	State MN	Zip Code 55347-4726		of Each Red						
Optum Services, Inc Bus					9	9	576				
			ipation (for Individual) Segment CEO	Me	emo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)						1796	.64			
т	OTAL This Period (last page this line number on	ly)	· · · · · · · · · · · · · · · · · · ·		-	-					

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mand a	I ay not be sold or used by any p uddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. HIGA, JOY, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 2208 ELM AVENUE			12 31 2017						
City MANHATTAN BEACH	State CA	Zip Code 90266-2809	Transaction ID : PR2402446248253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		90.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ALEXANDER, CORY, , ,	Initial) or Full C	Date of Receipt							
Mailing Address 4203 BRADLEY LANE	01-1-	7. 0.1	M M / D D / Y Y Y Y Y 12 31 2017						
City CHEVY CHASE	State MD	Zip Code 20815-5234	Transaction ID : PR2405428848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		576.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affairs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle SAELENS, KAREN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 105 N FLORENCE AVE			12 D D / Y Y Y Y 12 31 2017						
City LITCHFIELD PARK	State AZ	Zip Code 85340-4424	Transaction ID : PR2408544848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) Health Plan Operations	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			726.90						
TOTAL This Period (last page this line number	er only)								

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Use separate schedule(s)

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					(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c 15		2 16	17	
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the		pose of	soliciting	g conti	ributic	ons	
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initi WEE, KATHLYN, , ,	al) or Full C	Organization Name	Date of	Date of Receipt						
	Mailing Address 2225 46TH ST NW			M 12		D D 31	/ Y	y 201	Y Y 17		
	City WASHINGTON	State DC	Zip Code 20007-1032			ion ID : I Each Re					
	FEC ID number of contributing federal political committee.	С				т. і 1911 г.		5	576.90)	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P State SIs OptumI		Vemo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	ducti	on (\$192	2.30 Bi-W	/eekly	')		
в.	Full Name of Individual (Last, First, Middle Initi CORZINE, JEFFREY, , ,	al) or Full C	Organization Name	Date of	of Re	eceipt					
	Mailing Address 9350 TRACEYTON DRIVE				12 / D D / Y Y Y Y Y Y 12 31 2017						
	City DUBLIN	State OH	Zip Code 43017-9689			ion ID : I		-			
	FEC ID number of contributing federal political committee.	С	43017-3003	Amour	nt of	Each Re	eceipt tr		289.98	3	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Memo	ttem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 749.98	P/R Dee	ducti	on (\$96.6	66 Bi-W€	∍ekly)			
С.	Full Name of Individual (Last, First, Middle Initi FUENTEVILLA, ANA, , ,	al) or Full C	Organization Name	Date of	of Re	eceipt					
	Mailing Address 4815 N CAMINO ESCUELA			12		D D D 31	JL	ې 201	7		
	City TUCSON	State AZ	Zip Code 85718-5913			ion ID : Each Re					
	FEC ID number of contributing federal political committee.	С			707.12						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off		Memo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R De	educti	on (\$235	5.70 Bi-V	Veekly	1)		
⊢	UBTOTAL of Receipts This Page (optional)					, , , ,	· · ·	15	574.00)	

Use separate schedule(s)

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		Use separate schedule(s)	(check of	(check only one)						
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	4-7		
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)		and be any pointed committee		5						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. HAGAN, WILLIAM, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 6536 E GREYTHORN DRI	VE		M 12		D D D 31	/ Y	y y 2017	Y		
City SCOTTSDALE	State AZ	Zip Code 85266-6761					2004825 is Period	3		
FEC ID number of contributing federal political committee.	С					-	4115.3	32		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Memo	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R De	educti	on (\$137	71.72 Bi-\	Weekly)			
Full Name of Individual (Last, First, Middle JOHNSON-MILLS, RITA FAYE, ,		rganization Name	Date	of Re	eceipt					
Mailing Address 235 GOVERNORS WAY		Zip Code	12		D D D 31	/ Y	2017	Y		
City BRENTWOOD	State TN	Transaction ID : PR2437120148253								
		Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	424.74								
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) HIth Plan CEO								
Receipt For:	Aggregate	Year-to-Date V		7						
Other (specify) ▼		4787.52	P/R Deduction (\$212.37 Bi-Weekly)							
Full Name of Individual (Last, First, Middle THOMAS, DAVID, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 841 LAKE ROAD			12	12 31 Y Y Y Y Y 2017						
City BRADFORDWOODS	State PA	Zip Code 15015-1331					12044825 is Period	3		
FEC ID number of contributing federal political committee.	ě l				, .	9	30.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel		Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R De	educti	on (\$10.	00 Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optional)					,	,	4570.0	06		
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)						
		for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information copied from such Reports and										
or for commercial purposes, other than using t	he name and a	ddress of any political committee	e to solicit co	ntributions	from such	n committe	90.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle WEISS, JACK, , ,	Initial) or Full C	organization Name	Date o	f Receipt						
Mailing Address 6245 NORTH 75 STREET			12	/ D 31		2017	Y			
City SCOTTSDALE	State AZ	Zip Code 85250-4621		saction ID t of Each			3			
FEC ID number of contributing federal political committee.	C				-	75.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) red Svs Regn CMO	M	emo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. BALTHAZOR, PAUL, , ,	Initial) or Full C	organization Name	Date o	f Receipt						
Mailing Address 9013 FARNSWORTH AVE	NUE NORTH		12 / D D / Y Y Y Y Y 12 31 2017							
City BROOKLYN PARK	State MN	Zip Code 55443-1754	Transaction ID : PR2437120748253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C			576.90						
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Bus Segment COO								
Receipt For:	Aggregate	Year-to-Date ▼		1						
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. PRESTON, ROBERT, , ,	Initial) or Full C	organization Name	Date o	f Receipt						
Mailing Address 6594 HARBOR BEACH NE		1	12 ^M	3	1	у у 2017				
City PRIOR LAKE	State MN	Zip Code 55372-8201		saction ID t of Each			3			
FEC ID number of contributing federal political committee.	С			71.			0			
Name of Employer (for Individual) Optum360 Services Inc	Occ VP 0	upation (for Individual) Ops		lemo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.80	P/R Dec	duction (\$2	3.80 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (optional).						723.3	0			
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) _____ _

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions						
· · · ·		ddress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Ful		JnitedHealth Group PA	AC)						
Full Name of Individual (Last, F NESS, LAURA, , ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10550 PINNAC	CLE WAY		12 31 2017						
City WOODBURY	State MN	Zip Code 55129-4282	Transaction ID : PR2437121548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		686.40						
Name of Employer (for Individu Optum Services, Inc	,	upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$228.80 Bi-Weekly)						
Full Name of Individual (Last, F COSGRIFF, JOHN, , ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1837 SUMMIT			12 / D D / Y Y Y Y 12 31 2017						
City MENDOTA HEIGHTS	State	Zip Code 55118-4137	Transaction ID : PR2437121648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		576.90						
Name of Employer (for Individu United HealthCare Services Inc	'	upation (for Individual) P Bus Dev	P/R Deduction (\$192.30 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80							
Full Name of Individual (Last, F C. RAINEY, PETER, , ,	irst, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3115 WEST 47			12 31 2017						
City MINNEAPOLIS	State MN	Zip Code 55410-1857	Transaction ID : PR2437127548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		576.90						
Name of Employer (for Individua United HealthCare Services Inc	· · ·	upation (for Individual) Corp Controller	Memo Item						
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Pag	e (optional)		1840.20						
TOTAL This Period (last page thi	s line number only)								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ising the name and a								
UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, M A. LIPPERT, ROBIN, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 404 A ST SE			12 / D D / Y Y Y Y 12 31 2017						
City WASHINGTON	State DC	Zip Code 20003-3807	Transaction ID : PR2439928048253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		576.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, M B. HEYMAN, STEPHEN, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5300 SHERRILL AVE	1		M M / D D / Y Y Y Y Y 12 31 2017						
City	State MD	Zip Code	Transaction ID : PR2444265748253						
CHEVY CHASE		20815-3720	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		576.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, M C. LANGER, DONALD, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5110 OAK RAMBLIN	G DRIVE		12 / D D / Y Y Y Y 12 31 2017						
City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015448253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		345.72						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2520.04	P/R Deduction (\$115.24 Bi-Weekly)						
SUBTOTAL of Receipts This Page (opt	onal)		1499.52						
TOTAL This Period (last page this line	number only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle LIND, NANCY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2703 NORTHVIEW LANE			M M / D D / Y Y Y Y Y 12 31 2017						
City CEDAR FALLS	State IA	Zip Code 50613-1655	Transaction ID : PR2445016248253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. ADLINGTON SHKABERIN, AMY		rganization Name	Date of Receipt						
Mailing Address 4329 EWING AVE S			12 31 / Y Y Y Y Y 12 31 2017						
City MINNEAPOLIS	State MN	Zip Code 55410-1342	Transaction ID : PR2445016448253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		618.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$206.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. ALCOREZA, LENYS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 675 THALIA POINT RD			12 31 / Y Y Y Y Y 12 31 2017						
City VIRGINIA BEACH	State VA	Zip Code 23452-1815	Transaction ID : PR2445016848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sales	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional))		690.08						
TOTAL This Period (last page this line numb	per only)								

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
or fo	information copied from such Reports and State or commercial purposes, other than using the nat			rson for the purpose of soliciting contributions							
	IAME OF COMMITTEE (In Full) JnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
	ull Name of Individual (Last, First, Middle Initial) SIEGEL, DAVID, , ,	or Full O	rganization Name	Date of Receipt							
_	failing Address 264 LAKEWOOD DRIVE			12 / D D / Y Y Y Y Y 12 31 2017							
	SILOOMFIELD HILLS	State MI	Zip Code	Transaction ID : PR2445017148253							
- -			48304-3531	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		42.12							
	lame of Employer (for Individual) Inited HealthCare Services Inc	Occu Med	upation (for Individual) Dir	Memo Item							
F	Receipt For:	aareaate	Year-to-Date ▼	-							
	Primary General Other (specify) ▼	ggroguto	365.04	P/R Deduction (\$14.04 Bi-Weekly)							
	ull Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt							
N	lailing Address 9958 BUTTONDOWN LANE			M M / D D / Y Y Y Y 12 31 2017							
C	Sity	State	Zip Code	Transaction ID : PR2460167348253							
	ZIONSVILLE	IN	46077-8135	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	60.00									
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
F	Acceipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)							
	ull Name of Individual (Last, First, Middle Initial) RENFRO, LARRY, , ,	or Full O	rganization Name	Date of Receipt							
_	ailing Address 5 DOVE LANE			12 31 2017							
	lity	State	Zip Code	Transaction ID : PR2460168148253							
_	ANDOVER	MA	01810-2845	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		576.90							
	lame of Employer (for Individual) Dptum Services, Inc		upation (for Individual) E CHAIRMAN & CEO Optum	Memo Item							
F	Receipt For:	aareaate	Year-to-Date V	-							
	Primary General Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SU	BTOTAL of Receipts This Page (optional)			679.02							
	TAL This Period (last page this line number only										

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and s or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ed PAC (l	UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle In ORBUCH, DAVID, , ,	iitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2220 CEDAR LAKE PKWY			12 31 2017						
City MINNEAPOLIS	State MN	Zip Code 55416-3644	Transaction ID : PR2460168248253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		288.45						
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) um Exec	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In B. WEXLER, ERIC, , ,	iitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 7220 WILLOW OAK DR			12 31 / Y Y Y Y 12 31 2017						
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081	Transaction ID : PR2463723148253						
		40324-3001	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		721.10						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment Gen Counsel	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		, 4999.90	P/R Deduction (\$240.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In WALKOWSKI, KAREN, , ,	iitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 6359 COUNTRY ROAD			12 / D D / Y Y Y Y Y 12 31 2017						
City EDEN PRAIRIE	State MN	Zip Code 55346-1342	Transaction ID : PR2463723448253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) cctor, Health Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1051.67						
TOTAL This Period (last page this line number	only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)	(ch	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia GILL, PETER, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 8673 SHERWOOD BLUFF				12 31 2017								
	City EDEN PRAIRIE	State MN	Zip Code 55347-3433						7 2464825 is Period	3			
	FEC ID number of contributing federal political committee.	С					.	-	0.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Corp Dev		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 4999.90] F	P/R Dedu	uctio	on (\$0.0	0 Bi-Wee	ekly)				
в.	Full Name of Individual (Last, First, Middle Initia SCHICK, SUSAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
Mailing Address 1220 DENBIGH LANE							12 / D D / Y Y Y Y 2017						
	City WAYNE	State Zip Code PA 19087-4644				Transaction ID : PR2480620548253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Chief Growth Off			576.90								
	Name of Employer (for Individual) United HealthCare Services Inc				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia ABBOTT, CHRISTOPHER, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 12700 MUNDOMAR DR				^M 12	/	D D D 31) / Y	y y 2017	Y			
	City AUSTIN	State TX	Zip Code 78739-1542						54154825 is Period	3			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	J	121.	50			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00]	P/R Ded	uctio	on (\$40.	.50 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)			•			9		698. [,]	40			
т	OTAL This Period (last page this line number or	nly)	••••••	- ►			,						

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)						
A.	Full Name of Individual (Last, First, Middle Initia BURNS, MATTHEW, , , ,	ll) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2724 BISON DRIVE			12 31 2017						
	City EDMOND	State OK	Zip Code 73034-3475	Transaction ID : PR2484541748253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		1687.40						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$562.40 Bi-Weekly)						
B.	Full Name of Individual (Last, First, Middle Initia KNARR, KEVIN, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name R, KEVIN, , ,								
	Mailing Address 4806 HUTCHINS PLACE NW	Ototo	Zie Oede	12 / D D / Y Y Y Y 12 31 2017						
	City WASHINGTON	State DC	Zip Code 20007-1528	Transaction ID : PR2484542348253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		2499.91						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$833.25 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia PHILLIPS, MARK, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1760 LUCY RIDGE CT			12 / D D / Y Y Y Y Y 12 31 2017						
	City CHANHASSEN	State MN	Zip Code 55317-7661	Transaction ID : PR2484542648253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		576.90						
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	upation (for Individual) SIs	Memo Item						
Receipt For: Primary General Other (specify)		Aggregate	Year-to-Date ▼ 4422.90	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•••••	4764.21						
т	OTAL This Period (last page this line number or	וy)	•							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)			
Full Name of Individual (Last, First, Midd A. TROPEANO, DANIEL, , ,	lle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 606 BROOKSIDE AVE			12 / D D / Y Y Y Y 12 31 2017			
City WAYNE	State PA	Zip Code 19087-4826	Transaction ID : PR2484542848253			
WATNE		19087-4828	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		30.00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item			
Receipt For:	Aggregate	Year-to-Date V				
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)			
Full Name of Individual (Last, First, Midd B. MANDERFELD, THOMAS, , ,	lle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 3760 WEST CALHOUN	12 31 Y Y Y Y 12 31 2017					
City	State	Zip Code	Transaction ID : PR2486697948253			
MINNEAPOLIS	MN	55410-1118	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	120.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Capital Mkt Comm	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)			
Full Name of Individual (Last, First, Midd C. MCMAHON, DIRK, , ,	lle Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 60 WILDHURST ROAD			12 31 2017			
City	State	Zip Code	Transaction ID : PR2491457048253			
EXCELSIOR	MN	55331-8461	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		576.90			
Name of Employer (for Individual)		upation (for Individual) Grp Pres & COO	Memo Item			
Optum Services, Inc Receipt For:		•				
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)			
Other (specify)		4999.80				
SUBTOTAL of Receipts This Page (optional	al)	••••••	726.90			
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ı ب	ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
11	EIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	×	1 1a		11b	11c	12	<u> </u>		
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or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit cor	ntribi	utions fi	rom such	committe	3 0.		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle In NATHAN, DONALD, , ,	,	rganization Name		Date of	Ree	ceipt					
	Mailing Address 275 GREENWICH STREET #			12 31 / Y Y Y Y 12 31								
	City NEW YORK	State NY	Zip Code 10007-2150	_					5734825: is Period	3		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	-	576.9	90		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Comm Off		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80]	P/R Ded	uctio	on (\$192	2.30 Bi-W	'eekly)			
в.	Full Name of Individual (Last, First, Middle In SULLIVAN, KATHRYN, , ,	itial) or Full O	rganization Name		Date of	Ree	ceipt					
	Mailing Address 530 N LAKE SHORE DR # 23		12 / D D / Y Y Y Y 12 31 2017									
	City CHICAGO	State IL	Zip Code 60611-7435						57548253	}		
	FEC ID number of contributing federal political committee.	C						is Period 728.2	26			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D E&I Regions		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90] P	9/R Dedu	uctio	on (\$242	74 Bi-W	eekly)			
с.	Full Name of Individual (Last, First, Middle In SMITH, KARA, , ,	itial) or Full O	rganization Name		Date of	Ree	ceipt					
	Mailing Address 610 CRESTWOOD DRIVE	State	Zia Oada		12 ×	1	31		2017			
	City ALEXANDRIA	VA	Zip Code 22302-2533	_			-		7534825 is Period	5		
	FEC ID number of contributing federal political committee.	С			Ľ.		,	. ,	576.9	90		
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Govt Affs	Memo Item								
	Primary General Other (specify)	Aggregate]	P/R Ded	uctic	on (\$192	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)			•			, ,		1882.0)6		
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Use separate schedule(s) for each category of the Detailed Summary Page

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	EMIZED RECEIPIS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma me and a	I ay not be sold or used by any pound and pound by any political committee	erson for the purpose of soliciting contributions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	NC)
A.	Full Name of Individual (Last, First, Middle Initial) PURDY, PATRICIA, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 7417 LYNNHURST STREET			12 / D D / Y Y Y Y 12 31 2017
	City	State MD	Zip Code	Transaction ID : PR2541300648253
	CHEVY CHASE	MD	20815-3101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		576.90
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item
	Receipt For:	agregate	Year-to-Date V	
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial) TIERNEY, JOELLE, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 5710 TAYCHOPERA RD			12 31 Y Y Y Y 2017
	City	State	Zip Code	Transaction ID : PR2541300748253
	MADISON	WI	53705-1020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		576.90
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3079.63	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) VERSAGGI, JOHN, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 800 ALBANY AVENUE			12 / D D / Y Y Y Y 12 31 2017
	City	State	Zip Code	Transaction ID : PR2541300848253
	ALEXANDRIA	VA	22302-3501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		288.48
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item
	United HealthCare Services Inc	Dir C	Govt Affs	
	Receipt For:	ggregate	Year-to-Date ▼	
	Primary General Other (specify)		2500.16	P/R Deduction (\$96.16 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1442.28
т	OTAL This Period (last page this line number only	/)	•	

FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	SC)									
Full Name of Individual (Last, First, Middle A. HOSTETLER, BRENDAN, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 2309 W WINNEMAC AVE	1		12 31 2017									
City	State IL	Zip Code	Transaction ID : PR2542541948253									
CHICAGO		60625-1817	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		190.38									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Other (specify) ▼		1499.96	P/R Deduction (\$63.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. RAMSAY, RICHARD, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 543 E LURAY AVE			12 31 2017									
City ALEXANDRIA	State VA	Zip Code 22301-1605	Transaction ID : PR2542542248253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		150.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. SPENCER, IPYANA, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4226 40TH STREET NOR	TH		12 / D D / Y Y Y Y 12 31 2017									
City	State	Zip Code	Transaction ID : PR2542542348253									
ARLINGTON	VA	22207-4610	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		90.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			430.38									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	47		
Any information copied from such Reports and or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. YAU, ANNE, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt					
Mailing Address 9905 WOODLAND DRIVE			M 1:		D D D 31	/ Y	y y 2017	Y		
City SILVER SPRING	State MD	Zip Code 20902-4047					58254825 is Period	3		
FEC ID number of contributing federal political committee.	С						186.8	31		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.97	P/R D	educt	ion (\$62.	27 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle DAVENPORT, ALLISON, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt					
Mailing Address 141 PELHAM ROAD			1:		31	/ Y	2017	Y		
City PHILADELPHIA	State PA	Zip Code					1364825	8		
	14	19119-2661	Amo	unt of	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С				-	-	1624.9	91		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mem	o Item					
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		4999.90	P/R D	educt	ion (\$541	I.57 Bi-W	(eekly)			
Full Name of Individual (Last, First, Middle ALTER, JEFFREY, , ,	Initial) or Full C	rganization Name	Date	of R	eceipt					
Mailing Address 3 WOODLAND ROAD	01-1-	7. 0.4	1	2	31		2017			
City PORT JEFFERSON	State NY	Zip Code 11777-1053					96024825 is Period	3		
FEC ID number of contributing federal political committee.	С		<u> </u> <u></u>		,	y	576.9	90		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Mem	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R D	educt	ion (\$19:	2.30 Bi-W	/eekly)			
SUBTOTAL of Receipts This Page (optional).					, .	9	2388.6	2		
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SCHEDULE A (FEC Form 3X) _ _ _ .

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			for each category of the Detailed Summary Page	X 11a	11b	11c	12				
Any information	copied from such Reports and St al purposes, other than using the	atements ma	y not be sold or used by any p	erson for the	purpose of	15 soliciting	contribut	ions			
<u></u>	OMMITTEE (In Full)							<u> </u>			
	ealth Group Incorporate	d PAC (L	JnitedHealth Group PA	AC)							
	Individual (Last, First, Middle Initi , THOMAS, , ,	al) or Full O	rganization Name	Date o	f Receipt						
Mailing Addre	SS 78 PATTI LYNN LANE			M M	/ D 1) / Y	2017	Y			
City HOUSTON		State TX	Zip Code 77024-7120		saction ID : It of Each F			3			
FEC ID numb federal politic	per of contributing al committee.	С					30.0	00			
Name of Emp Optum Servic	bloyer (for Individual) es, Inc		ipation (for Individual) vrl Med Dir	M	lemo Item						
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 260.00	P/R Dec	duction (\$10	.00 Bi-We	ekly)				
Full Name of B. BROOKS	Individual (Last, First, Middle Initi	al) or Full O	rganization Name	Date o	f Receipt						
	ss 2750 FOUNTAIN LANE NORT	H		M M 12	· ·		y y 2017	Y			
		State MN	Zip Code		saction ID :			3			
	or of contributing	C	55447-1705	Amoun	it of Each F	leceipt th	is Period				
federal politic	per of contributing al committee.	28.00									
Optum Service	oloyer (for Individual) es, Inc	Occu Dir N	ıpation (for Individual) Mktg	Memo Item							
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P/R Ded	luction (\$14.	.00 Bi-We	ekly)				
Full Name of BRUNEL	Individual (Last, First, Middle Initi L, MARK, , ,	al) or Full O	rganization Name	Date o	f Receipt						
	SS 20 VERMILION CLIFFS	State	Zin Oode	12 	31		2017				
City ALISO VIEJO)	CA	Zip Code 92656-8096		saction ID : It of Each F			5			
FEC ID numb federal politic	per of contributing al committee.	С					42.0	0			
United Health	bloyer (for Individual) Care Services Inc		ipation (for Individual) 2 URS SAE	Memo Item							
Receipt For: Primary Other (s		Aggregate	Year-to-Date ▼ 364.00	P/R Dec	duction (\$14	.00 Bi-We	ekly)				
SUBTOTAL of	Receipts This Page (optional)						100.0)0			
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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Midd BRYANT, JEREMY, , ,	lle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 4534 MYSTIQUE WAY			M M / D D / Y Y Y Y 12 31 2017									
City ROSWELL	State GA	Zip Code 30075-2087	Transaction ID : PR2552961348253									
	GA	50075-2007	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		105.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Mamt NA Accts	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		910.00	P/R Deduction (\$35.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd B. COLEMAN, MICHAEL, , ,	lle Initial) or Full C	Prganization Name	Date of Receipt									
Mailing Address 3325 LACEBARK PINE	STREET		12 31 2017									
City	State	Zip Code	Transaction ID : PR2552961448253									
LAS VEGAS	NV	89129-8134	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Midd C. CONTE, JOHN, , ,	lle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 6017 ABBOTT AVE S			12 31 2017									
City	State	Zip Code	Transaction ID : PR2552961548253									
EDINA	MN	55410-2816	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		24.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Dir I	Real Estate Svs										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		208.00	P/R Deduction (\$8.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	al)	•	159.00									
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	y information copied from such Reports and State for commercial purposes, other than using the na						or th		urp	oos	e of	so	liciting	contrib	utions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Unite	dHealth Gr	oup PA	C)											
A.	Full Name of Individual (Last, First, Middle Initial) EHLMAN, MICHAEL, , ,	or Full C	rganiza	Date of Receipt													
	Mailing Address 10051 VALLEY RIDGE COURT	State Zip Code							12 31 Y Y Y Y Y 2017								
	City LAS VEGAS	NV		p Coue 89148-7602										622482 s Perio			
	FEC ID number of contributing federal political committee.	С					AIIIO			J.					2.00		
	Name of Employer (for Individual) Health Plan of Nevada		upation Apps De	(for Individual) ev				Men	no	lte	em						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to		64.00	P	/R D	educ	ctio	on (\$14.	.00	Bi-We	ekly)			
В.	Full Name of Individual (Last, First, Middle Initial) FLANNERY, SCOTT, , ,	or Full C	rganiza	ation Name			Date	of F	Rec	cei	pt						
	Mailing Address 8508 TRELADY CT						M 12		/		31)	/ Y	y y 2017	Y		
	City PLANO	StateZip CodeTX75024-6827								-				623482 s Perio			
	FEC ID number of contributing federal political committee.	C						117.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan C	(for Individual) CEO				Men	no	lte	em						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to		14.00	P/	′R De	educ	tio	on (\$39.	00	Bi-Wee	ekly)			
с.	Full Name of Individual (Last, First, Middle Initial) JAMES, GREGORY, , ,	or Full C	rganiza	ation Name			Date	of F	Rec	cei	pt						
	Mailing Address 2323 KINGS POINT DRIVE						[™] 12		/		31)	/ Y	ү ү 2017	Y		
	City LARGO	State FL	· · ·	p Code 3774-1009										632482			
	FFC ID number of contributing	С					Amol	unt c	ot e	Ea	CN H	lece	eipt thi	s Perio 199	a).98		
	Name of Employer (for Individual) Optum Services, Inc		upation /led Dir	(for Individual)				Mer	no	lte	em						
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to	9	99.90	P	/R D	educ	ctio	on ((\$66.	.66	Bi-We	ekly)			
s	JBTOTAL of Receipts This Page (optional)									,		Ì	9	358	.98		
т	OTAL This Period (last page this line number only	/)			····· ►					,							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Mide KIDAMBI, NARASIMHAN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 18477 85TH AVE N			12 / D D / Y Y Y Y Y 12 31 2017								
City MAPLE GROVE	State MN	Zip Code 55311-1663	Transaction ID : PR2552963848253								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Ass	upation (for Individual) c Dir Bus Anlys	Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mido B. LANTER, KENNETH, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 140 WILLING WAY			12 31 Y Y Y Y Y 12 31 2017								
City TROY	State IL	Zip Code 62294-1287	Transaction ID : PR2552964048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		30.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Producing	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mido C. LOVELADY, JOHN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6268 ORCHARD PARK			12 / D D / Y Y Y Y 12 31 2017								
City FRISCO	State TX	Zip Code 75034-5126	Transaction ID : PR2552964248253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	al)		666.90								
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			Use separate schedule(s)	(check only one)								
116			for each category of the Detailed Summary Page		4 11a		11b	11c	12			
	r information copied from such Reports and Stat or commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initial MACLEOD, JULIE, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
I	Mailing Address 15314 JEFFERS PASS NW				12 31 2017							
(City PRIOR LAKE	State MN	Zip Code 55372-3614					PR25529 leceipt th				
	FEC ID number of contributing rederal political committee.	С							42.	00		
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) an Capital Partner Mgr		Me	əmc	tem					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 364.00]	P/R Dedu	uctio	on (\$14.	.00 Bi-We	eekly)			
	Full Name of Individual (Last, First, Middle Initial MARTO, MICHELLE, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 149 WILLIAMSBURG COURT				M M 12	1	31		2017	Y		
	City ALBANY	State NY	Zip Code 12203-5502					PR25529 leceipt th				
	FEC ID number of contributing ederal political committee.	C			42.00							
I	Name of Employer (for Individual) Jnited HealthCare Services Inc		ipation (for Individual) Govt Affs		Me	emc	tem					
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.00	I F	P/R Dedu	uctio	on (\$14.	00 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initial MATTSON, CARL, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 539 ROUTE 9P				^M 12	1	31		2017 [°]			
	City SARATOGA SPRINGS	State NY	Zip Code 12866-7279					PR25529				
	FEC ID number of contributing rederal political committee.	С			<u> </u>		,		254.	49		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Int Svc Acct Mgt		Me	emo	tem Item					
Receipt For: Agg Primary General Other (specify)			Year-to-Date ▼ 1213.96] '	P/R Ded	ucti	on (\$84	.83 Bi-We	eekly)			
รเ	JBTOTAL of Receipts This Page (optional)			•			, ,		338.	49		
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	EMIZED RECEIPTS		for each category of Detailed Summary Pa		X 11a	11b	11c	12			
	y information copied from such Reports and Sta										
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	address of any political co	ommittee to	Solicit con	itributions f	rom such	n committ	ee.		
\rangle	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Gro	up PAC)						
A.	Full Name of Individual (Last, First, Middle Initia MORRIS, MICHAEL, , ,	l) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 2624 N HARTLAND COURT				12 31 2017						
	City CHICAGO	State IL	Zip Code 60614-4955			action ID : of Each R			3		
	FEC ID number of contributing federal political committee.	С]			1.95	46.	14		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt		Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399	9.88	P/R Dedu	uction (\$15.	38 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia PAULUS, LESLIE, , ,	l) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 305 E TUCKEY LN				^M M 12	/ D D	/ Y	y y 2017	Y		
	City PHOENIX	State AZ	Zip Code 85012-1048			action ID :			3		
	FEC ID number of contributing federal political committee.	С]	Amount	of Each R		42.0	00		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir		Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	4.00	P/R Dedu	uction (\$14.	00 Bi-We	ekly)			
С.	Full Name of Individual (Last, First, Middle Initia PEKA, GARY, , ,	l) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 8650 SOUTH FAIRWAY POINT	1			^M 12	/ D D	/ Y	ү ү 2017	Y		
	City VICTORIA	State MN	Zip Code 55386-9630			action ID : of Each R			3		
	FEC ID number of contributing federal political committee.	С]		y y	, , , , , , , , , , , , , , , , , , ,	42.0	00		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Six Sigma		Me	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate		ł.00	P/R Ded	uction (\$14.	.00 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			····· ►		7		130.1	14		
т	OTAL This Period (last page this line number on	ly)		····· ►							

SCHEDULE A (FEC Form 3X) - - - - -

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×]11a		11b	11c	12	<u> </u>		
Any information copied from such Reports and											
or for commercial purposes, other than using t	ne name and a	ouress of any political committee	e io sol	ICIT COL	ITID	utions	ITOTTI SUC	n commit	ee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle POTTER, DONALD, , ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt					
Mailing Address 116 FULLER LANE				м м 12	/	D 31	D / Y	2017	Y		
City WINNETKA	State IL	Zip Code 60093-4213	A					96544825 nis Period	3		
FEC ID number of contributing federal political committee.	С							42.	00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Business Development		Me	emo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/	R Ded	uctio	on (\$14	.00 Bi-W	eekly)			
Full Name of Individual (Last, First, Middle B. SAMSEL, KRISTINE, , ,	Initial) or Full C	rganization Name	[Date of	Re	ceipt					
Mailing Address 91 WAVERLY RD				м м 12	/	31		2017	Y		
	State CT	Zip Code	-			-		96574825	3		
HUNTINGTON		06484-5835		Amount	of	⊢ach F	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C							42.	00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item					
Receipt For:	Aggregate	Year-to-Date 🔻									
Other (specify) ▼		364.00	P/	R Dedu	uctio	on (\$14	.00 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle STREIT, BARRY, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Address 5421 KELLOGG AVENUE	04-4-	Zip Cod-		12 12	/	31		2017			
City EDINA	State MN	Zip Code 55424-1604	A			-		96674825 nis Period	3		
FEC ID number of contributing federal political committee.	С					,		173.	07		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of SIs		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94]	/R Ded	uctio	on (\$57	.69 Bi-W	eekly)			
SUBTOTAL of Receipts This Page (optional).						, .	,	257.	07		
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) _____ _

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
			erson for the purpose of soliciting contributions								
	the name and a	ddress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle TINKER, ANN, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 530 HUNTER FLAT STRE	ET		M M / D D / Y Y Y Y 12 31 2017								
City LAS VEGAS	State NV	Zip Code 89138-1110	Transaction ID : PR2552966848253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle WACKER, AARON, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4704 CAVAN ROAD			12 31 2017								
City MOUND	State MN	Zip Code 55364-1877	Transaction ID : PR2552967048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Apps Dev	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. NAASZ, SCOTT, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3311 WILDS RIDGE NW			12 / D D / Y Y Y Y Y 12 31 2017								
City PRIOR LAKE	State MN	Zip Code 55372-4540	Transaction ID : PR2553474748253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		132.87								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 1000.09	P/R Deduction (\$44.29 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			216.87								
TOTAL This Period (last page this line numb	per only)										

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	RECEIPTS Use separate schedule(s) for each category of the		(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 rerson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle PROSKAUER, DANIEL, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 240 DERBY STREET			12 31 Y Y Y Y 12 31 2017
City NEWTON	State MA	Zip Code 02465-1006	Transaction ID : PR2553475048253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		71.40
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80	P/R Deduction (\$23.80 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. RAYBURN, MONICA, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5127 JACKSON PONDS C	Т		12 31 2017
City	State TX	Zip Code	Transaction ID : PR2553475148253
SUGAR LAND		77479-4656	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		1014.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle THOMAS, RICHARD, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5121 DUPONT AVENUE S	OUTH		12 12 1 D D / Y Y Y Y Y 12 31 2017
City MINNEAPOLIS	State MN	Zip Code 55419-1151	Transaction ID : PR2553475448253
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			479.40
TOTAL This Period (last page this line numb	er only)		

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)
×	Full Name of Individual (Last, First, Middle Initi VOJTA, DENEEN, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 5201 KELLOGG AVENUE			12 31 2017
	City EDINA	State MN	Zip Code 55424-1304	Transaction ID : PR2553475548253 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		576.90
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Initiv Clin Aff	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initi ZERAFA, DANIEL, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 61234 ADMIRAL DRIVE			M M / D D / Y Y Y Y 12 31 2017
	City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242	Transaction ID : PR2553475748253 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		42.00
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	upation (for Individual) T	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initi ECKERT, CHRISTINE, , ,	al) or Full O	rganization Name	Date of Receipt
	Mailing Address 33 BRIGHTVIEW DRIVE			12 31 2017
	City WEST HARTFORD	State CT	Zip Code 06117-2002	Transaction ID : PR2553783248253 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		23.07
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) chitecture Cnslt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.94	P/R Deduction (\$7.69 Bi-Weekly)
s	JBTOTAL of Receipts This Page (optional)		•••••	641.97

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle FLAGSTAD, KARSTEN, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1002 141ST LANE NE			12 31 / Y Y Y Y Y 12 31 2017
City HAM LAKE	State MN	Zip Code 55304-6770	Transaction ID : PR2554013048253
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Info Tech	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. MOORE, THOMAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 10733 TAVISTOCK DRIV	E		12 31 / Y Y Y Y Y 12 31 2017
City TAMPA	State FL	Zip Code 33626-1718	Transaction ID : PR2554013248253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Care Mgmt & Del	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. REIDY, GREGORY, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4836 W SUNSET BLVD			12 31 / Y Y Y Y 2017
City TAMPA	State FL	Zip Code 33629-6448	Transaction ID : PR2554013348253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.93	P/R Deduction (\$47.47 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		761.31
TOTAL This Period (last page this line num	ber only)		

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r					ourpo				
	NAME OF COMMITTEE (In Full)			5 10 301		lindu		5111 5001		
\rangle	UnitedHealth Group Incorporated	d PAC (L	InitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Initia ALEXANDER, JOY, , ,	al) or Full Or	ganization Name	D	ate of	Rec	eipt			
	Mailing Address 5116 NORTH TIOGA WAY				^M 12	/	31	/ Y	ү ү 2017	Y
	City LAS VEGAS	State NV	Zip Code 89149-5830						641482 is Period	
	FEC ID number of contributing federal political committee.	C							42	.00
	Name of Employer (for Individual) Health Plan of Nevada	Occu Dir N	ipation (for Individual) /Iktg		Me	mo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/I	R Dedu	uctior	n (\$14.0	00 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initia BENNETT, JIM, , ,	al) or Full Or	ganization Name	D	ate of	Rec	eipt			
	Mailing Address 3724 PINE TIP ROAD				^M 12	/	D D D 31	/ Y	2017	Ŷ
	City	State FL	Zip Code						642482	
	TALLAHASSEE		32312-1016	A	mount	of E	ach Re	eceipt th	is Perio	1
	FEC ID number of contributing federal political committee.	С		ļļ			<u> </u>		42	.00
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ssc Gen Counsel		Me	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 364.00	P/F	R Dedu	ictior	ח (\$14.0	0 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name		ate of	Rec	eipt			
	Mailing Address 7756 N 85TH STREET				^M 12	/	D D D 31	/ Y	2017	Y
	City OMAHA	State NE	Zip Code 68122-1281						0644482 is Period	
	FEC ID number of contributing federal political committee.	С			mount	,			115	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	pation (for Individual) Dir		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/I	R Dedu	uctio	n (\$38.4	ŀ6 Bi-W€	ekly)	
s	UBTOTAL of Receipts This Page (optional)							9	199	.38
т	OTAL This Period (last page this line number or	nly)						-		

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			for each category of the Detailed Summary Page	×	11a 13] 11b		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the nar				or the		pose		oliciting	contribu	tions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	C)	_	_	_	_	_	_	_
Α.	Full Name of Individual (Last, First, Middle Initial) COY, THOMAS, , ,	or Full C	organization Name	D	ate of	Re	eceip	ot			
	Mailing Address 6970 SUZANNE COURT				^M 12	/	D	31	/ Y	2017	Y
		State	Zip Code		Trans	acti	ion	ID : P	R25600	6454825	3
	SCHENECTADY	NY	12303-5285	A	mount	t of	Eac	ch Ree	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C					,		-	30.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	b Ite	m			
	Receipt For:		-	\neg							
	Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 260.00	P/I	R Ded	uctio	on (S	\$10.00) Bi-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initial) GAZELEY, PAULA, , ,	or Full C	rganization Name		ate of	Re	eceip	ot			
	Mailing Address 36 MAYFAIR ROAD				м м 12	/	D	31	/ Y	y y 2017	Y
	City WYNANTSKILL	State NY	Zip Code 12198-8018							6484825 is Period	
	FEC ID number of contributing federal political committee.	C					-		-	42.	_
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	1	Me	emo	b Ite	m			
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Year-to-Date ▼ 364.00	P/f	R Dedi	uctic	on (\$	\$14.00) Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Prganization Name		ate of	Re	eceip	ot			
	Mailing Address 72 MIDNIGHT RIDGE DR				^M 12	/	D	31	/ Y	y y 2017	Y
	3	State NV	Zip Code							0649482	
	LAS VEGAS	INV	89135-1680	A	mount	t of	Eac	ch Reo	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C			_	_	y			576.	90
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO		M	emo	o Ite	em			
	Receipt For: A Primary General Other (specify) I	ggregate	Year-to-Date ▼ 4999.80	P/	R Ded	uctio	on (:	\$192.3	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)			ſ						648.	90
	OTAL This Period (last page this line number only			Ī					- 7 - T		

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IT.	EMIZED RECEIPTS	ZED RECEIPTS		(ch	eck only	v one))			
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Ar	ny information copied from such Reports and S	tatements m	ay not be sold or used by any po	erson	13 for the	purpo:	se of s	15 oliciting	contribut	17 ions
or	for commercial purposes, other than using the	name and a	address of any political committee	e to so	olicit cor	itributi	ions fro	om such	committe	96.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Ini JONES, JERI, , ,	tial) or Full C	Organization Name		Date of	Rece	eipt			
	Mailing Address 2932 E MADISON VISTAS DR				12 ^M	/	D D D 31	/ Y	2017	Y
	City PHOENIX	State AZ	Zip Code 85016-4981						6514825 s Period	3
	FEC ID number of contributing federal political committee.	С			<u> </u>	- 7		-	288.4	15
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO		Me	emo It	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.30	P	P/R Dedu	uction	(\$96.1	5 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Ini KUNEMUND, GREGG, , ,	tial) or Full C	Organization Name		Date of	Rece	eipt			
	Mailing Address 9040 RIVERBEND MANOR				^M 12	1	D D D 31	/ Y	2017	Y
	City ALPHARETTA	State GA	Zip Code 30022-1813						65348253	3
	FEC ID number of contributing federal political committee.	C			Amount		ach Re	ceipt thi	s Period 309.0)6
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual)		Me	emo It	tem			
	Receipt For: Primary General Other (specify) ▼		h Plan CEO Year-to-Date ▼ 2499.97	 P	9/R Dedu	uction	(\$103.0	02 Bi-W	eekly)	
— c.	Full Name of Individual (Last, First, Middle Ini LIPPMAN, SHELDON, , ,	tial) or Full C	Organization Name		Date of	Rece	eipt			
	Mailing Address 55 CLIFFIELD ROAD				12 ^M	/	D D D 31	/ Y	ý ý 2017	Ŷ
	City BEDFORD	State NY	Zip Code 10506-1210						6544825 s Period	3
	FEC ID number of contributing federal political committee.	С			<u> </u>	y		y	291.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir		Me	emo li	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2522.00	I F	P/R Ded	uction	(\$97.0	0 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•		,		9	888.5	51
Т	OTAL This Period (last page this line number	only)		•				-		

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IT.			Use separate schedule(s)	(ch	eck only	/ or	ne)				
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		oose of	soliciting	g cont	tributi	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial LUCHT, JEFFREY, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 33 FOUR SEASONS DRIVE				^M 12	/	D D 31	/ Y	ې 20	17	Y
	City ALTON	State NH	Zip Code 03809-4872					PR25600 eceipt th			
	FEC ID number of contributing federal political committee.	С					.	-		291.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Act Underwriting		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2522.00	P	P/R Ded	uctio	on (\$97.)	00 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initial MARONEY, KEVIN, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 5052 NORMAN DRIVE				^M 12	/	D D D 31	/ Y	y 201	Y 7	Ŷ
	City MINNETONKA	State MN	Zip Code 55345-4636	-				PR25600 eceipt th			
	FEC ID number of contributing federal political committee.	С					-			42.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) c Gen Counsel		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	/R Dedu	uctio	on (\$14.0	00 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial MELNYK, DONALD, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 141 MONROE STREET	1 -			12 ^M	/	D D D 31		201	7	
	City GARFIELD	State NJ	Zip Code 07026-1825					PR2560 eceipt th			6
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9		42.4	2
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) pps Dev		M	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 367.64	F	P/R Ded	ucti	on (\$14.	14 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)						, .		:	375.4	2
т	OTAL This Period (last page this line number on	ly)	••••••	-						-	

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

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				or each category of the Detailed Summary Page	×	11a		1	11b		11c		12	
				Jelaneu Summary Faye		13		-	14		15		16	17
	y information copied from such Reports and Statem for commercial purposes, other than using the name													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (l	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) o MILICH, DAVID, , ,	r Full O	Orgai	nization Name		Date o	of Re	ec	eipt					
	Mailing Address 2702 BIRCHMERE COURT					[™] 12	VI /	′		^р 31	/ Y		017	Y
	5	tate X		Zip Code 77450-1303							PR2560			3
		~	_	17430-1303	- '	Amoui	nt of	E	Each	Re	ceipt t	nis F	Period	
	FEC ID number of contributing federal political committee.	;						_		_		_	319.	65
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		N	/lemo	0	Item	۱				
	Receipt For: Age	aregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	2500.10	P	/R De	ducti	ior	n (\$ ⁻	106.	55 Bi-\	Veeł	dy)	
в.	Full Name of Individual (Last, First, Middle Initial) o O'BRYANT, WILLIAM, , ,	r Full O	Orgai	nization Name		Date of	of Re	ec	eipt					
	Mailing Address 3425 CHICKASAW					M 12	/	′		р 31	/ Y)17	Y
	,	tate		Zip Code		Tran	sact	io	n IC):P	R2560	0661	14825	3
	SAN ANTONIO	ΓX		78261-2139	_ /	Amoui	nt of	E	Each	Re	ceipt t	nis F	Period	
	FEC ID number of contributing federal political committee.	;						-,			-9-	_	42.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upa Med	tion (for Individual) Dir		N	/lemo	0	Item	ı				
	Receipt For: Agg Primary General Other (specify) ▼	gregate	Yea	ar-to-Date ▼ 364.00	P	′R De	ducti	ior	ר (\$´	14.0	0 Bi-W	eekly	y)	
с.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	Orgai	nization Name		Date o	of Re	ec	eipt					
	Mailing Address 5 LANTERN LANE					[™] 12		′		^р 31	/ Y)17	Y
	,	tate		Zip Code		Tran	sact	tio	on II) : F	PR2560	066	54825	3
	MAYNARD	MA		01754-2171	/	Amour	nt of	E	Each	Re	ceipt t	nis F	Period	
	FEC ID number of contributing federal political committee.	;						,			, y	_	42.	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Acct Mgmt		N	lemo	0	Iten	ı				
	Receipt For: Age Primary General Other (specify)	gregate	Yea	ar-to-Date ▼ 364.00	P	/R De	ducti	ior	n (\$	14.0	00 Bi-W	eekl	y)	
s	UBTOTAL of Receipts This Page (optional)												403.0	65
т	DTAL This Period (last page this line number only).													

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	ECFIPTS Use separate schedule(s) for each category of the		(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □
			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle VAIL, DENISE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 35 CLEVELAND AVENUE			12 31 / Y Y Y Y 12 31 2017
City SAYVILLE	State NY	Zip Code 11782-1322	Transaction ID : PR2560066848253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle DICKMAN, KRISTA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 2533 ONYX DRIVE			12 / D D / Y Y Y Y Y 12 31 2017
City	State MN	Zip Code	Transaction ID : PR2560398148253
SHAKOPEE	IVIN	55379-2770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgr III	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle KOREAN, GEORGE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 23426 VILLENA			12 / D D / Y Y Y Y 31 2017
City MISSION VIEJO	State CA	Zip Code 92692-1861	Transaction ID : PR2560398548253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			126.00
TOTAL This Period (last page this line num	per only)		

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	ED RECEIPTS		Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12
			Detailed Summary Page	13 14 15 16 17
or for comr	mercial purposes, other than using the r			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	DF COMMITTEE (In Full) dHealth Group Incorporated	I PAC (L	InitedHealth Group PA	SC)
	ne of Individual (Last, First, Middle Initia RAY, GARY, , ,	l) or Full Or	ganization Name	Date of Receipt
Mailing	Address 13093 GROUSE POINTE COVE	E		12 31 2017
City	_	State	Zip Code	Transaction ID : PR2560398748253
DRAPE	R	UT	84020-8258	Amount of Each Receipt this Period
	number of contributing political committee.	С		30.00
	f Employer (for Individual) Services, Inc		pation (for Individual) us Risk Mgmt	Memo Item
Receipt	For:	Aggregate '	Year-to-Date ▼	
	imary General ther (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)
	ne of Individual (Last, First, Middle Initia _, TIMOTHY, , ,	l) or Full Or	ganization Name	Date of Receipt
Mailing	Address 4316 FREMONT AVENUE SOU	ТН		12 31 2017
City		State	Zip Code	Transaction ID : PR2560398848253
MINNE	APOLIS	MN	55409-1721	Amount of Each Receipt this Period
	number of contributing political committee.	С		576.90
	f Employer (for Individual) lealthCare Services Inc	Occu SVP	pation (for Individual) Prd	Memo Item
	For: imary General ther (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
	ne of Individual (Last, First, Middle Initia F, ROBERT, , ,	l) or Full Or	ganization Name	Date of Receipt
	Address 622 N 11TH ST	-1		12 / D D / Y Y Y Y 12 31 2017
City		State	Zip Code	Transaction ID : PR2560398948253
WAUSA	4U	WI	54403-5004	Amount of Each Receipt this Period
	number of contributing political committee.	С		42.12
	f Employer (for Individual) HealthCare Services Inc		pation (for Individual) en Mgmt	Memo Item
	For: imary General ther (specify)	1	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTA	L of Receipts This Page (optional)		•	649.02
TOTAL Th	nis Period (last page this line number or	ıly)	••••••	

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171			Use separate schedule(s)	(ch	eck only	/ or	ne)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initial CRONIN, JAMES, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 241 WALLACE RD				^M ^M 12	/	D D D 31	/ Y	ү ү 2017	Y
	City BEDFORD	State NH	Zip Code 03110-5144						32114825 is Period	3
	FEC ID number of contributing federal political committee.	С							729.	61
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Ops		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.90]	P/R Dedu	uctio	on (\$243	3.19 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initial O'BRIEN, PATRICK, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 33 BARRINGTON DRIVE				м м 12	/	31	/ Y	ү ү 2017	Y
	City BEDFORD	State NH	Zip Code 03110-5601	_					2144825 is Period	3
	FEC ID number of contributing federal political committee.	С				01	-		42.	00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (upation (for Individual) Dps		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 364.00	I F	P/R Dedu	uctio	on (\$14.)	00 Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia PERO, MARIE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 516 APPLE LANE	1 -			M M 12	1	D D D 31	JL	2017	
	City HARLEYSVILLE	State PA	Zip Code 19438-2549				-		32154825 is Period	3
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y .	9	42.	00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir P	ipation (for Individual) Prod		Me	emc	tem			
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 364.00	1	P/R Ded	ucti	on (\$14.	.00 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			, .		813.	61
т	OTAL This Period (last page this line number on	ly)	•••••	•	<u> </u>		-			

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		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Page	
or for commercial purposes, other than using			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle A. THOMPSON, CHARLES, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5217 EDGEWOOD ROAD)		12 31 2017
City LITTLE ROCK	State AR	Zip Code 72207-5413	Transaction ID : PR2561358948253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2142.78
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$714.22 Bi-Weekly)
Full Name of Individual (Last, First, Middle LUND, BRIAN, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 464 EAST NORTH AVE			12 31 2017
City GRANTSBURG	State WI	Zip Code 54840-7423	Transaction ID : PR2561457648253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Tax	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. CAVANAUGH, LARRY, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 520 NE 20TH ST # 1010			12 / D D / Y Y Y Y 12 31 2017
City WILTON MANORS	State FL	Zip Code 33305-2162	Transaction ID : PR2563211048253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ben Govt Dntl Sls Mgr	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Midd A. BARTON, JACQULYN, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1587 112 TH COURT W	EST		12 31 Y Y Y Y Y 12 31 2017
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5412	Transaction ID : PR2563211248253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		300.00
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VPI	upation (for Individual) Human Capital Partner	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00	P/R Deduction (\$100.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl B. HUSS, DIANE, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2622 LITER COURT			12 31 Y Y Y Y 2017
City ELLICOTT CITY	State MD	Zip Code 21042-1729	Transaction ID : PR2564296748253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middl C. MACKENZIE, ANDREW, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1912 IRVING AVE S			12 / D D / Y Y Y Y 12 31 2017
City MINNEAPOLIS	State MN	Zip Code 55403-2823	Transaction ID : PR2564297148253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	al)		906.90
TOTAL This Period (last page this line nun	nber only)		

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	EMIZED RECEIPTS			Detailed Summary Page	×] 11k		11c		12	
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	for commercial purposes, other than using the n												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\sum	UnitedHealth Group Incorporated				(C)								
Α.	Full Name of Individual (Last, First, Middle Initia SWANSON, STEPHEN E, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 3001 HUNTINGTON COURT					^M 12	/	D	31	/ Y)17	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2564	2973	848253	3
	КАТҮ	ТХ		77493-1159	_ /	Amount	of	Eac	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9	_	156.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Acct Mgmt		M	emo	b Ite	m				
	Poppint For:	Aggregate	Yea	r-to-Date ▼	-								
	Primary General	Aggregate	Tea		P	/R Ded	uctio	on (\$78.0	0 Bi-We	ekly	/)	
	Other (specify)		-	1053.00							,	,	
в.	Full Name of Individual (Last, First, Middle Initial DAMATO, ELLEN, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 1300 DALHART DRIVE					^M 12	/	D	31	/ Y	20	17 17	Y
	City	State		Zip Code		Trans	acti	ion l	ID : P	R25648	3022	48253	
	ALLEN	TX		75013-5339	_ /	Amount	of	Eac	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		-gr	_	42.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) k Contrctng		M	emo) Ite	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	364.00	P	/R Ded	uctic	on (S	\$14.0	0 Bi-We	ekly	')	
с.	Full Name of Individual (Last, First, Middle Initia WILLSON, JOSH, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 201 ADAMS CT					^M 12	/	D	31	/ Y)17	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2564	8025	54825	3
	COLLEYVILLE	ТХ		76034-6811	_ /	Amount	of	Eac	h Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						,		y	_	137.4	0
	Name of Employer (for Individual)	Оссі	upat	ion (for Individual)	-	М	emo	o Ite	m				
	United HealthCare Services Inc		•	KA SB RVP SIs									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General	33 - 3			P	/R Ded	uctio	on (\$45.8	0 Bi-We	eekly	/)	
	Other (specify)		-	1000.00									
s	UBTOTAL of Receipts This Page (optional)			•				7		,		335.4	0
Т	OTAL This Period (last page this line number on	ly)						-		-			

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				or each category of the Detailed Summary Page	×	11a 13		11 14	-	11c 15	12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of s	oliciting	g contribu	tions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial) CARLSON, CHRISTOPHER, , ,	or Full O	rgar	nization Name	C	Date of	Re	ecei	ipt					
	Mailing Address 10618 WEST RIVER ROAD				12 / D D / Y Y Y Y 12 31 2017									
	City BROOKLYN PARK	State MN		Zip Code 55443-1233				-			8026482	-		
		C		Amount of Each Receipt this Period 576.90										
	Name of Employer (for Individual) United HealthCare Services Inc								em					
	Receipt For:			ir-to-Date ▼ 4999.80	 P/	R Ded	uctio	on ((\$192.	30 Bi-V	Veekly)			
B.	Full Name of Individual (Last, First, Middle Initial) HANSEN, PAUL, , ,	or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 18430 62ND PLACE NORTH					^M 12	1		31	/ Y	2017	Y		
	City MAPLE GROVE	State MN		Zip Code 55311-4585				-			80274825 nis Perioc			
	FEC ID number of contributing federal political committee.	С				_		-		-	291	00		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ler Mkt Grp		M	emo	o Ite	em					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 2522.00	P/	R Ded	uctic	on ((\$97.0	0 Bi-We	eekly)			
С.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 1678 BRIDGEWATER DRIVE					^M 12	/		31	/ Y	2017	Y		
	City LAKE MARY	State FL		Zip Code 32746-4103							8029482			
		C				moun	: of	Ea	ch Re	ceipt tr	nis Perioc 42			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Acct Mgmt		М	emo	o Ite	em					
	Pagaint For:	1		ur-to-Date ▼ 364.00	P/	′R Ded	uctio	on	(\$14.0	0 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••				,			909.	90		
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				Detailed Summary Page		× 11a		11	b		11c		12	
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or	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate		'l In	itedHealth Group PA	AC)									
/	onited leanin Group meerporate				10)									
١.	Full Name of Individual (Last, First, Middle Ini KENNY, KATHERINE, , ,	Date of Receipt												
	Mailing Address 22408 FITZGERALD DRIVE		12 31 2017											
	City LAYTONSVILLE	State MD		Zip Code 20882-2301		Trans								3
	FEC ID number of contributing federal political committee.	С				Amount	U	La		ece	ipt th		117.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) of Acct Mgmt		Me	emc	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Ye	ar-to-Date ▼ 1014.00]	P/R Ded	uctio	on	(\$39.)	00	Bi-We	ekly	/)	
3.	Full Name of Individual (Last, First, Middle Ini MARDEN, PAUL, , ,	tial) or Full (Orga	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 718 HICKORY HILL RD					^M 12	1	Ε	31	1	/ Y	ү 20	ү 17	Y
	City FRANKLIN LAKES	State NJ		Zip Code 07417-1707		Trans		-						3
	FEC ID number of contributing federal political committee.	С				Amount	U	<u>с</u> а		ece			576.9	90
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) an CEO		Me	emc	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Ye	ar-to-Date ▼ 2681.21]	P/R Dedu	uctio	on	(\$192	2.30) Bi-W	eekl	ly)	
	Full Name of Individual (Last, First, Middle Ini MOQUIST, DARREN, , ,	tial) or Full (Orga	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 5004 ARDEN AVE					^M ^M 12	/	E	31	1	/ Y		17	Y
	City EDINA	State MN		Zip Code 55424-1314		Trans		-						3
	FEC ID number of contributing federal political committee.	С				Amount	O	⊏a		ece	apt th		enou 645.5	50
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) gment CFO		Me	emo	o It	em					
	Receipt For: Primary General Other (specify)	1		ar-to-Date ▼ 4999.90]	P/R Ded	ucti	on	(\$215	5.10) Bi-W	/eek	ly)	
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			for each category of the Detailed Summary Page	×	11a 13] 11b 14		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		oliciting	contribu	tions
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) BELLMAN, MARK, , ,	or Full O	Organization Name	C	Date of	Re	eceip	ot			
	Mailing Address 5601 VAN WINKLE LN	_ [м м 12	/	D	31	/ Y	ү ү 2017	Y		
	City AUSTIN	State TX	Zip Code 78739-1694							80354825	3
			10103-1034	A	mount	of	Eac	n Red	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7		- J	42.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Me	emo	b Iter	m			
	Receipt For:		Year-to-Date V	\neg							
	Primary General Other (specify) ▼	iggrogato	364.00	P/	'R Dedi	uctio	on (\$	\$14.00) Bi-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initial) WRIGHT, LISA, , ,	or Full O	Organization Name		Date of	Re	eceip	ot			
	Mailing Address 6 VOLERRAN PATH LANE				м м 12	/	D	^р 31	/ Y	y y 2017	Y
	City	State	Zip Code		Trans	acti	ion I	D : P	25648	0374825	3
	MISSOURI CITY	ТХ	77459-1167	A	mount	of	Eac	h Rec	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	С		[-		Ŧ	42.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) ec Dir		Me	emo	b Iter	m			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 364.00	P/	R Dedu	uctio	on (\$	\$14.00) Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) O'HARE, TAMMY, , ,	or Full O	Organization Name		Date of	Re	eceip	ot			
	Mailing Address 2420 SAINT GEORGE WAY				^M 12	/	D	31	/ Y	2017	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R25648	80394825	3
	BROOKEVILLE	MD	20833-3265	A	mount	of	Eac	h Rec	eipt thi	is Period	
	FEC ID number of contributing federal political committee.	С					<u>y</u>		y	117.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs		Me	emo	o Ite	m			
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P /	/R Ded	uctio	on (S	\$39.00) Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)								9	201.	00
т	OTAL This Period (last page this line number only	/)					T		Ŧ		

SCHEDULE A (FEC Form 3X) _____ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	F	11b	11c	12	1 7
Any information copied from such Reports an or for commercial purposes, other than using			erson for the					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle BERNS, DEBRA, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address 3209 GALLERIA UNIT 1705			12		D D D 31	/ Y	y y 2017	Y
City EDINA	State MN	Zip Code 55435-2556					30404825 is Period	3
FEC ID number of contributing federal political committee.	С					-	576.9	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Complnc/Ethics Off		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educti	ion (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle B. WICKS, TIMOTHY, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address 2600 WEST LAFAYETTE PO BOX 454		Zie Orde	M 12		31	/ Y	2017	Ŷ
City EXCELSIOR	State MN	Zip Code 55331-9417			-		4864825: is Period	3
FEC ID number of contributing federal political committee.	С						2515.3	32
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R De	ducti	on (\$838	3.40 Bi-W	'eekly)	
Full Name of Individual (Last, First, Middle C. CARTER, WILLIAM, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address PO BOX 920679			M 12		D D D 31		2017	
City HOUSTON	State TX	Zip Code 77292-0679					14874825 is Period	3
FEC ID number of contributing federal political committee.	C				J		499.9	98
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt		Memo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R De	educti	ion (\$166	6.66 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (optiona)						3592.2	20
TOTAL This Period (last page this line num	ber only)					7		

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	× 11a 11b 11c 12									
	and Statements may not be sold or used by any p										
NAME OF COMMITTEE (In Full)	ng the name and address of any political committee										
	prated PAC (UnitedHealth Group PA	λC)									
Full Name of Individual (Last, First, Mido A. CRAIG, DONNA, , ,	le Initial) or Full Organization Name	Date of Receipt									
Mailing Address 10761 INDEPENDENCE	EWAY	12 31 / Y Y Y Y 12 31 2017									
City CARMEL	State Zip Code IN 46032-9333	Transaction ID : PR2565448848253									
	40032-9333	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	42.00									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Gen Mgmt	Memo Item									
Receipt For:	Aggregate Year-to-Date ▼	—									
Primary General Other (specify) ▼	364.00	P/R Deduction (\$14.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mido B. KUNST, THOMAS, , ,	lle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 4872 103RD STREET		12 31 2017									
City	State Zip Code	Transaction ID : PR2566302148253									
PLEASANT PRAIRIE	WI 53158-6516	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	42.12									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) UHC SIs RVP KA	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Mido C. MANSUKHANI, NEIL, , ,	lle Initial) or Full Organization Name	Date of Receipt									
Mailing Address 4215 LAUREL RIDGE C	CIRCLE	12 31 2017									
City WESTON	State Zip Code FL 33331-4012	Transaction ID : PR2567129448253									
	FL 33331-4012	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	42.00									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir PEO SIs	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)									
	al)	-									

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and a			
or for commercial purposes, other than using th	e name and a		to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle Ir A. ARNONE, WENDY, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 5243 E DESERT PARK LAN	E		M M / D D / Y Y Y Y Y 12 31 2017
City PARADISE VALLEY	State AZ	Zip Code 85253-3015	Transaction ID : PR2568900548253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir PARRILLO, CHRISTOPHER, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 9501 WEXCROFT DRIVE			12 31 / Y Y Y Y 2017
City BRENTWOOD	State TN	Zip Code 37027-3824	Transaction ID : PR2571778248253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir MOYER, BRUCE, , ,	itial) or Full C	rganization Name	Date of Receipt
Mailing Address 4242 BROADWAY STREET #802 City	State	Zip Code	12 31 2017 Transaction ID : PR2571778348253
SAN ANTONIO	TX	78209-6463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			809.28
TOTAL This Period (last page this line number	only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	•		
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mido A. HINTON, DUSTIN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address W132N6475 MARACH I	RD		
City	State	Zip Code	12 31 2017 Transaction ID : PR2571978748253
	WI	53051-6085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		889.98
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item
United HealthCare Services Inc		Plan CEO	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		4999.90	P/R Deduction (\$296.66 Bi-Weekly)
			4
Full Name of Individual (Last, First, Mide B. ROBINSON, MARCUS, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 590 SPENDER TRACE			12 31 2017
City	State	Zip Code	Transaction ID : PR2572588948253
DUNWOODY	GA	30350-5018	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full News of Individual (Last First Mid-		, , , , , , , , , , , , , , , , , , ,	
Full Name of Individual (Last, First, Midd C. JACQUET, SHAUN, , ,	ne miliai) or Full O	rganization Name	Date of Receipt
Mailing Address 4332 FOREST RIDGE I	DRIVE		12 31 2017
City	State	Zip Code	Transaction ID : PR2572589348253
SUAMICO	WI	54313-8557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item
Receipt For:	I	Gen Mgmt Year-to-Date ▼	
Primary General Other (specify)		364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		973.98
TOTAL This Period (last page this line nu	mber only)	······	

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		Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 17											
r for commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle SMITH, THOMAS, , ,	Date of Receipt													
Mailing Address 1502 EAST AVENUE NOR	RTH		12 / D D / Y Y Y Y 31 2017											
City ONALASKA	State WI	Zip Code 54650-7003	Transaction ID : PR2572589548253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		42.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle CARLSON, KEVIN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4511 BROWNDALE AVEN			12 31 2017											
City EDINA	State MN	Zip Code 55424-1142	Transaction ID : PR2572590048253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		288.45											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)											
Full Name of Individual (Last, First, Middle WACKER, CHARLES, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 2747 WEST VIEW DRIVE			12 31 2017											
City NEW PRAGUE	State MN	Zip Code 56071-8989	Transaction ID : PR2572590148253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		42.00											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) olution Sales Executive	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)											

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ITEMIZED RECI	217 1 3		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12		
			y not be sold or used by any pe Idress of any political committee							
	TEE (In Full)		InitedHealth Group PA							
Full Name of Individ	ual (Last, First, Middle Initial)) or Full Or	ganization Name	Date	of Re	eceipt				
Mailing Address 320	0 N LAKE SHORE DR T 2306			M1:	M /	31) / Y	2017	Y	
City CHICAGO		State IL	Zip Code 60657-3929					59034825: iis Period	3	
FEC ID number of c federal political comr	0	С		E				42.1	12	
Name of Employer (United HealthCare Se	,		pation (for Individual) twk Contrctng		Memo	o Item				
Receipt For: Primary Other (specify)	General	Aggregate \	/ear-to-Date ▼ 365.04	P/R D	educti	ion (\$14	.04 Bi-We	ekly)		
Full Name of Individ B. OBRIEN, CHRI	ual (Last, First, Middle Initial)) or Full Or	ganization Name	Date	of Re	eceipt				
Mailing Address 764	TOPAZ STREET	1		M 1		31) / Y	2017	Y	
City NEW ORLEANS		State LA	Zip Code 70124-3624					590648253 iis Period	3	
FEC ID number of c federal political comr	0	С						42.(00	
Name of Employer (United HealthCare Se			pation (for Individual) /P SIs Acct Mgmt		Memo	o Item				
Receipt For: Primary Other (specify)	General	Aggregate N	/ear-to-Date ▼ 364.00	P/R D	educti	on (\$14	.00 Bi-We	ekly)		
Full Name of Individu	ual (Last, First, Middle Initial) ES, , ,) or Full Or	ganization Name	Date	of Re	eceipt				
Mailing Address 182	20 ROSEDALE				2	31		2017		
City EDMOND		State OK	Zip Code 73013-6638					59074825 iis Period	3	
FEC ID number of c federal political comm	0	С				y	. ,	45.0	00	
Name of Employer (Optum Services, Inc	for Individual)		pation (for Individual) Pharm Ops		Mem	o Item				
Receipt For: Primary Other (specify)	General	Aggregate N	/ear-to-Date ▼ 390.00	P/R D	educt	ion (\$15	.00 Bi-We	∋ekly)		
SUBTOTAL of Receipt	ts This Page (optional)		•			y	, ,	129.1	2	
TOTAL This Period (la	st page this line number onl	y)	••••••			_				

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle CHEEK, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7131 E RANCHO VISTA D UNIT 3003	RIVE		12 31 / Y Y Y Y 12 31 2017
City SCOTTSDALE	State AZ	Zip Code 85251-1463	Transaction ID : PR2572590948253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir/CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle MILLER, KIMBERLEY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 16 CELONOVA PLACE			12 31 / Y Y Y Y 12 31 2017
	State CA	Zip Code	Transaction ID : PR2572591248253
FOOTHILL RANCH		92610-1942	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. WIFFLER, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1421 SOMERFIELD DRIVE			12 / D D / Y Y Y Y 12 31 2017
City BOLINGBROOK	State IL	Zip Code 60490-3207	Transaction ID : PR2572992748253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)) Spclty Ben Visn	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			648.90
TOTAL This Period (last page this line number	er only)		

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)										
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions te to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle GOETZ, MERRITT, David, ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 901 CLEARVIEW DR			12 / D D / Y Y Y Y Y 12 31 2017										
City NASHVILLE	State TN	Zip Code 37205-1915	Transaction ID : PR2573477348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		749.90										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$249.90 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. QUINN, PATRICK, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 15972 WETHERBURN RD		12 31 2017											
City CHESTERFIELD	State MO	Zip Code 63017-7341	Transaction ID : PR2573518748253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		72.96										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.02	P/R Deduction (\$24.32 Bi-Weekly)										
Full Name of Individual (Last, First, Middle GROZDANICH, PATTI, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 12540 ROBINSON ST APT 6201		1	12 / D D / Y Y Y Y 12 31 2017										
City OVERLAND PARK	State KS	Zip Code 66213-1418	Transaction ID : PR2573518848253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		677.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$331.52 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			1499.94										
TOTAL This Period (last page this line numb	er only)												

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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PAGE 110 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and a or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (JnitedHealth Group PA	\C)										
Full Name of Individual (Last, First, Middle Ir BENSON, MICHAEL, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 2206 EAGLE VALLEY LN			12 / D D / Y Y Y Y 12 31 2017										
City WAUSAU	State WI	Zip Code 54403-8154	Transaction ID : PR2573518948253										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Ass	upation (for Individual) c Dir SIs Ops	Memo Item										
Primary General Other (specify) ▼	Primary General Agglegate Teal-to-Date V												
Full Name of Individual (Last, First, Middle Ir B. SHAW, AMY, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 11844 DUNHILL ROAD	Mailing Address 11844 DUNHILL ROAD												
City EDEN PRAIRIE	State MN	Zip Code 55344-3238	Transaction ID : PR2574971348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.12										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) htroller Mkt Grp	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Ir c. BUCCHIANERI, STEVEN, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 118 GOVERNORS			12 / D D / Y Y Y Y 12 31 2017										
City MEDFORD	State MA	Zip Code 02155-3018	Transaction ID : PR2574977148253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		57.69										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			153.36										
TOTAL This Period (last page this line number													

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IT.			Use separate schedule(s)	(che	eck only	/ or	ne)	(check only one)								
11			for each category of the Detailed Summary Page	×	11a		11b	11c	12	Г						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									butio						
	NAME OF COMMITTEE (In Full)															
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)												
A.	Full Name of Individual (Last, First, Middle Initia RICHARD, DARYL, , ,	ll) or Full Oi	rganization Name		Date of	Re	ceipt									
	Mailing Address 24 WEST RIDGE DRIVE				12 / D D / Y Y Y Y 12 31 2017											
	City WEST HARTFORD	State CT	Zip Code 06117-2065					PR25749 leceipt th								
FEC ID number of contributing federal political committee.									13	37.34						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.84	P	/R Ded	uctio	on (\$45.	78 Bi-We	eekly)							
в.	Full Name of Individual (Last, First, Middle Initia HARE, LESLIE, , ,	l) or Full Oi	rganization Name		Date of	Re	ceipt									
	Mailing Address 9029 SHEEP RANCH CT				^M 12	/	31	/ Y	2017	Y]					
	City LAS VEGAS	State NV	Zip Code 89143-5432					PR25749								
	FEC ID number of contributing		09143-3432		Amount	of	Each R	eceipt th	iis Peri	od	_					
	federal political committee.	C		42.00												
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Clms	Memo Item												
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		, 364.00	P/R Deduction (\$14.00 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initia IERVOLINO, TINA, , ,	ll) or Full Oi	rganization Name		Date of	Re	ceipt									
	Mailing Address 38 DARTMOOR ROAD				^M 12	/	31	/ Y	2017]					
	City EAST HANOVER	State NJ	Zip Code 07936-3912					PR2574								
							y .		4	2.12						
			upation (for Individual) ⁄Ied Clin Ops		M	emo	ltem									
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 365.04					P/R Ded	uctio	on (\$14.	.04 Bi-We	eekly)							
s	UBTOTAL of Receipts This Page (optional)						, .		22	1.46						
т	OTAL This Period (last page this line number or	וy)	••••••							-						

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ıт.			Use separate schedule(s)	(check of	only c	one)	L							
11			for each category of the Detailed Summary Page	× 11a	a	11b	11c		г	17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma name and a	y not be sold or used by any pe ddress of any political committee	erson for th	ne pu contri	rpose of	soliciting	contr	ibutic	ns				
\backslash	NAME OF COMMITTEE (In Full)			-										
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Initi SIMPSON, TRENT, , ,	al) or Full O	rganization Name	Date	of R	eceipt								
	Mailing Address 3111 NORCREST AVE N				12 31 2017									
	City STILLWATER	State MN	Zip Code 55082-1779			tion ID : f Each Re								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Gen Mgmt		Mem	o Item									
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initi CIANFROCCO, HEATHER, , ,	al) or Full O	rganization Name	Date	of R	eceipt								
	Mailing Address 2799 WEST BARDONNER RO	AD		1	М	/ D D 31	/ Y	2017						
	City	State PA	Zip Code			tion ID : I								
	GIBSONIA FEC ID number of contributing	C	15044-8462	Amo	unt o	f Each R	eceipt th		10d 76.90					
	federal political committee.						y	J	10.30	,				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Clin Ops	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 4999.80	P/R D	educt	ion (\$192	.30 Bi-W	'eekly)						
c.	Full Name of Individual (Last, First, Middle Initi KAPLAN-LEWIS, DEBRA, , ,	al) or Full O	rganization Name	Date	of R	eceipt								
	Mailing Address 41 WILDWOOD DR				2	/ D D 31	JL	2017	7					
	City SOUTHBOROUGH	State MA	Zip Code 01772-1989			tion ID :								
	FEC ID number of contributing federal political committee.		Ē		y .	. ,	3	84.60)					
	Name of Employer (for Individual) United HealthCare Services Inc	ipation (for Individual) Plan CEO		Merr	io Item									
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 38-				P/R D	educ	tion (\$192	2.30 Bi-W	/eekly))					
⊢	UBTOTAL of Receipts This Page (optional)					,		10	76.88					

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.										
UnitedHealth Group Incorp	porated PAC (I	JnitedHealth Group P	4C)										
Full Name of Individual (Last, First, M A. WASHUTA, KENNETH, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3926 CHERRY AVE			12 / D D / Y Y Y Y 12 31 2017										
City MOUND	State MN	Zip Code 55364-9703	Transaction ID : PR2574987648253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		30.00										
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, M B. BURNETT, JAMIE, , ,	ddle Initial) or Full O	rganization Name	Date of Respirit										
Mailing Address 4625 EWING AVENU	Date of Receipt												
City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2574988248253										
FEC ID number of contributing	С	33410-1745	Amount of Each Receipt this Period										
federal political committee.	U												
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify) ▼		1014.00	P/R Deduction (\$39.00 Bi-Weekly)										
Full Name of Individual (Last, First, M LANG JACOBSEN, HEATH		rganization Name	Date of Receipt										
Mailing Address 11382 MOUNT CUR	'E RD		12 31 2017										
City EDEN PRAIRIE	State MN	Zip Code 55347-2918	Transaction ID : PR2574991448253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item										
Receipt For: Primary General Other (specify)	Primary General General												
SUBTOTAL of Receipts This Page (opti	onal)		262.38										
TOTAL This Period (last page this line r	number only)												

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check	only c	one)									
11			for each category of the Detailed Summary Page	X 11:	_	11b	11c	12	Г	17					
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	erson for t	he pu	rpose of	soliciting	g contri	butio	ns					
	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Init ALLAZETTA, DAVID, , ,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 339 DARTMOUTH HILLS STR	REET			12 31 Y Y Y Y Y 12 31 2017										
	City LAS VEGAS	State NV	Zip Code 89138-1544		Transaction ID : PR2574995448253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		288.45											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mem	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R D)educ	tion (\$96.	.15 Bi-We	∋ekly)							
в.	Full Name of Individual (Last, First, Middle Init AGEE, SHELONDA, , ,	Date	e of P	leceipt											
	Mailing Address 6317 BUNKER DRIVE				12 31 / Y Y Y Y Y 12 31 2017										
	City	State	Zip Code	Tra	insac	tion ID :	PR25749	997648	253						
	LOCUST GROVE	GA	30248-7065	Amo	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				-y 1		3	30.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		Mem	io Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R D	P/R Deduction (\$10.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Init NEWKIRK, MEGHAN, , ,	tial) or Full O	rganization Name	Date	e of P	leceipt									
	Mailing Address 10162 BEAVER CIR				2	/ D D D 31) / Y	2017							
	City CYPRESS	State CA	Zip Code 90630-4113			tion ID : f Each R									
	FEC ID number of contributing federal political committee.				y	, <u>,</u>	15	56.42							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Merr	no Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R [)educ	tion (\$52.	.14 Bi-W	eekly)							
s	UBTOTAL of Receipts This Page (optional)					,	. ,	47	4.87						
т	OTAL This Period (last page this line number	only)				<u></u>			-						

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	for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17									
Any information copied from such Reports and or for commercial purposes, other than using th			erson for	the p		ose of	solicit	ing con	tributi	ons								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	(C)															
Full Name of Individual (Last, First, Middle Ir WILLIAMS, JOSEPH, , ,	nitial) or Full C	organization Name	Da	ate of	Ree	ceipt												
Mailing Address 3221 FORSYTH DRIVE			12 / D D / Y Y Y Y Y 12 31 2017															
City	State NC	Zip Code	Transaction ID : PR2575008848253															
GREENSBORO	NC	27407-7221	Amount of Each Receipt this Period															
FEC ID number of contributing federal political committee.	С		543.96															
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of SIs	Memo Item															
Receipt For:		Year-to-Date ▼	-															
Primary General Other (specify) ▼	4000.02	P/R Deduction (\$181.32 Bi-Weekly)																
Full Name of Individual (Last, First, Middle Ir B. KEMMER, HEIDI, , ,	Date of Receipt																	
Mailing Address 2211 WEST ROCKROSE PL																		
City								7502134	18253									
CHANDLER	HANDLER AZ 85248-4208						Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С			42.42														
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir		Memo Item															
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 367.64	P/R Deduction (\$14.14 Bi-Weekly)															
Full Name of Individual (Last, First, Middle Ir C. FRIDELL, CATHERINE, , ,	nitial) or Full C	organization Name	Da	ate of	Ree	ceipt												
Mailing Address 11 E STONEWALL DRIVE			IV	12 ^M	/	D 31) /	ý ý 201	17 [°]	Y								
City	State	Zip Code	Т	Fransa	acti	on ID :	PR25	750275	48253	8								
MIDDLETOWN	DE	19709-3810	An	nount	of I	Each F	Receipt	this Pe	eriod									
FEC ID number of contributing federal political committee.	С			_		,	,		124.9	8								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms		Me	emo	ltem												
Receipt For: Primary General Other (specify)	r: Aggregate Year-to-Date ▼ Ary General							P/R Deduction (\$41.66 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			. [711.3	6								
TOTAL This Period (last page this line number			- F			,	,											

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using t			person for the purpose of soliciting contributions be to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle I DUNCAN, MICHELE, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3038 FAIRWAY CIRCLE			12 / D D / Y Y Y Y 12 31 2017										
City CHASKA	State MN	Zip Code 55318-3408	Transaction ID : PR2575029648253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		576.90										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I 3. O'BRIEN, JENNIFER, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 395 WOODLAWN AVE	Mailing Address 395 WOODLAWN AVE												
City SAINT PAUL	State MN	Zip Code 55105-1339	Transaction ID : PR2575034548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		576.90										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I JONCZYK, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 6336 URBANDALE LANE N	1	7.0.1	M M / D D / Y Y Y Y 12 31 2017										
City MAPLE GROVE	State MN	Zip Code 55311-1384	Transaction ID : PR2575038748253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		750.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Freasury	Memo Item										
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1000.00	P/R Deduction (\$250.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			1903.80										
TOTAL This Period (last page this line number	er only)												

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
I EIVILED KEGEIPIS		for each category of the Detailed Summary Page	× 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee										
		uness of any pullical continue											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle MADDOX, JEFFREY, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 5610 PURDUE AVE			12 / D D / Y Y Y Y 12 31 / 2017										
City DALLAS	State TX	Zip Code 75209-4431	Transaction ID : PR2575039548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		366.99										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1013.98	P/R Deduction (\$122.33 Bi-Weekly)										
Full Name of Individual (Last, First, Middle ALLENBURG, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 6224 LOCH MOOR DR	Otata	Zip Ood-	12 D D / Y Y Y Y 12 31 2017										
City EDINA	State MN	Zip Code 55439-1618	Transaction ID : PR2575039848253										
	_		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		166.65										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		999.90	P/R Deduction (\$55.55 Bi-Weekly)										
Full Name of Individual (Last, First, Middle DONNAY, JULENE, , ,	,	rganization Name	Date of Receipt										
Mailing Address 17763 OAKLAND DRIVE	1	Zip Code	12 31 2017										
City HAM LAKE	State MN	Zip Code 55304-4527	Transaction ID : PR2575046248253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Sourcing Prcrmt												
United HealthCare Services Inc													
Receipt For: Primary General Other (specify)	P/R Deduction (\$14.04 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional)			575.76										
TOTAL This Period (last page this line numb	er only)												

Use separate schedule(s)

FOR LINE NUMBER:

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	e ,	Use separate schedule(s)	(check only one)						
	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In									
/ UnitedHealth Grou	p Incorporated PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (La A. HEATH, SEAN, , ,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1292 CAS			12 31 2017						
City GOLDEN VALLEY	State MN	Zip Code 55427-4453	Transaction ID : PR2575048748253 Amount of Each Receipt this Period						
FEC ID number of contribut federal political committee.	ting C		42.12						
Name of Employer (for Indi Optum Services, Inc	,	upation (for Individual) Compli	Memo Item						
Receipt For: Primary Ger Other (specify) ▼		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (La: B. JORDAN, GARELL,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6104 S 64	TH DRIVE		12 31 2017						
City LAVEEN	State AZ	Zip Code 85339-2917	Transaction ID : PR2575050248253 Amount of Each Receipt this Period						
FEC ID number of contribut federal political committee.			1500.00						
Name of Employer (for Indi Optum Services, Inc	,	upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary Ger Other (specify) ▼		Year-to-Date ▼ 2500.00	P/R Deduction (\$500.00 Bi-Weekly)						
Full Name of Individual (Las C. LINDSAY, VIVIAN,	st, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 14930 SW	39 ST		M M / D D / Y Y Y Y 12 31 2017						
City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054948253 Amount of Each Receipt this Period						
FEC ID number of contribut federal political committee.	ting C		288.45						
Name of Employer (for Indi United HealthCare Services	,	upation (for Individual) Ops	Memo Item						
Receipt For: Primary Ger Other (specify)	eral Aggregate	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This	Page (optional)		1830.57						
TOTAL This Period (last page	e this line number only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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				for each category of the Detailed Summary Page	×	11] 11 14	· -		11c 15	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the nar					for t	the		pos	se of		liciting	contribu	utions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) CLACKO, MARY ANN, , ,	or Full C	Orga	nization Name	[Date of Receipt										
	Mailing Address 6358 COTEAU TRAIL		12 / D D / Y Y Y Y Y 12 31 2017													
	City EDEN PRAIRIE	State MN		Zip Code	Transaction ID : PR2575057948253											
				55344-5205	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				115.38										
	Name of Employer (for Individual) Optum Services, Inc		upa Con	tion (for Individual) npli			Me	emo) Ite	em						
	Receipt For: A	aareaate	Yea	ar-to-Date 🔻												
	Primary General Other (specify) ▼		P	/R [Dedu	uctio	on	(\$38.	.46	Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initial) MCCARTY, CARY, , ,	or Full C	Orga	nization Name		Date	e of	Re	ecei	ipt						
	Mailing Address 8800 RUMFIELD RD			12 31 / Y Y Y Y 12 31 2017												
	City NORTH RICHLAND HILLS	State TX									594482 s Period					
	FEC ID number of contributing federal political committee.	C							117.00							
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n Mgmt			Me	emo) Ite	em						
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	ar-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Orga	nization Name		Date	e of	Re	ecei	ipt						
	Mailing Address 11359 ENTREVAUX DRIVE						™ 12	/	Γ	D 31		/ Y	2017	Y		
	5	State		Zip Code		Tr	ans	acti	ion	ID :	PF	R25750	602482	53		
	EDEN PRAIRIE	MN		55347-2862	/	Amc	ount	of	Ea	ich R	lec	eipt thi	s Period	ł		
	FEC ID number of contributing federal political committee.	С							7			7	115	.38		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt			Me	emo	b It	em						
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 999.96	P	9/R [Ded	uctio	on	(\$38	.46	6 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)				.						Ţ		347	.76		
т	OTAL This Period (last page this line number only)							-			-				

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle MCEVOY, AMY, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 10551 GREENBRIER RD	APT 132		12 / D D / Y Y Y Y Y 12 31 2017											
City MINNETONKA	State MN	Zip Code 55305-3460	Transaction ID : PR2575062248253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Primary General Other (specify) ▼ 520.00													
Full Name of Individual (Last, First, Middle SWAN, RICK, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 2554 CHRISTIAN PKWAY		12 / D D / Y Y Y Y 12 31 2017												
City CHASKA	State MN	Zip Code 55318-1986	Transaction ID : PR2575062648253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		42.12											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Last, First, Middle CURRIE, ULYSSES, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3111 STILES WAY			12 / D D / Y Y Y Y Y 12 31 2017											
City WEST FRIENDSHIP	State MD	Zip Code 21794-9218	Transaction ID : PR2575064148253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		150.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 800.00	P/R Deduction (\$50.00 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional)			252.12											
TOTAL This Period (last page this line numb	er only)													

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using				e purp						
NAME OF COMMITTEE (In Full)							r oommaa			
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle ZAETTA, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date o	of Red	ceipt					
Mailing Address 5840 RIDGE ROAD			12	/	D D D 31	/ Y	2017	Y		
City EXCELSIOR	State MN	Zip Code 55331-8153					6834825	3		
FEC ID number of contributing federal political committee.	C				y		681.7	7		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		lemo	Item					
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4999.90	P/R Dec	ductio	n (\$227	.23 Bi-W	'eekly)				
Full Name of Individual (Last, First, Middle B. VERCHICK, TAMI, , ,	Initial) or Full C	rganization Name	Date o	of Red	ceipt					
Mailing Address 9916 DUSTY WINDS AVE			12	/	D D D 31	/ Y	2017	Ŷ		
City LAS VEGAS	State NV	Zip Code 89117-5986					6894825: is Period	3		
FEC ID number of contributing federal political committee.	С				1	,	600.0	00		
Name of Employer (for Individual) Southwest Medical Assoc. Inc.	Occ Dir	upation (for Individual) IT		/lemo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Dec	Juctio	n (\$200	.00 Bi-W	eekly)			
Full Name of Individual (Last, First, Middle ENLOW, MARGARET, , ,	Initial) or Full C	rganization Name	Date o	of Red	ceipt					
Mailing Address 103 LOCUST GROVE LAN	1		M 12		D D D 31		2017			
City VERSAILLES	State KY	Zip Code 40383-8807					07104825 is Period	3		
FEC ID number of contributing federal political committee.	C			_	,	,	42.7	2		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		/lemo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R De	ductio	on (\$14.0	04 Bi-W€	ekly)			
SUBTOTAL of Receipts This Page (optional)					,	,	1323.8	39		
TOTAL This Period (last page this line numb	er only)				<u>, </u>					

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle CHRISTIAN, DENISE, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5 WINGATE COURT			12 31 / Y Y Y Y Y 12 31 2017
City FLOURTOWN	State PA	Zip Code 19031-1117	Transaction ID : PR2575071448253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		999.99
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Clin Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.99	P/R Deduction (\$333.33 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. NICHOLS, SANDRA, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 12706 YOUNG LANE			12 / D D / Y Y Y Y Y 12 31 2017
City NORTH POTOMAC	State MD	Zip Code 20878-6112	Transaction ID : PR2575074548253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2788.45
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ared Svs Regn CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$929.43 Bi-Weekly)
Full Name of Individual (Last, First, Middle BECK, RALPH, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address W155 N5314 SHARPTAIL			M M / D D / Y Y Y Y Y 12 31 2017
City MENOMONEE FALLS	State WI	Zip Code 53051-6771	Transaction ID : PR2575074948253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.12
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			3830.56
TOTAL This Period (last page this line number	er only)		

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171			Use separate schedule(s)	(ch	eck only	y on	ie)	L			
			for each category of the Detailed Summary Page	×	11a 13		11b	11c		2 6	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	conti	ributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia SHELLEY, MATTHEW, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 13197 NW HELEN LANE				^M 12	/	D D 31	/ Y	y 201	7 7	Ý
	City PORTLAND	State OR	Zip Code 97229-7045					PR25750 eceipt th			_
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		_	57.69	Э
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Natl Clin Cvrge Review		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98		P/R Ded	uctic	on (\$19.:	23 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia BURNAM, DEBRA, , ,	l) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 377 CALABRIA BEACH ST				12 ^M	/	31	/ Y	201	Y Y 7	ſ
	City HENDERSON	State NV	Zip Code 89015-2430	-				PR25750			
	FEC ID number of contributing federal political committee.	С			Amount	. Of		eceipt th		42.12	2
	Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) Clin Ops		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P	P/R Dedu	uctio	on (\$14.0	04 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initia CALAMIA, EDITH, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 22 ROYAL OAK DRIVE				^M 12	/	D D D 31	/ Y	201		Ý
	City FAR HILLS	State NJ	Zip Code 07931-2569				-	PR2575 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9		_	42.12	2
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) led Dir		M	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	I F	P/R Ded	uctio	on (\$14.	04 Bi-We	∍ekly)		
s	UBTOTAL of Receipts This Page (optional)			•			, .		1	41.93	3
т	OTAL This Period (last page this line number or	וy)	••••••	-						-	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		rpo	ose o		oliciting	contribu	tions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial) UPCHURCH, KAREN, , ,	or Full O	rgar	nization Name		Date	of Re	ec	eipt				
	Mailing Address 5023 OAKMONT PLACE	01.1		7. 0. 1		[™] 12		/	D 31		/ Y	2017	
	City WESTERVILLE	State OH		Zip Code 43082-8781								8444825	-
	FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period											
	Name of Employer (for Individual)Occupation (for Individual)United HealthCare Services IncDir Comm								ltem				
	Receipt For: A Primary General Other (specify) ▼	P/	R De	duct	ior	n (\$38	8.46	6 Bi-We	ekly)				
B.	Full Name of Individual (Last, First, Middle Initial) O'NEILL, AUDREY, , ,	or Full O	rgar	nization Name		Date	of Re	ec	eipt				
	Mailing Address 71 CHESTNUT RIDGE RD			1		[™] 12		/	D 31		/ Y	2017	Y
	City QUEENSBURY	State NY		Zip Code 12804-7317								8944825 s Period	
	FEC ID number of contributing federal political committee.	С			Į.	_		_,	-		-J-	62.	49
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Mgmt		ſ	Nem	0	ltem				
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 499.92	P/1	R De	ducti	ior	n (\$20	.83	3 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) HEROLD, STACI, , ,	or Full O	rgar	nization Name		Date	of Re	ec	eipt				
	Mailing Address 15008 GREEN OAKS TR SE					[™] 12		/	D 31		/ Y	ү 2017	Y
	City PRIOR LAKE	State MN		Zip Code 55372-2159					-			930482	-
	FEC ID number of contributing	C	-	55372-2159	A	mou	nt of	fE	Each F	Rec	ceipt thi	s Period 142.	_
					41		lom	,	Item		y		
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	ion (for Individual)			viern	10	llem				
	Receipt For: A Primary General Other (specify)	aggregate	Yea	ur-to-Date ▼ 999.81	P/	'R De	duct	tio	n (\$47	7.6 [,]	1 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			••••••							1	320.	70
т	OTAL 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

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	IVIZED RECEIPIS		×	11a		11b	Γ	11c		12											
				Detailed Summary Page		13		14	┢	15		16	17								
		nformation copied from such Reports and Statements may not be sold or used by ar commercial purposes, other than using the name and address of any political comm								soliciting		ntribut	ions								
\setminus	NAME OF COMMITTEE (In Full)																				
\geq	UnitedHealth Group Incorporate	ed PAC (l	Un	itedHealth Group PA	NC)																
A.	Full Name of Individual (Last, First, Middle Ini NABRIT-STEPHENS, BARBARA, , ,	tial) or Full O	rga	nization Name	Date of Receipt																
	Mailing Address 4704 DUNNIE DRIVE				12 31 2017								Y								
	City	StateZip CodeIPAFL33614-1496								Transaction ID : PR2575093448253											
	ТАМРА									Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.				- j -			_	91.2	23											
	Name of Employer (for Individual) United HealthCare Services Inc		М	emc	ltem	I															
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻																	
	Primary General Other (specify) ▼		-	364.92		P/R Ded	uctio	on (\$3	30.4	41 Bi-We	ekly	¥)									
	Full Name of Individual (Last, First, Middle Ini PERRY, BEVERLY-JANE, , ,	tial) or Full O	rga	nization Name		Date of	f Re	eceipt													
	Mailing Address 24 LORUSSO DRIVE					^M 12	/	D	D 81	/ Y)17	Y								
	City	State		Zip Code		Trans	acti	ion ID) : F	PR25750)960)4825:	3								
	ATTLEBORO	MA		02703-5212		Amoun	t of	Each	Re	eceipt th	is P	'eriod									
	FEC ID number of contributing federal political committee.	С			42.12																
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) k Prgms	_	Μ	emc	ltem	1												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)																
	Full Name of Individual (Last, First, Middle Ini JACOBY, CHARLES, , ,	tial) or Full O	rga	nization Name		Date of	f Re	eceipt													
	Mailing Address 3315 IRVING AVE					^M 12	1		р 31	/ Y)17	Y								
	City	State		Zip Code		Trans	sact	ion IC):	PR2575)992	24825	3								
	MINNEAPOLIS	MN		55408-3321		Amoun	t of	Each	Re	eceipt th	is P	'eriod									
	FEC ID number of contributing federal political committee.	С						,		, y	_	48.0	00								
	Name of Employer (for Individual)	Occ	upa	tion (for Individual)	_	М	emo	b Item	ı												
	Optum Services, Inc	Dir I	•	、																	
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻																	
	Primary General Other (specify)		-	416.00		P/R Ded	lucti	on (\$′	16.	00 Bi-We	ekly	y)									
	JBTOTAL of Receipts This Page (optional)			•	-		-	,			-	181.3	5								

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
11			for each category of the Detailed Summary Page	X 1	F		11b	11c	12	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	A not be sold or used by any pe address of any political committee	erson for	the p	urp	14 ose of	15 soliciting	16 g contribu	tions
	NAME OF COMMITTEE (In Full)			10 001101					ir oonnina	
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia CHAMPION, PHEBE, , ,	al) or Full O	rganization Name	Dat	te of	Red	ceipt			
	Mailing Address 34 REYBURN DRIVE				12 [™]	/	D 31) / Y	ү ү 2017	Y
	City HENDERSON	State NV	Zip Code 89074-2760						10834825 his Period	3
	FEC ID number of contributing federal political committee.	С					,		75.	00
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service		Mei	mo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R	Dedu	ctic	on (\$25	.00 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia MADDIGAN, DANIEL, , ,	al) or Full O	rganization Name	-	te of	Red	ceipt			
	Mailing Address 25131 TERRACE LANTERN	State	Zip Code	- L	12 ^M	/	31	JL	2017	
	DANA POINT	CA	92629-2864			-			11484825 nis Period	3
	FEC ID number of contributing federal political committee.	С					,		219.	00
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir I	upation (for Individual) IT		Mei	mo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	P/R	Dedu	ctio	n (\$73	.00 Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia MORSCH, MARK, , ,	al) or Full O	rganization Name	Dat	te of	Red	ceipt			
	Mailing Address 6344 GOLDEN LILY WAY			- L	[™]	1	31	J L	2017	
	City SAN DIEGO	State CA	Zip Code 92130-6836				-		11514825 nis Period	3
	FEC ID number of contributing federal political committee.	С			_		y	,	46.	14
	Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt		Me	mo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.88	P/R	Dedu	ctic	on (\$15	.38 Bi-We	eekly)	
⊢	UBTOTAL of Receipts This Page (optional)		F				, . , .	, ,	340.	14

Use separate schedule(s)

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	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In A. LYDON, SCOTT, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2 PLOWBOY PATH			M M / D D / Y Y Y Y Y 12 31 2017							
City COMMACK	State NY	Zip Code 11725-1410	Transaction ID : PR2575122248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Primary General Other (specify) ▼ 364.00									
Full Name of Individual (Last, First, Middle In B. HUNT, ZOE, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4030 SERANGO COURT			12 31 2017							
City WEST LINN	State OR	Zip Code 97068-2840	Transaction ID : PR2575136248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In MCDONNEL, LISA, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9664 LAFORET DRIVE			12 / D D / Y Y Y Y Y 12 31 2017							
City EDEN PRAIRIE	State MN	Zip Code 55347-3538	Transaction ID : PR2575136348253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Ntwk	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.80	P/R Deduction (\$15.20 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			129.60							
TOTAL This Period (last page this line number	r only)									

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	0	, p								
UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, M WHEELER, TISA, , ,	Niddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6085 WATER ST APT 2453			12 31 2017							
City	State	Zip Code	Transaction ID : PR2575138548253							
PLANO	ТХ	75024-0084	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		143.55							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General			P/R Deduction (\$47.85 Bi-Weekly)							
Other (specify) v		1200.10								
Full Name of Individual (Last, First, N B. CARTER, JOCELYN, , ,	Aiddle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 601 SILVERSTONE	DRIVE		12 31 2017							
City	State	Zip Code	Transaction ID : PR2575141948253							
MADISON	MS	39110-7581	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		375.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		, 2625.00	P/R Deduction (\$125.00 Bi-Weekly)							
Full Name of Individual (Last, First, N C. DEWALL, PATRICK, , ,	liddle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 7662 RIDGEVIEW W	/AY		12 31 2017							
City	State MN	Zip Code	Transaction ID : PR2575145348253							
CHANHASSEN	IVIN	55317-4507	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		288.45							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		2499.90	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (op			807.00							
	,									
TOTAL This Period (last page this line	number only)									

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	Use separate schedule(s)	(check only one)						
I LIVIIZED REGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Mid MCGANN, JEAN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4 VILLAGE ROAD			M M / D D / Y Y Y Y 12 31 2017					
City FLORHAM PARK	State NJ	Zip Code 07932-2415	Transaction ID : PR2575146948253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.12					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA Dir Acct Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Mid B. BEECHER, KELLY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7640 CURIOSITY AVE			12 / D D / Y Y Y Y Y 12 31 2017					
City LAS VEGAS	State NV	Zip Code 89131-4792	Transaction ID : PR2575161148253					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Mid C. JONES, RON, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 10066 ESCAMBIA BAY			12 / D D / Y Y Y Y Y 12 31 2017					
City NAPLES	State FL	Zip Code 34120-4621	Transaction ID : PR2575163548253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		375.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) PCInt Relationship	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3250.00	P/R Deduction (\$125.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		459.24					
TOTAL This Period (last page this line nu	mber only)							

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16							
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	.C)							
Full Name of Individual (Last, First, Middle In RAZVI, NIGHET, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1015 S CLINTON AVENUE			12 31 2017							
City OAK BARK	State IL	Zip Code	Transaction ID : PR2575168648253							
OAK PARK		60304-1823	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		73.98							
Name of Employer (for Individual) United HealthCare Services Inc	Occ Med	upation (for Individual) I Dir	Memo Item							
Receipt For:		Year-to-Date ▼	—							
Primary General	33 3		P/R Deduction (\$24.66 Bi-Weekly)							
Other (specify) v		369.90								
Full Name of Individual (Last, First, Middle In AMANN, CHAD, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 7638 RIDGEVIEW WAY			12 31 2017							
City	State	Zip Code	Transaction ID : PR2575170148253							
CHANHASSEN	MN	55317-4507	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		686.79							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4999.83	P/R Deduction (\$228.93 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. COSTIN, ROBERT, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 580 MEADOW SWEET CIRC	CLE		12 31 2017							
City	State	Zip Code	Transaction ID : PR2575180748253							
OSPREY	FL	34229-8976	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		57.69							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
United HealthCare Services Inc	Dir (CInt Svc Acct Mgt								
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$19.23 Bi-Weekly)							
Other (specify)		499.98								
SUBTOTAL of Receipts This Page (optional)			818.46							
TOTAL This Period (last page this line number	only)	······								

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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	Use separate schedule(s)	(chec	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	ł		11b	11c	12			
Any information copied from such Reports and			erson foi								
or for commercial purposes, other than using t	ne name and a	iddress of any political committee	e to solic	nt con	tribi	utions f	rom such	n committ	ee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle WIELAND, MICHAEL, , ,	nitial) or Full C	organization Name	Da	ate of	Ree	ceipt					
Mailing Address 6741 EAST SHADOW LAK	EDRIVE			12	/	D D D 31	/ Y	y y 2017	Ŷ		
City CIRCLE PINES	State MN	Zip Code 55014-1348						8164825 is Period	3		
FEC ID number of contributing federal political committee.	С			_		,		42.	12		
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT		Me	mo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	Dedu	uctic	on (\$14.	.04 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle I MCGUIRE, THOMAS, , ,	nitial) or Full C	organization Name	Da	ate of	Ree	ceipt					
Mailing Address 41 CUMBERLAND ROAD				12 ^M	/	D D D 31	/ Y	2017	Y		
City	State CT	Zip Code				-		8544825	3		
WEST HARTFORD		06119-1121	Ar	nount	of I	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	C							576.9	90		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	٦ L	Me	mo	Item					
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		4999.80	P/R	Dedu	ictio	n (\$192	2.30 Bi-W	(eekly)			
Full Name of Individual (Last, First, Middle I C. MELLO, STEPHANIE, , ,	nitial) or Full C	organization Name	Da	ate of	Ree	ceipt					
Mailing Address 65 CLARK LANE				12	/	D D D 31	/ Y	үүү 2017	Y		
City SWANSEA	State MA	Zip Code 02777-4550				-		19134825 is Period	3		
FEC ID number of contributing federal political committee.	С					, .	9	42.	12		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir		Me	emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/F	R Dedu	uctio	on (\$14.	.04 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optional)						, .		661. ⁻	14		
TOTAL This Period (last page this line number	er only)										

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		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathe name and a	I ay not be sold or used by any p uddress of any political committe	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle DEMARIS, PETER, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2301 OLIVER AVE S			12 31 Y Y Y Y Y 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10
City MINNEAPOLIS	State MN	Zip Code 55405-2448	Transaction ID : PR2575191848253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. MOORE, KRISTIN, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3021 ROSEDALE AVENUE	:		12 31 2017
City DALLAS	State TX	Zip Code 75205-1451	Transaction ID : PR2575194448253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		42.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. GRANBERG, MITCHELL, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 6721 GALWAY DRIVE			12 / D D / Y Y Y Y Y 12 31 2017
City EDINA	State MN	Zip Code 55439-1313	Transaction ID : PR2575196148253 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		288.45
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			445.83
TOTAL This Period (last page this line numb	er only)		

SCHEDULE A (FEC Form 3X) DEOEIDTO

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ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у ог	ne)					
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>		
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any po	erson	for the	pur	14 pose of	soliciting	contribut	tions		
	NAME OF COMMITTEE (In Full)			, 10 3								
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Ini FRANCIS, KEVIN, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 15815 MINNETONKA BLVD				12 31 2017							
	City MINNETONKA	State MN	Zip Code 55345-1410		Transaction ID : PR2575203348253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		686.79								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Actuarial Srvs		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.83		P/R Ded	ucti	on (\$228	8.93 Bi-W	/eekly)			
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CARRIS, DONNA, , ,					f Re	eceipt					
	Mailing Address 27 WEST WILLOW LANE		M M 12	/	31	/ Y	2017	Y				
	City CHARLESTOWN	State RI	Zip Code 02813-1727						1254825	3		
	FEC ID number of contributing federal political committee.	C			Amount	t ot	Each H	eceipt th	is Period 214.:	26		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.88	P/R Deduction (\$71.42 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Ini STORDAHL, PAUL, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 7001 W 175TH AVENUE				12 ^M	/	31) / Y	2017	Y		
	City EDEN PRAIRIE	State MN	Zip Code 55346-2161						21304825 is Period	3		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	42.	12		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Actuary		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	•		1	,	,	943. <i>*</i>	17		
т	OTAL This Period (last page this line number	only)	••••••	-								

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		2	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		oose of	soliciting	g cont	ributio	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initial MARTIN, PETER, , ,) or Full Or	ganization Name	Date of Receipt										
	Mailing Address 7091 HIGHOVER DRIVE				12 31 2017									
	City CHANHASSEN	State MN	Zip Code 55317-7572		Transaction ID : PR2575213648253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				.			45.00)				
	Name of Employer (for Individual) Optum360 Services Inc		pation (for Individual) Gen Mgmt		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P	/R Ded	uctio	on (\$15.)	00 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initial MEYERHOFER, JEFFREY, , ,) or Full Or	ganization Name	1	Date of	Re	ceipt							
	Mailing Address 11842 DRIFTWOOD ROAD						D D D 31	/ Y	, 201	7 7				
	City EDEN PRAIRIE	State MN	Zip Code 55344-3262					PR25752						
	FEC ID number of contributing federal political committee.		/	Amount	O		eceipt th		142.8	3				
	Name of Employer (for Individual) United HealthCare Services Inc	pation (for Individual) Ntwk Contrctng		Me	emc	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial DOUGLAS, CHRIS, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 3209 GALLERIA UNIT 1507	01-1-	Zin On da		12 ^M	1	31		201	7				
	City EDINA	State MN	Zip Code 55435-2554					PR2575						
	FEC ID number of contributing federal political committee.	С					,	, j		225.00)			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) roj Mgmt		M	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00	P	/R Ded	ucti	on (\$75.	00 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)						, .		4	12.8	3			
Т	OTAL This Period (last page this line number on	ly)	••••••				,							

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	Use separate schedule(s)	(check	check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	<u> </u>				
Any information copied from such Reports and or for commercial purposes, other than using t				the pu								
NAME OF COMMITTEE (In Full)				conti		nom suc						
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle I SHORS, MATTHEW, , ,	nitial) or Full C	organization Name	Dat	e of F	Receipt							
Mailing Address 4649 EWING AVENUE SOL	JTH			12 31 2017								
City MINNEAPOLIS	State MN	Zip Code 55410-1745				: PR2575 Receipt th		3				
FEC ID number of contributing federal political committee.	С		576.90									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel		Mem	no Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I B. REILLY, DONALD, , ,	nitial) or Full C	organization Name	Dat	e of F	Receipt							
Mailing Address 5 LEGHORN LANE								Y				
City CROMWELL	State CT	Zip Code 06416-1671				: PR25752 Receipt th		3				
FEC ID number of contributing federal political committee.	r of contributing							00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Merr	no Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I C. CADMUS, KATHLEEN, , ,	nitial) or Full C	organization Name	Dat	e of F	Receipt							
Mailing Address 7760 HAWTHORN TRL NW	I			[™] 12	/ D 3		2017	Y				
City WALKER	State MN	Zip Code 56484-2600				: PR2575 Receipt th		3				
FEC ID number of contributing federal political committee.	С				y	. ,	30.0	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)					, .	,	636.9	90				
TOTAL This Period (last page this line number	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. KRUTA, DARLENE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9243 GREEN BRIAR RD			12 31 Y Y Y Y 12 31 2017								
City BLOOMINGTON	State MN	Zip Code 55437-1939	Transaction ID : PR2575232548253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		142.83								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. KIRKPATRICK, SUSAN, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 417 STERLING STREET											
City LANCASTER	State MA	Zip Code 01523-1847	Transaction ID : PR2575233648253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		137.40								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	P/R Deduction (\$45.80 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. RUSSELL, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10205 GROOMSBRIDGE			12 / D D / Y Y Y Y 12 31 2017								
City JOHNS CREEK	State GA	Zip Code 30022-5645	Transaction ID : PR2575238648253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Empl Rel	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			322.23								
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a11b11c12									
			13 14 15 16 17									
Any information copied from such Reports and S or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (JnitedHealth Group PA	.C)									
Full Name of Individual (Last, First, Middle Ini A. SHUEY, JOANNE, , ,	itial) or Full C	organization Name	Date of Receipt									
Mailing Address 2694 WEST CREEK DRIVE			12 31 Y Y Y Y Y 12 12 11 2017									
City	State TX	Zip Code	Transaction ID : PR2575241648253									
FRISCO		75033-4759	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		30.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ini B. CHOATE, THOMAS, , ,	itial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8222 STONE MASON CT			12 31 2017									
City WINDERMERE	State FL	Zip Code 34786-5624	Transaction ID : PR2575247848253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		115.38									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ini C. DIMARTINO, TIMOTHY, , ,	itial) or Full C	organization Name	Date of Receipt									
Mailing Address 49605 KEYCOVE ST			12 31 2017									
City	State	Zip Code	Transaction ID : PR2575248148253									
CHESTERFIELD	MI	48047-2361	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		81.99									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item									
Receipt For:		Year-to-Date V										
Primary General Other (specify)		519.95	P/R Deduction (\$27.33 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			227.37									
TOTAL This Period (last page this line number		F										

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)

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				or each category of the Detailed Summary Page	×	11a	a		11	ŀ		11c 15	12	Γ	17
	y information copied from such Reports and Statem for commercial purposes, other than using the nam					for t			005	se of		oliciting	contrib		IS
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	PAC (l	Jni	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) o DARRAH, JACQUELINE, , ,	r Full O	rgai	nization Name	Date of Receipt										
	Mailing Address 16942 HUBBARD TRAIL				12 / 31 / 2017										
	,	state MN		Zip Code 55044-5846		Transaction ID : PR2575248548253									
	FEC ID number of contributing federal political committee.			33044-3040	Amount of Each Receipt this Period										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Gen Counsel	Memo Item										
	Boosint For:	gregate	ır-to-Date ▼ 999.81	P	/R C	edu	uctic	on	(\$47	.61	Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	rgai	nization Name		Date	of	Re	cei	ipt					
	Mailing Address 17 ROCKY BROOK ROAD							/	Ľ	31		/ Y	ү 2017	Y	
	5	State Zip Code CT 06897-1919							-				502482 is Peric		
	FEC ID number of contributing federal political committee.	C							-		_	-7	15	0.00	
	Name of Employer (for Individual) United HealthCare Services Inc	tion (for Individual) VP SIs Acct Mgt	Memo Item												
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1000.00							uctic	on	(\$50	.00	Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	rgai	nization Name		Date	of	Re	cei	ipt					
	Mailing Address 22829 N 52ND ST			1		_	2	1	L	31			Y Y 2017		
	5	state AZ		Zip Code 85054-7202			-		-				2506482		
	FEC ID number of contributing federal political committee.				Amount of Each Receipt this Period								6.42		
	Name of Employer (for Individual) United HealthCare Services Inc		tion (for Individual) SIs Acct Mgmt	Memo Item											
	Receipt For: Ag Primary General Other (specify) Image: Constraint of the second	Aggregate Year-to-Date ▼ 312.84							P/R Deduction (\$52.14 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			••••••							-	4	44	9.25	
т	OTAL This Period (last page this line number only).			>					-			-		-	

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12									
			13 14 15 16 17 person for the purpose of soliciting contributions									
	using the name and a	ddress of any political committe	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	porated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, N SHETTY, PRASANNA, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 41 HOYA ST			12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1									
City RANCHO MISSION VIEJO	State CA	Zip Code 92694-1283	Transaction ID : PR2575252048253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.38									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Sys Anlys	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, N B. KORF, GRETCHEN, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2120 WESTON LAN	EN		12 / D D / Y Y Y Y 12 31 2017									
City	State	Zip Code	Transaction ID : PR2575252248253									
PLYMOUTH FEC ID number of contributing	C	55447-2372	Amount of Each Receipt this Period									
federal political committee.												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.31 Bi-Weekly)									
Other (specify)		4307.74										
Full Name of Individual (Last, First, N BACHMANN, ANITA, , ,	•	rganization Name	Date of Receipt									
Mailing Address 815 NORTHERN SH			12 D D / Y Y Y Y 2017									
City GREENSBORO	State NC	Zip Code 27455-3459	Transaction ID : PR2575258448253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		999.99									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.98	P/R Deduction (\$333.33 Bi-Weekly)									
SUBTOTAL of Receipts This Page (op	ional)		1692.30									
TOTAL This Period (last page this line	number only)											

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle REICHEL, RANDI, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 331 TUSCANY ROAD			12 D D / Y Y Y Y 12 31 2017								
City BALTIMORE	State MD	Zip Code 21210-2934	Transaction ID : PR2575259948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		600.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$600.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. BROOMFIELD, ROBERT, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 12501 WEST 156TH STRE			12 31 2017								
City OVERLAND PARK	State KS	Zip Code 66221-2662	Transaction ID : PR2575260448253								
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. ZARN, MARY, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 11192 BLUESTEM LANE	1		12 / D D / Y Y Y Y 12 31 2017								
City EDEN PRAIRIE	State MN	Zip Code 55347-4731	Transaction ID : PR2575269148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		187.50								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of of Staff	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$62.50 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			845.19								
TOTAL This Period (last page this line numb	er only)										

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	łC)										
Full Name of Individual (Last, First, Middle ZAFFIRIS, NICHOLAS, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1581 ISLAND WAY			M = M / D = D / Y = Y = Y = Y Y 12 31 2017 2017 Transaction ID : PR2575270648253 Amount of Each Receipt this Period										
City WESTON	State FL	Zip Code 33326-3623											
FEC ID number of contributing federal political committee.	С		42.12										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. JONES, TERRY, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 11856 NW 12TH MANOR													
City CORAL SPRINGS	State FL	Zip Code 33071-5035	Transaction ID : PR2575279248253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С	42.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. KRASKA, LISA, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 14183 SHADY BEACH TF	AIL NE		12 31 2017										
City PRIOR LAKE	State MN	Zip Code 55372-1345	Transaction ID : PR2575283048253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		52.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Recruit Ops	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			136.26										
TOTAL This Period (last page this line numb	per only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			Detailed Summary Page										
	y information copied from such Reports and Stateme for commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (U	nitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) or ESSLINGER, JOHN, , ,	Full Orç	ganization Name	Date of Receipt									
	Mailing Address 4944 W 151ST TERRACE			12 / D D / Y Y Y Y 12 / 31 / 2017									
	City Sta LEAWOOD KS		Zip Code 66224-9744	Transaction ID : PR2575288948253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.			677.07									
	Name of Employer (for Individual) United HealthCare Services Inc	Occup Med I	pation (for Individual) Dir	Memo Item									
	Receipt For: Aggr Primary General Other (specify) ▼	egate Y	/ear-to-Date ▼ 999.99	P/R Deduction (\$225.69 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initial) or HAMBLIN, JILLIAN, , ,	Full Orç	ganization Name	Date of Receipt									
	Mailing Address 3103 BEACON GROVE ST	12 / D D / Y Y Y Y 12 31 2017											
	City Sta SPRING T		Zip Code 77389-4348	Transaction ID : PR2575290348253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.			142.83									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sen Mgmt	Memo Item									
	Receipt For: Aggr Primary General Other (specify) ▼	P/R Deduction (\$47.61 Bi-Weekly)											
С.	Full Name of Individual (Last, First, Middle Initial) or BEAUREGARD, THOMAS, , ,	Full Orç	ganization Name	Date of Receipt									
	Mailing Address 555 MILTON ROAD			12 ^D ^D ¹ 2017									
	City Sta GOSHEN C		Zip Code 06756-1613	Transaction ID : PR2575295148253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.			576.90									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Innovation	Memo Item									
	Receipt For: Aggr Primary General Other (specify)	egate Y	/ear-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	1396.80									
Т	OTAL This Period (last page this line number only)		•										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17				
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		oliciting	contribu	tions				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) HEWITT, SCOTT, , ,) or Full O	Organization Name	[Date of Receipt										
	Mailing Address 1443 RAYMOND AVE		7.01		12 / 31 / 2017 Transaction ID : PR2575296748253										
	City SAINT PAUL	State MN	Zip Code 55108-1430								3				
				A	mount	of	Each	1 Rec	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С			225.00										
	Name of Employer (for Individual)	Occi	upation (for Individual)		Memo Item										
	United HealthCare Services Inc	VP I	Ntwk Prgms												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify) ▼		791.76	P/R Deduction (\$75.00 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initial)) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 1432 E AMBERWOOD DRIVE		^M ^M 12	/		^р 31	/ Y	y y 2017	Y						
	City	State	Zip Code		Trans	acti	on IE) : PF	R25752	9684825	3				
	PHOENIX	AZ	85048-4056	A	mount	of	Each	Rec	eipt thi	is Period					
	FEC ID number of contributing federal political committee.				7		-y	42.	12						
	Name of Employer (for Individual) United HealthCare Services Inc		Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , , 365.04	P/	P/R Deduction (\$14.04 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) MCELRATH-JONES, MARY, , ,) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 100 AMHERST DRIVE				м м 12	/		31	/ Y	2017 [°]	Y				
	City	State	Zip Code		Trans	acti	ion II	D : P	R25753	30214825	3				
	NEW ROCHELLE	NY	10804-1800	A	mount	of	Each	Rec	eipt thi	is Period					
	FEC ID number of contributing federal political committee.	С					9		y	42.	12				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Memo Item										
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P	P/R Deduction (\$14.04 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)									309.	24				
т	OTAL This Period (last page this line number only	y)		- i			-		-						

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Midd HUGHES, ROBERT, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 68 OCEAN DRIVE			12 31 2017								
City SEABROOK	State NH	Zip Code 03874-4712	Transaction ID : PR2575304248253Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.12								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Midd B. CUEVAS, BRANDON, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 8 CLOISTER COURT	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
City LADERA RANCH	State CA	Zip Code 92694-1556	Transaction ID : PR2575305648253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С	576.90									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Midd C. KRINN, DOUGLAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3008 CYPRESS CIRCLE			12 / D D / Y Y Y Y Y 12 31 2017								
City MEDINA	State MN	Zip Code 55340-8809	Transaction ID : PR2575310148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		142.83								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	al)		761.85								
TOTAL This Period (last page this line nun	nber only)										

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. HUNT, BRADLEY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6636 W SHORE DR			12 31 2017							
City	State MN	Zip Code	Transaction ID : PR2575310448253							
EDINA	IVIIN	55435-1529	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		576.90							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2788.35	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. GRIMM, JAN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3608 WEST 85TH STREE			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City LEAWOOD	State KS	Zip Code 66206-1353	Transaction ID : PR2575314848253							
		00200-1355	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		42.12							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. DRAWZ, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4848 SPARROW ROAD			12 31 Y Y Y Y Y 12 31 2017							
City MINNETONKA	State MN	Zip Code 55345-3219	Transaction ID : PR2575315948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.12							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus DvIp	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		661.14							
TOTAL This Period (last page this line numl	per only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or	y information copied from such Reports and State for commercial purposes, other than using the na												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial) GOLDBERG, JEFFREY, , ,	or Full O	rganization Name	Date of Receipt									
	Mailing Address 3410 BRADLEY LANE	<u></u>		12 / D D / Y Y Y Y 12 31 2017									
	City CHEVY CHASE	State MD	Zip Code 20815-3262	Transaction ID : PR2575326948253									
		_	20013-3202	Amount of Each Receipt this Period									
	federal political committee.	C		117.00									
	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
	Optum Services, Inc Receipt For:		Business Development Exe	_									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial) PEEL, CHAD, , ,	or Full O	rganization Name	Date of Receipt									
	Mailing Address 7185 GUNFLINT TRAIL			12 31 2017									
	City	State MN	Zip Code	Transaction ID : PR2575329848253									
	CHANHASSEN		55317-4743	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		Memo Item									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Prd										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$40.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) VAN HAM, COLLEEN, , ,	or Full O	rganization Name	Date of Receipt									
	Mailing Address 727 N EVERGREEN AVE			12 31 2017									
	City	State	Zip Code	Transaction ID : PR2575341948253									
	ARLINGTON HEIGHTS	IL	60004-5566	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		576.90									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
	Receipt For:		Year-to-Date ▼										
	Primary General Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
s	JBTOTAL of Receipts This Page (optional)		····· •	813.90									
т	OTAL This Period (last page this line number only	/)	······ •										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		11a 13		11b	11c 15	1:	r	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	contr	ributic	ons		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia HUYSMAN, JAMES, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 9441 OAK GROVE CIRCLE				12 31 Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1								
	City DAVIE	State FL	Zip Code 33328-6939	Transaction ID : PR2575342648253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						· ·		49.98	3		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Affs Dir		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.90	I F	P/R Ded	ucti	on (\$16.0	66 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia SIMONE, MICHAEL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 12 SCALIA COURT	1-			12 31 2017								
	City HAMILTON	State NJ	Zip Code 08690-1363					PR25753					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.12									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia IMDIEKE, PATRICK, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 15900 WHITE PINE DRIVE	Chata	Zin Oode		12 ^M	'	31		201	7			
	City WAYZATA	State MN	Zip Code 55391-2125					PR2575: eceipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	9		42.12	2		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Hlthcare Econ		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		••••••	•		1	, .	. ,	1	34.22			
т	OTAL This Period (last page this line number on	ly)	•••••	•						-			

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

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ı ب	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	y or	ne)						
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)			, 10 3					Commu				
\rangle	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini TELESKY, MICHAEL, , ,	tial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 2602 PENNINGTON PLACE				^M 12	1	D D D 31	/ Y	2017	Y			
	City VALPARAISO	State IN	Zip Code 46383-9163						3 5094825 is Period	3			
	FEC ID number of contributing federal political committee.	С							117.(00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		M	emc	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	1	P/R Ded	uctio	on (\$39.	00 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Ini PHILLIPS, CHRISTINE, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 63 HERITAGE TRAIL	1-			M M 12	/	D D D 31	/ Y	y y 2017	Y			
	City SUFFIELD	State CT	Zip Code 06078-2376						5404825	3			
			00078-2376		Amount	: of	Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	C	47.58										
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.78	I F	P/R Ded	uctio	on (\$15.	86 Bi-We	ekly)				
<u>с</u> .	Full Name of Individual (Last, First, Middle Ini BROWN, SALLY, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 192 HOMEWOOD DRIVE				12 ^M	/	31	/ Y	2017	Y			
	City CLINTON	State NY	Zip Code 13323-1512						36364825 is Period	3			
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	- y	42.7	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Service Acct Mgmt		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04		P/R Ded	ucti	on (\$14.	.04 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)		•	•	L.		, .	,	206.7	0			
Т	OTAL 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)

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a] 11b		11c	12			
	v information copied from such Reports and Stateme or commercial purposes, other than using the name												
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	AC (U	nitedHealth Group PA	C)									
	Full Name of Individual (Last, First, Middle Initial) or ADAM, MATTHEW, , ,	[.] Full Org	ganization Name		Date of Receipt								
	Mailing Address 15607 SUMMIT DRIVE		1		12 31 / Y Y Y Y 12 31 2017								
	5	ate	Zip Code		Trans	acti	ion	ID : P	R25753	86404825	3		
-	EDEN PRAIRIE	IN	55347-2328	_ A	moun	t of	Eac	ch Re	ceipt th	is Period			
	FEC ID number of contributing rederal political committee.						-9-		-	42.	12		
	Name of Employer (for Individual) United HealthCare Services Inc	· · ·	pation (for Individual) of Staff		М	emo	b Ite	m					
Ī	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 365.04	P/	R Ded	uctio	on (\$	\$14.0	4 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Initial) or CIAVARELLA, TRACY, , ,	[.] Full Org	ganization Name		Date of	f Re	eceip	ot					
	Mailing Address 20 LORRAINE DRIVE				^M 12	/	D	31	/ Y	y y 2017	Y		
		ate T	Zip Code 06403-1256							7794825 is Period			
	FEC ID number of contributing rederal political committee.				42.12 Memo Item								
	Name of Employer (for Individual) Dptum Services, Inc	Occup VP C	oation (for Individual) ompli										
Ī	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial) or DOLL, KATHLEEN, , ,	Full Org	ganization Name		Date of	f Re	eceip	ot					
	Mailing Address 3184 MULLIGAN LANE				м м 12	1	D	31 ^D	/ Y	2017	Y		
	5	ate	Zip Code		Trans	sacti	ion	ID : P	R25753	38514825	3		
-	CHASKA N	/N	55318-3226	A	moun	t of	Eac	ch Re	ceipt th	is Period			
	FEC ID number of contributing rederal political committee.						y		y	177.	99		
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) nt Svc Acct Mgt		М	emo	o Ite	em					
	Poppint For:	1	ear-to-Date ▼ 999.95	P/	′R Ded	luctio	on (\$	\$59.3	3 Bi-We	eekly)			
รเ	JBTOTAL of Receipts This Page (optional)									262.	23		
тс	TAL This Period (last page this line number only)		····· •	j			, ,		,				

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle WINKLER, YASMINE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1429 WEST WIGWAM TRA	AIL		12 31 2017								
City MOUNT PROSPECT	State IL	Zip Code 60056-2940	Transaction ID : PR2575390948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		4115.32								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item								
Receipt For: Primary General Other (specify) \checkmark	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$2038.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. CROWE, ANGELA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 174 CHRISTOPHER ST			12 31 2017								
City	State	Zip Code	Transaction ID : PR2575391748253								
MONTCLAIR	NJ	07042-4206	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.12								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item								
Receipt For:	Aggregate	Year-to-Date V	-								
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. CORTEZ, GREGORIO, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 215 GASPAR BEND			12 / D D / Y Y Y Y 12 31 2017								
City CEDAR PARK	State TX	Zip Code 78613-4556	Transaction ID : PR2575394348253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.00								
Name of Employer (for Individual) United HealthCare Services Inc	Occi Med	upation (for Individual) Dir	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			4199.44								
TOTAL This Period (last page this line number	er only)										

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mic A. POST, LINDA, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6520 JAYCOX ROAD			12 31 2017									
City GALENA	State OH	Zip Code 43021-9530	Transaction ID : PR2575395248253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		45.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aed Dir	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mic B. BRATTEBO, CRAIG, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 10202 HARMONY CIR			12 / D D / Y Y Y Y Y 2017									
City EDEN PRAIRIE	State MN	Zip Code 55347-5019	Transaction ID : PR2575397248253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		288.45									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) buty Gen Counsel Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Mic GOTHARD, CAROL, , ,		rganization Name	Date of Receipt									
Mailing Address 16492 BROOKLANE E	1	Zip Code	12 31 2017									
City NORTHVILLE	State MI	Zip Code 48168-8417	Transaction ID : PR2575419148253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		136.35									
Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 954.45	P/R Deduction (\$45.45 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optio	nal)		469.80									
TOTAL This Period (last page this line n	umber only)											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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			Use separate schedule(s)				(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\overline{)}$	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia MCGAVICK, KEVIN, , ,	ll) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 705 NOTTINGHAM COURT				12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1								
	City CRANBERRY TOWNSHIP	State PA	Zip Code 16066-6527					PR25754					
					Amount	OT	Each H	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	C			Ļ.	_	-		115.	38			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp		Me	emc	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96		P/R Ded	ucti	on (\$38.	46 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initia LIGGETT, JEFFREY, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 2 WATERHOUSE LANE			12 / D D / Y Y Y Y 31 2017									
	City	State	Zip Code					PR25754					
	CHESTER	СТ	06412-1268		Amount	of	Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgmt										
	Receipt For:	Aggregate	Year-to-Date 🔻	—									
	Primary General Other (specify) ▼		, 250.00	'	P/R Dedu	uctio	on (\$10.	00 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initia O'HARA, KARIN, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 1431 HENRY COURT				^M 12	1	31	/ Y	2017	Y			
	City CHANHASSEN	State MN	Zip Code 55317-2200	-				PR25754					
	FEC ID number of contributing federal political committee.	С				OT	Each H	eceipt th	115.	_			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)		Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)								250.	76			
т	OTAL This Period (last page this line number or	וy)	·····	•			-						

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle CASTILLO, EFREM, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 307 JOLIET AVE			12 31 2017								
City SAN ANTONIO	State TX	Zip Code 78209-5243	Transaction ID : PR2575441348253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. MURLEY, MARY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2775 COUNTRYSIDE DRIV			12 / D D / Y Y Y Y 12 31 2017								
City ORONO	State MN	Zip Code 55356-9675	Transaction ID : PR2575443648253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary	Memo Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. AXBERG, PAMELA, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1427 BROOKSHIRE COUF	रा		M M / D D / Y Y Y Y 12 31 2017								
City NEW BRIGHTON	State MN	Zip Code 55112-6390	Transaction ID : PR2575443848253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		11.55								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1864.36	P/R Deduction (\$3.85 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			588.45								
TOTAL This Period (last page this line number	er only)										

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle SPILKER, TIMOTHY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 32 FITCH LANE			12 31 Y Y Y Y 2017						
City NEW CANAAN	State CT	Zip Code 06840-5051	Transaction ID : PR2575446348253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		576.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. HAUTMAN, MILLA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 410 SYCAMORE CIRCLE			12 / D D / Y Y Y Y 12 31 2017						
City PLYMOUTH	State MN	Zip Code 55441-5667	Transaction ID : PR2575447148253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		683.17						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$227.71 Bi-Weekly)						
Full Name of Individual (Last, First, Middle BOOKER, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 16632 HANSON BLVD NW	1		12 / D D / Y Y Y Y 12 31 2017						
City ANDOVER	State MN	Zip Code 55304-2089	Transaction ID : PR2575447248253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		710.25						
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Gen Mgmt	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.83	P/R Deduction (\$236.75 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1970.32						
TOTAL This Period (last page this line numb	er only)								

Use separate schedule(s)

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							(check only one)							
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		× 11a		11b	11c	12		_		
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia FLOCCO, LOUIS, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 3281 S VINE STREET					12 31 Y Y Y Y 2017								
	City CHANDLER	State AZ		Zip Code 85248-3845					PR2575 eceipt th					
	FEC ID number of contributing federal political committee.	С								4	2.00			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) erwriting		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 364.00		P/R Dedu	uctio	on (\$14.)	00 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia GEHLBACH, THOMAS, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 5380 YELLOWSTONE TRAIL	1				12 31 2017								
	City MINNETRISTA	State MN		Zip Code 55331-9163				-	PR25754					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc	Occi SVF	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.99	P/R Deduction (\$43.04 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia RUNICE, PAUL, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 4622 BRUCE AVENUE			-		M M 12	/	D D D 31	/ Y	2017	Y]		
	City EDINA	State MN		Zip Code 55424-1123				-	PR2575 eceipt th					
	FEC ID number of contributing federal political committee.	С	Ì					,	,		6.14			
				ion (for Individual) sury		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•••••				,	. ,	21	7.26			
т	OTAL This Period (last page this line number on	ly)		••••••	-				1.95		-			

Use separate schedule(s)

FOR LINE NUMBER:

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17			Use separate schedule(s)				(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13		11b 14	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of		contribu					
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia MCGLINCH, THOMAS, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 910 MIDWEST TRAIL NORTH				12 31 Y Y Y Y Y 2017									
	City LAKE ELMO	State MN	Zip Code 55042-9658	_					45164825 iis Period					
	FEC ID number of contributing federal political committee.	С						-	142.	83				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Freasury		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81		P/R Dedu	uctio	on (\$47.	61 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia MURPHY, ERIC, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 5201 BLAKE ROAD	01-1-	75 0.4		12 / 31 / 2017 Transaction ID : PR2575453748253									
	City EDINA	State MN	Zip Code 55436-1127				-		15374825 is Period	-				
	FEC ID number of contributing federal political committee.	С		576.90 Memo Item										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia PEGG, JACK, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 4917 KAMA LANE NE	1			^M 12	1	31	/ Y	2017 Y	Y				
	City ALBERTVILLE	State MN	Zip Code 55301-3536						45604825 is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y .		42.	12				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) : Dir Underwriting		Me	emo	ltem							
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 365.04		P/R Ded	uctio	on (\$14.	.04 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	,	761.	85				
т	OTAL This Period (last page this line number or	ıly)	••••••	-										

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mand a	l ay not be sold or used by any p Iddress of any political committe	13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. SMITH, DAYNITA, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4828 ISLAND VIEW DR			12 31 2017							
City MOUND	State MN	Zip Code 55364-9391	Transaction ID : PR2575460648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.12							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. FRANZ, PHILLIP, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 60 WALLACE ROAD			12 31 2017							
City MIDDLETOWN	State NJ	Zip Code 07748-2932	Transaction ID : PR2575463148253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		750.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1000.00	P/R Deduction (\$250.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle PHINNEY, ASHLEY, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 5 GATEHOUSE ROAD	State	Zin Code	12 31 2017							
City GRANBY	CT	Zip Code 06035-1922	Transaction ID : PR2575468448253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		72.99							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Sys Anlys	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.95	P/R Deduction (\$24.33 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			865.11							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13] 11k	-	11c	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pose	e of s	oliciting	contribu	tions			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) SADUSKE, NANETTE, , ,	or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 4276 NICOLET DRIVE														
	City GREEN BAY	State WI		Zip Code 54311-9798							47024825	3			
	EFC ID number of contribution	C			Amount of Each Receipt this Period										
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	tion (for Individual) npli		Me	∋mo	b Ite	em						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	ir-to-Date ▼ 956.34	P/	R Ded	uctio	on ((\$43.4	7 Bi-We	eekly)				
B.	Full Name of Individual (Last, First, Middle Initial) BARTHEL, THOMAS, , ,	or Full O	rgar	nization Name		Date of	Re	eceip	pt						
	Mailing Address 9713 HEMLOCK LANE NORTH					^M ^M 12	/	D	31	/ Y	ү 2017	Y			
	City MAPLE GROVE	State MN		Zip Code 55369-3665				-			18434825 is Period	3			
	FEC ID number of contributing federal political committee.	С				42.12									
	Name of Employer (for Individual) Optum Services, Inc	Occ Dir	•	tion (for Individual)	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date of	Re	eceip	pt						
	Mailing Address 780 CENTRAL AVENUE					^M 12	1	D	31	/ Y	2017 [°]	Y			
	City GLENSIDE	State PA		Zip Code 19038-1701							49274825				
		C				mount	of	Eac	ch Re	ceipt th	is Period 42.				
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) Affs		Me	emo	o Ite	əm						
	Dessint For:	1		ar-to-Date ▼ 365.04	P/	′R Ded	uctio	on ((\$14.0	4 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)			•••••				,		9	214.	65			
т	OTAL This Period (last page this line number only	/)		•	Ī			-		-					

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		Use separate schedule(s)	(check o	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full)	ano name anu a	aarooo or any pointoar committe		JULI	Juno 18 1	ioni suci	- commu					
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle STARMANN, LYNN, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 11701 WEMBLEY RD				12 31 2017								
City LOS ALAMITOS	State CA	Zip Code 90720-4235					19454825 is Period	3				
FEC ID number of contributing federal political committee.	C		E			-	142.8	33				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops		Memo	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R De	educti	ion (\$47.	.61 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle B. RAMIREZ, MICHELE, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 37 CALAIS ROAD			M 12		31	/ Y	2017	Y				
City RANDOLPH	State NJ	Zip Code 07869-3531			-		0244825:	3				
	_	07809-3331	Amou	int of	Each R	leceipt th	is Period	_				
FEC ID number of contributing federal political committee.	C			42.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nan Capital Partner	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		, 364.00	P/R De	educti	on (\$14.	00 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle SUNDAL, DEBORAH, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 5109 WEST 66TH ST			12	2	31		2017					
City EDINA	State MN	Zip Code 55439-1429			-		50294825 is Period	3				
FEC ID number of contributing federal political committee.	С				y	y	42.0	00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R D	educti	ion (\$14.	.00 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optional).					, .		226.8	3				
TOTAL This Period (last page this line numb	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions to collicit contributions from such committee									
	y the name and a	duress of any political committee	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	rated PAC (JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middl WEBSTER, AMBER, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2115 VALLEY ROAD			12 31 / Y Y Y Y 12 31 2017									
City	State	Zip Code	Transaction ID : PR2575504848253									
COSTA MESA	CA	92627-3976	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		42.12									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For:	I	Year-to-Date ▼										
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middl 3. HAGEN, ALDIS, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 152 OCEAN AVENUE			12 31 2017									
City	State	Zip Code	Transaction ID : PR2575506748253									
BREEZY POINT	NY	11697-1727	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prod Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. DEL REAL, MAGDALENA, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 31 E OGDEN AVE UNIT 412	1		12 / D D / Y Y Y Y 12 31 2017									
	State IL	Zip Code	Transaction ID : PR2575507748253									
LA GRANGE		60525-2136	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		273.75									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$91.25 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)		345.87									
TOTAL This Period (last page this line nun	nber only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		-	1b	11c		12			
	y information copied from such Reports and State for commercial purposes, other than using the na							se of						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated						Juli		511 50		Junin			
/)										
A.	Full Name of Individual (Last, First, Middle Initial) JONES, RICHARD, , ,) or Full O	rganization Name		Date of Receipt									
	Mailing Address 8586 W CARBON CT	State	Zin Codo	12 / 31 / 2017 Transaction ID : PR2575509648253										
	City BOISE	State ID	Zip Code 83709-5195	-										
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.12										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir		N	lemc	o It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dec	ductio	ion	(\$14.0	04 Bi-V	Veek	dy)			
B.	Full Name of Individual (Last, First, Middle Initial) HOWELL, NICHOLAS, , ,) or Full O	rganization Name		Date c	of Re	ece	eipt						
	Mailing Address 300 ORANGE GROVE AVENUE				[™] 12	/		D D 31	1		2017	Y		
	City SOUTH PASADENA	State CA	Zip Code 91030-1616	Transaction ID : PR2575510048253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		623.79										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Optuml Cnslt	Memo Item										
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.78	P/R Deduction (\$207.93 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date c	of Re	ece	eipt						
	Mailing Address 1225 LASALLE AVE UNIT 502				12		L	31	JL	2	2017			
	City MINNEAPOLIS	State MN	Zip Code 55403-2328		Tran Amour				PR257					
	FEC ID number of contributing federal political committee.	С							,		375	_		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		N	lemo	o It	tem						
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	F	P/R Dec	ducti	ion	(\$125	5.00 Bi	Wee	ekly)			
s	UBTOTAL of Receipts This Page (optional)										1040	91		
Т	OTAL This Period (last page this line number onl	y)					-							

SCHEDULE A (FEC Form 3X) EMIZED DECEIDTE

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	r information copied from such Reports and Sta or commercial purposes, other than using the r			rson for the purpose of soliciting contributions								
\	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)								
	Full Name of Individual (Last, First, Middle Initia JOSEPH, MOLLY, , ,	l) or Full C	Organization Name	Date of Receipt								
	Mailing Address 9209 GRAND SUMMIT BLVD			12 31 2017								
	City	State	Zip Code	Transaction ID : PR2575521748253								
-	DRIPPING SPRINGS	ТХ	78620-2882	Amount of Each Receipt this Period								
	FEC ID number of contributing rederal political committee.	С		576.00								
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual)	Memo Item								
Ī	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4992.00	P/R Deduction (\$192.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia HEBERT, PAUL, , ,	l) or Full C	Organization Name	Date of Receipt								
-	Mailing Address 13 GOVERNORS ROW			12 31 2017								
i	City	State	Zip Code	Transaction ID : PR2575522348253								
-	WEST HARTFORD	СТ	06117-1931	Amount of Each Receipt this Period								
	FEC ID number of contributing rederal political committee.	С		375.00								
	Name of Employer (for Individual) Jnited HealthCare Services Inc		supation (for Individual) Fin	Memo Item								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 3250.00	P/R Deduction (\$125.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia DI RE, BERNADETTE, , ,	l) or Full C	Organization Name	Date of Receipt								
	Mailing Address 1 NORFOLK LANE			12 31 2017								
(City	State	Zip Code	Transaction ID : PR2575522548253								
-	HOLLISTON	MA	01746-2362	Amount of Each Receipt this Period								
	FEC ID number of contributing rederal political committee.	С		115.38								
_	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item								
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
	JBTOTAL of Receipts This Page (optional)			1066.38								

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ITEMIZED RECEIPTS		each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (Unite	dHealth Group PA	SC)									
Full Name of Individual (Last, First, Middl A. KAPLAN, ERIC, , ,	e Initial) or Full Organiza	ation Name	Date of Receipt									
Mailing Address 193 PARTRIDGE LANDI			M M / D D / Y Y Y Y 12 31 2017									
City GLASTONBURY		p Code 06033-2849	Transaction ID : PR2575524048253									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 42.00									
Name of Employer (for Individual) Optum Services, Inc	Occupation Mkt SIs SV	n (for Individual) /P Optuml	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-	P/R Deduction (\$14.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middl B. CROCKETT, DOUGLAS, , ,	e Initial) or Full Organiza	ation Name	Date of Receipt									
Mailing Address 5938 DEER HOLLOW CO			12 31 Y Y Y Y Y 12 31 2017									
City PITTSBORO		p Code 46167-9583	Transaction ID : PR2575526048253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		214.26									
Name of Employer (for Individual) United HealthCare Services Inc	Occupation VP Gen M	n (for Individual) gmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate Year-te	D-Date ▼ 1499.82	P/R Deduction (\$71.42 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. COHEN, SANFORD, , ,	e Initial) or Full Organiza	ation Name	Date of Receipt									
Mailing Address 28 CRESCENT LANE			12 / D D / Y Y Y Y 12 31 2017									
City LEVITTOWN		p Code 11756-2506	Transaction ID : PR2575526148253									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		n (for Individual) hief Med Off	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate Year-te	b-Date ▼ 868.48	P/R Deduction (\$50.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)	••••••	406.26									
TOTAL This Period (last page this line num	ber only)											

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
I LIVILED RECEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mide A. JETER, WILLIAM, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 21 PLAINFIELD STREE UNIT 3	1		12 31 / Y Y Y Y 12 12 12							
City JAMAICA PLAIN	State MA	Zip Code 02130-3632	Transaction ID : PR2575528148253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Mide B. HUNTER, ROBERT, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9236 PRESTON PLACE			12 31 / Y Y Y Y 12 31 2017							
City EDEN PRAIRIE	State MN	Zip Code 55347-3396	Transaction ID : PR2575528348253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.12							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) M A	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Mido C. BASS, JOHN, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 265 CAVE LN	1-		12 / D D / Y Y Y Y 12 31 2017							
City SAN ANTONIO	State TX	Zip Code 78209-2242	Transaction ID : PR2575528548253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		182.49							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) RVP SIs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 304.15	P/R Deduction (\$60.83 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		266.61							
TOTAL This Period (last page this line nu	mber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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111			for each category of the Detailed Summary Page	X 1	1a 3	11b	11c		12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for	the p	urpose (of soliciting	g cont	tributio	ons	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	(C)							
Α.	Full Name of Individual (Last, First, Middle Initia HERNANDEZ, MAYRENE, , ,	al) or Full Oi	rganization Name	Da	te of I	Receipt					
	Mailing Address 850 SW 189TH AVENUE				м 12	/ D 3		۲ 20	17	Y	
	City PEMBROKE PINES	State FL	Zip Code 33029-6047				: PR2575 Receipt th				
	FEC ID number of contributing federal political committee.	С					-	ę	999.99	9	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	upation (for Individual) Dir		Mer	no Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.99	P/R	Dedu	ction (\$3	33.33 Bi-V	Veekly	()		
в.	Full Name of Individual (Last, First, Middle Initia HOLOVNIA, KRISTEN, , ,	al) or Full Oi	rganization Name	Da	te of I	Receipt					
	Mailing Address 4610 LAKEVIEW DRIVE				м 12	/ D 3		y 201	7 7	Ŷ	
	City EDINA	State MN	Zip Code 55424-1518				: PR2575				
	FEC ID number of contributing federal political committee.	С			ount		Receipt th	-	288.4	5	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R	Deduc	ction (\$9	6.15 Bi-W	ekly)			
с.	Full Name of Individual (Last, First, Middle Initia HILL, JANE, , ,	al) or Full O	rganization Name	Da	te of I	Receipt					
	Mailing Address 34301 299TH PLACE				12 ^M	/ D 3	D / Y	201		Y	
	City AITKIN	State MN	Zip Code 56431-5914				Receipt th			}	
	FEC ID number of contributing federal political committee.	C				,	 		115.38	8	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Mei	no Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R	Dedu	ction (\$3	88.46 Bi-W	eekly)	1		
s	UBTOTAL of Receipts This Page (optional)		••••••			,		14	403.82	2	
т	OTAL This Period (last page this line number or	וy)	••••••			-gr. 1	-				

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IT.			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	AC)							
A.	Full Name of Individual (Last, First, Middle Initi BAHL, ALISA, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 41 BIRCHWOOD DRIVE			12 / D D / Y Y Y Y 12 31 2017							
	City GREENWICH	State CT	Zip Code 06831-3311	Transaction ID : PR2575534448253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		65.22							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Sales	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.02	P/R Deduction (\$21.74 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initi HAMLIN, THOMAS, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2800 NEWMAN	State	Zip Code	12 / D D / Y Y Y Y 12 31 2017							
	HOUSTON	TX	77098-1408	Transaction ID : PR2575536248253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.38							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behvrl Med Dir	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initi SULLIVAN, EILEEN, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 671 PLANTATION KEY CIRCL APT 103	.E	Zip Code	12 31 2017							
	OCOEE	FL	34761-4665	Transaction ID : PR2575537248253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		42.12							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ssc Gen Counsel	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
	UBTOTAL of Receipts This Page (optional)		•	222.72							
Т	OTAL This Period (last page this line number o	nly)	•••••••••••••••••••••••••••••••••••••••								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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				for each category of the Detailed Summary Page	×	11a 13		11 14	1b 4	11	1c	12 16	17		
	y information copied from such Reports and Staten for commercial purposes, other than using the nan					or the		pos	se of	solic	citing	contribu	tions		
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Un	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) (HAUF, NADINE, , ,	or Full O	Drga	nization Name		Date of Receipt									
	Mailing Address 1008 WIMBERLY COURT	01.1		7. 0.1	12 / D / Y Y Y Y 31 / 2017 Transaction ID : PR2575538848253										
	5	State TX		Zip Code 75013-1195											
					Amount of Each Receipt this Period										
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) I Clin Ops		N	lemo	o It	tem						
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Yea	ar-to-Date ▼ 260.00	P/	R Dec	ducti	ion	(\$10.0	00 B	i-Wee	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial) o	or Full O	Drga	nization Name		Date o	of Re	ece	eipt						
	Mailing Address 11700 PRESTON ROAD 660-602					^M 12	/	E	D D 31	/	Y	2017	Y		
	,	State TX		Zip Code 75230-6112								3924825 s Period			
	FEC ID number of contributing federal political committee.	2			46.80										
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) d Clin Ops	Memo Item										
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ , 390.00	P/R Deduction (\$15.60 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) o	or Full O	Drga	nization Name		Date o	of Re	ece	eipt						
	Mailing Address 8408 ENSLEY PLACE			1		^M 12	/	Ľ	D D 31	/	Y	y y 2017	Y		
	,	State KS		Zip Code 66206-1402								4024825	-		
			Ì			Inoun		Ea		ecei	pt this	s Period 499.			
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Sr M	•	tion (for Individual) Dir		N	lemo	o It	tem						
	Receipt For: Ag Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 999.96	P/	R Deo	ducti	ion	(\$166	6.66	Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•	[,			,	576.	78		
т	OTAL This Period (last page this line number only)			····· •				-			,				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		111	۵ [11c	12	<u> </u>			
	y information copied from such Reports and Stater for commercial purposes, other than using the nar													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	JnitedHealth Group	PAC)										
A.	Full Name of Individual (Last, First, Middle Initial) WENTZIEN, MICHAEL, , ,	or Full Or	rganization Name		Date of Receipt									
	Mailing Address 6350 SUMMIT CIRCLE	State	Zin Codo		/ Y	үүү 2017								
	5	State MN	Zip Code 55317-9138	-	Transaction ID : PR2575540848253 Amount of Each Receipt this Period 42.12									
		C												
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Advisory Svcs		М	emo) Ite	m						
	Receipt For: Age Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ 365.04		P/R Ded	luctio	on (\$14.()4 Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial) STEINBRECHER, HOLLY, , ,	or Full Or	rganization Name		Date o	f Re	cei	ot						
	Mailing Address 2101 LILAC LANE				M M / D D / Y Y Y Y 12 31 2017									
	City FRISCO	State TX	Zip Code 75034-3652							4454825 is Period	3			
	FEC ID number of contributing federal political committee.				288.45									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item									
	Receipt For: Age Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ , 2499.90		P/R Deduction (\$96.15 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) BALCK, AMY, , ,	or Full Or	rganization Name		Date o	f Re	ceip	ot						
	Mailing Address N3681 VINE RD				M M 12		L	31	L	ү ү 2017				
	City FREEDOM	State WI	Zip Code 54913-6928							54844825 is Period				
	FEC ID number of contributing federal political committee.	C			<u> </u>		y		.,	42.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Dir Acct Mgmt		M	lemo	o Ite	em						
	Receipt For: At Primary General Other (specify)	ggregate `	Year-to-Date ▼ 364.00		P/R Deduction (\$14.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			🕨			y		. ,	372.	57			
т	OTAL This Period (last page this line number only)		►			-							

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			Use separate schedule(s)	(ch	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	to s	olicit con	itrid	utions t	rom sucr		ee.
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia DAIKEN, LAURIE, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 5002 ONEIDA ST				^M ^M 12	/	31) / Y	y y 2017	Y
	City DULUTH	StateZip CodeMN55804-1642							5 4964825 is Period	3
	FEC ID number of contributing federal political committee.	ů – Elektrik							71.	40
	Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Dir Bus Anlys						Item			
	Primary General Other (specify) ▼						on (\$23.	.80 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MORGAN, MARY, , ,					Re	ceipt			
	Mailing Address 9900 WILBUR MAY PARKWAY APT 705 City State Zip Code						31	/ Y	2017	Y
	RENO	NV	89521-4007	-			-		5084825 is Period	3
	FEC ID number of contributing ederal political committee.					42.12				
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Proj Mgmt		Me	emo	Item				
	Receipt For:		Year-to-Date ▼							
	Other (specify) ▼		, 365.04	F	P/R Dedu	ictic	on (\$14.	.04 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initia CHERRYHOMES, DAVID, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 5921 CREEK POINT				^M 12	/	31) / Y	ү ү 2017	Y
	City MINNETONKA	State MN	Zip Code 55345-6224	_			-		57354825 is Period	3
	FEC ID number of contributing federal political committee.	С			Ē		y .	,	84.	21
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) T		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate		P/R Dedu	uctio	on (\$28	.07 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)		••••••				,	. ,	197.	73
т	OTAL This Period (last page this line number or	nly)		-						

SCHEDULE A (FEC Form 3X) _____ _

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)	ated PAC (InitedHealth Group P					
			(0)				
Full Name of Individual (Last, First, Middle MOCK, CURTIS, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 23 KELTON STREET			M M / D D / Y Y Y Y 12 31 2017				
City REHOBOTH	State MA	Zip Code 02769-2530	Transaction ID : PR2575579248253				
FEC ID number of contributing	C		Amount of Each Receipt this Period 288.45				
federal political committee.	C		200.43				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. WINSOR, ELIZABETH, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 57 WILDERS PASS							
City	State	Zip Code	Transaction ID : PR2575582848253				
CANTON	СТ	06019-2259	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů – Li – L						
Name of Employer (for Individual) United HealthCare Services Inc							
Receipt For:		Year-to-Date ▼	—				
Primary General Other (specify) ▼		, 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. EULL, MARY ANN, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 11204 BEDFORDSHIRE A	VE		12 31 2017				
City POTOMAC	State MD	Zip Code 20854-2003	Transaction ID : PR2575583748253				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			917.49				
TOTAL This Period (last page this line numb	er only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ıт.			Use separate schedule(s)	(check only one)				
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions				
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)				
A.	Full Name of Individual (Last, First, Middle Initia HARRIS, EUGENE, , ,	l) or Full Or	rganization Name	Date of Receipt				
	Mailing Address 2832 HARBORSIDE WAY			M M / D D / Y Y Y Y 12 31 2017				
	City State SOUTHPORT NC FEC ID number of contributing federal political committee. C		Zip Code 28461-8373	Transaction ID : PR2575585448253 Amount of Each Receipt this Period				
				115.38				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) R Reg VP of Brkr SIs	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)				
в.	Full Name of Individual (Last, First, Middle Initia LYON, JAMIE, , ,	Date of Receipt						
	Mailing Address 2069 CIRCLE DRIVE	12 / D D / Y Y Y Y 12 / 31 / 2017						
	KRONENWETTER	State WI	Zip Code 54455-9062	Transaction ID : PR2575585948253 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		42.12				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)				
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	Date of Receipt				
	Mailing Address 17210 62ND AVE NORTH	Otata	7.0.0.1	12 / D D / Y Y Y Y 12 31 2017				
	City MAPLE GROVE	State MN	Zip Code 55311-6406	Transaction ID : PR2575586748253 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		600.00				
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	ıpation (for Individual) Γ	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$200.00 Bi-Weekly)				
s	UBTOTAL of Receipts This Page (optional)		•••••	757.50				
т	OTAL This Period (last page this line number or	ıly)	•					

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	orated PAC (l	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Mide A. JORGE, DEBORAH, , ,	lle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 45 DELPHI ROAD			12 31 2017				
City STAFFORD SPRINGS	State CT	Zip Code 06076-3405	Transaction ID : PR2575593648253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		42.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prod	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)				
Full Name of Individual (Last, First, Midd B. MILLER, MICHAEL, , ,	lle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 213 MAGILL DRIVE							
City GRAFTON	State MA	Zip Code 01519-1328	Transaction ID : PR2575595648253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		124.98				
Name of Employer (for Individual) Optum Services, Inc							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.84	P/R Deduction (\$41.66 Bi-Weekly)				
Full Name of Individual (Last, First, Mido C. CHIMENTO, LISA, , ,	lle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 524 FORT WILLIAMS P	KWY		12 / D D / Y Y Y Y 12 31 2017				
City ALEXANDRIA	State VA	Zip Code 22304-1849	Transaction ID : PR2575596148253 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1071.36				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) g Dir Optuml Cons	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$357.08 Bi-Weekly)				
SUBTOTAL of Receipts This Page (option	al)		1238.34				
TOTAL This Period (last page this line nu	mber only)						

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171			Use separate schedule(s)	(che	eck only	/ or	ne)			-	
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n						oose of	soliciting	, con	tributi	ons
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial IVERSON, LISA, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 13341 CARRACH AVENUE			^M 12	/	D D D 31	/ Y	20 ⁻	ү 17	Y	
	City ROSEMOUNT	StateZip CodeMN55068-4774						PR2575 eceipt th			;
	FEC ID number of contributing federal political committee.							-		576.9	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4999.80				uctio	on (\$192	2.30 Bi-W	/eekly	y)	
в.	Full Name of Individual (Last, First, Middle Initial MCNUTT, DIANE, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 11524 ZION ROAD			^M ^M 12	1	D D D 31	/ Y	201	Y 17	Y	
	City BLOOMINGTON	State MN	Zip Code 55437-3636					PR25756 eceipt th			
	FEC ID number of contributing federal political committee.	C			576.90					0	
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Chief Talent Officer				emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P.	/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly	()	
C.	Full Name of Individual (Last, First, Middle Initial COSTA, JOEL, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 775 WESTCHESTER AVENUE	Ctoto	Zin Codo		12 12	/	31		201		
	City SHAKOPEE	State MN	Zip Code 55379-4557					PR2575 eceipt th)
	FEC ID number of contributing federal political committee.	С					y	,		346.1	4
Name of Employer (for Individual) Optum Services, Inc		Occu VP F	upation (for Individual) Fin	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2999.88			P/R Ded	ucti	on (\$11	5.38 Bi-V	Veekl	y)	
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	14	499.9	4
т	OTAL This Period (last page this line number on	ly)	•								

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			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
	NAME OF COMMITTEE (In Full)								
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)					
A.	Full Name of Individual (Last, First, Middle Initia KING, SARAH, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 116 CUTLER ROAD			12 31 2017					
	City GREENWICH	State CT	Zip Code 06831-2511	Transaction ID : PR2575612848253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		599.90					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$199.90 Bi-Weekly)					
B.	Full Name of Individual (Last, First, Middle Initia STOCKHOWE, MARK, , ,	Date of Receipt							
	Mailing Address 2108 MANOR DRIVE	12 / D D / Y Y Y Y Y 12 31 2017							
	City BURNSVILLE	State MN	Zip Code 55337-2036	Transaction ID : PR2575619948253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	142.83							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director, Advisory Svcs	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)					
С.	Full Name of Individual (Last, First, Middle Initia KELLEY, SUSAN, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2279 STEARNLEE AVE	04-4-	7. 0.4	12 31 2017					
	City LONG BEACH	State CA	Zip Code 90815-1934	Transaction ID : PR2575623048253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		52.14					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) lanager Data Analytics	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			794.87					
т	OTAL This Period (last page this line number of	nly)	•••••						

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS				Jse separate schedule(s)	(cł	(check only one)					
111			for each category of the Detailed Summary Page			X 11a		11b	11c	12	
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)	ame and a	laare	ess of any political committee	10 5			utions i	rom suc	n commi	llee.
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRIAN, , ,	l) or Full O	rgar	ization Name		Date of	Re	ceipt			
	Mailing Address 17829 63RD AVE N					м м 12	/	D D 31	/ Y	ү ү 2017	Y
	City MAPLE GROVE		StateZip CodeMN55311-4650							6346482 nis Perior	
	FEC ID number of contributing federal political committee.									782	.02
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Iment CEO		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.90	P/R Deduction (\$260.66 Bi-Weekly)						
B.	Full Name of Individual (Last, First, Middle Initia WILSON, STEPHEN, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt			
	Mailing Address 2420 DURHAM MANOR DRIVE						/	31	/ Y	2017	Y
	City FRANKLIN	State TN		Zip Code 37064-5266				-		6361482	
	FEC ID number of contributing federal political committee.						U	7		230	
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) HIth Plan CEO				Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			P/R Deduction (\$76.92 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia CLARK, TERRENCE, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt			
	Mailing Address 8 COOPER AVENUE	1				M M 12	/	D D D 31	/ Y	ү ү 2017	Y
	City EDINA	State MN		Zip Code 55436-1315	\vdash					6369482	
	FEC ID number of contributing federal political committee.	С								576	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ment CMO		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.80				P/R Ded	uctio	on (\$192	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)			•••••				,	. ,	1589	.68
т	OTAL This Period (last page this line number on	ly)		•••••	-						

SCHEDULE A (FEC Form 3X) _ _____

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any inform or for com	nation copied from such Reports and Stat Imercial purposes, other than using the n	ements ma ame and ad	y not be sold or used by any poldress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.					
	OF COMMITTEE (In Full)								
) Unite	edHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)					
	me of Individual (Last, First, Middle Initia NILLAS, MARIA, , ,) or Full Or	ganization Name	Date of Receipt					
Mailing	Address 2105 SHERIDAN			12 31 / Y Y Y Y 12 31 2017					
City HOUS	City Sta HOUSTON TX		Zip Code 77030-2107	Transaction ID : PR2575637348253 Amount of Each Receipt this Period					
	number of contributing political committee.	С		518.34					
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item					
	t For: rimary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$172.78 Bi-Weekly)					
	me of Individual (Last, First, Middle Initia LINS, NEIL, , ,) or Full Or	ganization Name	Date of Receipt					
	Address 8465 MISSION HILLS LANE			12 31 2017					
City		State MN	Zip Code	Transaction ID : PR2575637648253					
	HASSEN	C	55317-7712	Amount of Each Receipt this Period					
	number of contributing political committee.	42.00							
United I	of Employer (for Individual) HealthCare Services Inc		ıpation (for Individual) Gen Mgmt	Memo Item					
	t For: rimary General 0ther (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
	me of Individual (Last, First, Middle Initia IS, BENTON, , ,) or Full Or	ganization Name	Date of Receipt					
	Address 9825 NORTH 53RD PLACE			12 / D D / Y Y Y Y Y 31 2017					
City PARAI	DISE VALLEY	State AZ	Zip Code 85253-1634	Transaction ID : PR2575639248253 Amount of Each Receipt this Period					
	number of contributing political committee.	С	576.90						
Optum	of Employer (for Individual) Services, Inc		pation (for Individual) GM Clin Comnty Ntwk	Memo Item					
	t For: rimary General Other (specify)	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOT	AL of Receipts This Page (optional)		•••••	1137.24					
TOTAL T	his Period (last page this line number on	ly)	••••••						

SCHEDULE A (FEC Form 3X) - - - - -

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	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle A. NICOLL, DEREK, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 155 MEADOWVIEW LANE	E		M M / D D / Y Y Y Y 12 31 2017					
City MEDINA	State MN	Zip Code 55340-4510	Transaction ID : PR2575648648253					
		33340-4310	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		173.10					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
United HealthCare Services Inc	VP	Mktg						
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General		539.68	P/R Deduction (\$57.70 Bi-Weekly)					
Other (specify) v		539.00	1					
Full Name of Individual (Last, First, Middle B. HERMAN, CRAIG, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 9609 WYOMING CIRCLE			12 31 2017					
City	State	Zip Code	Transaction ID : PR2575650248253					
BLOOMINGTON	MN	55438-1628	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	-					
Primary General	i iggi ogulo		P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify) ▼		4999.80						
Full Name of Individual (Last, First, Middle C. VAN ERT, MARK, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 221 OAKWOOD RD			M M / D D / Y Y Y Y 12 31 2017					
City	State	Zip Code	Transaction ID : PR2575650548253					
HOPKINS	MN	55343-8532	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.12					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	_					
Primary General Other (specify)		365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			792.12					
TOTAL This Davied (last page this line such	or only)	^	-					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c	12	□ 4 7			
Any information copied from such Reports and or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	C)						
Full Name of Individual (Last, First, Middle HAYHURST, JENNY, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 23A MOUNT HYGEIA ROA	AD		12 / D D		2017	Ŷ			
City FOSTER	State RI	Zip Code 02825-1434	Transaction ID : Amount of Each R						
FEC ID number of contributing federal political committee.	C				42.00	C			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14	.00 Bi-Week	ly)				
Full Name of Individual (Last, First, Middle B. MCFANN, ELENA, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 18925 24TH AVENUE NOF			12 · · · · · · · · · · · · · · · · · · ·		017	Ý			
City PLYMOUTH	State MN	Zip Code 55447-2072	Transaction ID :						
FEC ID number of contributing federal political committee.	nber of contributing				Amount of Each Receipt this Period				
Name of Employer (for Individual) United HealthCare Services Inc	e of Employer (for Individual) Occupation (for Individual)								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192	2.30 Bi-Weel	kly)				
Full Name of Individual (Last, First, Middle KANE, HEATHER , , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3621 N LAKEWOOD AVE UNIT 3S City	NUE	Zip Code	12 / 31	2	017				
CHICAGO	IL	60613-4842	Transaction ID : Amount of Each R						
FEC ID number of contributing federal political committee.	С		, .		71.40	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.80	P/R Deduction (\$23	.80 Bi-Week	ly)				
SUBTOTAL of Receipts This Page (optional)					690.30)			
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions						
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	AC)								
A.	Full Name of Individual (Last, First, Middle Initial) PIZZANO, KATHRYN, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 21 STEBBINS FARM ROAD			12 31 / Y Y Y Y Y						
	City PAWLING	State NY	Zip Code 12564-3109	Transaction ID : PR2575662148253						
		C		Amount of Each Receipt this Period 42.12						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
B.	Full Name of Individual (Last, First, Middle Initial) HUXLEY, JEFFREY, , ,	Date of Receipt								
	Mailing Address 2465 EDGERTON ST	12 31 Y Y Y Y Y 12 31 2017								
	City LITTLE CANADA	State MN	Zip Code 55117-1674	Transaction ID : PR2575664248253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	42.12								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) ZIGLER, JANICE, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 21 TREVINO CIRCLE			12 ^{D D} [/] <u>Y Y Y Y</u> 12 <u>31</u> 2017						
	City ANGEL FIRE	State NM	Zip Code 87710	Transaction ID : PR2575665648253						
	FFC ID number of contributing	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item						
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	661.14						
Т	OTAL This Period (last page this line number only	/)	••••••							

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12					
Δ	u information canied from such Department 21.1	morte	, ,	13 14 15 16 17					
	y information copied from such Reports and State for commercial purposes, other than using the na								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)					
Α.	Full Name of Individual (Last, First, Middle Initial) ALLEN, CARL, , ,	or Full O	rganization Name	Date of Receipt					
	Mailing Address 8675 AZURE SKY DRIVE			12 31 2017					
		State NV	Zip Code	Transaction ID : PR2575669348253					
	LAS VEGAS	INV	89129-2227	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		117.00					
	Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) /led Dir	Memo Item					
	Receipt For:	ggregate	Year-to-Date V						
	Primary General Other (specify) ▼	1014.00	P/R Deduction (\$39.00 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial) SANTA, ERIC, , ,	Date of Receipt							
	Mailing Address 2101 CAMILLO COURT	12 31 2017							
	City APEX	State NC	Zip Code 27502-9679	Transaction ID : PR2575673948253 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		42.12					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev	Memo Item					
	Receipt For: A Primary General Other (specify) ▼	sgregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt					
	Mailing Address 11499 ASHLEY COURT			12 31 / Y Y Y Y Y 12 31 2017					
		State	Zip Code	Transaction ID : PR2575678348253					
	INVER GROVE HEIGHTS	MN	55077-5251	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		1015.38					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item					
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 1369.12	P/R Deduction (\$1000.00 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			1174.50					
т	OTAL This Period (last page this line number only	/)							

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		Use separate schedule(s)	(check d	only o	ne)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	۱L	11b	11c	12						
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)							r commu						
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle In A. SIMONSON, KELLY, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 6284 CLOVIS POINT ST				12 / D D / Y Y Y Y Y 12 31 2017									
City LAS VEGAS	State NV	Zip Code 89135-1496		Transaction ID : PR2575682348253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			180.00									
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt		Memo	o Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R D	educti	ion (\$60.	00 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle In B. STIDMAN, CHRISTOPHER, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 6504 CHEROKEE TRAIL				12 / D D / Y Y Y Y 12 31 2017									
City EDINA	State MN	Zip Code 55439-1109					8384825	3					
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 576.90 Memo Item P/R Deduction (\$192.30 Bi-Weekly)									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Relationship											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R D										
Full Name of Individual (Last, First, Middle In C. OCHIPINTI, JOSEPH, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Address 2751 MEETING PLACE			M 1:	2	31		2017						
City ORLANDO	State FL	Zip Code 32814-6136					58574825 is Period	3					
FEC ID number of contributing federal political committee.	С				y	y	119.4	13					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mem	o Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1035.06	P/R D	P/R Deduction (\$39.81 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)					, .	,	876.3	33					
TOTAL This Period (last page this line numbe	r only)				-g- 1								

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		Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I A. KOZA, EDWARD, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2280 BALLARD WAY			12 31 2017										
City ELLICOTT CITY	State MD	Zip Code 21042-1719	Transaction ID : PR2575687648253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /led Dir	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$365.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I B. FINE, BRETT, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 607 STONINGTON ROAD			12 / D D / Y Y Y Y 12 31 2017										
City SILVER SPRING	State MD	Zip Code 20902-1547	Transaction ID : PR2575692848253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Strat	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I C. BRASCHAYKO, AVIS, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 10163 MISSISSIPPI BLVD			12 / 12 / Y Y Y Y 12 / 31 / 2017										
City COON RAPIDS	State MN	Zip Code 55433-4531	Transaction ID : PR2575695748253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		46.14										
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) T	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		•••••	526.52										
TOTAL This Period (last page this line number	er only)												

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 1								
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle A. FARRELL, STEPHEN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 50 MAJOR DOANE RD			12 31 2017								
City WELLFLEET	State MA	Zip Code 02667-7836	Transaction ID : PR2575696248253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		115.38								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. MOORE, EDWARD, , ,											
Mailing Address 3110 N CHESTNUT ST APT 106	04-4-	7. 0.1	12 / <u>31</u> / <u>2017</u>								
City CHASKA	State MN	Zip Code 55318-4594	Transaction ID : PR2575702748253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.12 Memo Item								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle HERMES, JAMIL, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9809 BROOKFORD ROAD	1	Zin Oode	12 D D / Y Y Y Y Y 12 31 2017								
City POTOMAC	State MD	Zip Code 20854-2135	Transaction ID : PR2575705348253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		53.55								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Sales	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 374.85	P/R Deduction (\$17.85 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			211.05								
TOTAL This Period (last page this line numb	er only)										

Use separate schedule(s)

FOR LINE NUMBER:

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171			Use separate schedule(s)	(check only one)								
111	EIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initia PROKOCKI, ELIZABETH, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9746 SUNSET HILL DR			12 31 2017								
	City LONE TREE	State CO	Zip Code 80124-6720	Transaction ID : PR2575705848253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		288.45								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Ntwk	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia WILSON, D ELLEN, , ,	Date of Receipt										
	Mailing Address 400 STUART STREET 25D			12 31 Y Y Y Y 12 31 2017								
	City BOSTON	State MA	Zip Code 02116-5011	Transaction ID : PR2575708848253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		576.90								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Human Capital	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia VOLLRATH, MICHELLE, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 7647 MARKER ROAD			12 / D D / Y Y Y Y 12 31 2017								
	City SAN DIEGO	State CA	Zip Code 92130-5616	Transaction ID : PR2575719848253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		236.82								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.86	P/R Deduction (\$78.94 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			1102.17								
т	OTAL This Period (last page this line number or	וy)	••••••									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17					
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		oliciting	contribu	tions					
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)												
Α.	Full Name of Individual (Last, First, Middle Initial) CREED, JOHN, , ,	or Full O	Organization Name	Date of Receipt												
	Mailing Address 6813 67TH STREET NE			12 / D D / Y Y Y Y 31 2017												
	City ALBERTVILLE	State MN	Zip Code 55301-4643	Transaction ID : PR2575720548253 Amount of Each Receipt this Period												
			33301-4043	_ A	mount	of	Each	n Red	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			47.58											
	Name of Employer (for Individual) Optum Services, Inc	Occi Dir I	cupation (for Individual) IT	1	Memo Item											
	Receipt For:	Agaregate	Year-to-Date V	7												
	Primary General Other (specify) ▼		364.78	P/I	R Dedu	uctio	on (\$	15.86	6 Bi-We	ekly)						
В.	Full Name of Individual (Last, First, Middle Initial) CRANDALL, KIM, , ,	or Full O	Drganization Name	D	ate of	Re	ceipt	t								
	Mailing Address 6016 BRIGIDS CLOSE DRIVE	1	^M 12	1		^р 31	/ Y	y y 2017	Y							
	City	State	Zip Code		Transa	acti	on II	D : Pl	R25757	3124825	3					
	DUBLIN	ОН	43017-3428	A	mount	of	Each	n Red	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			42.12											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Med Clin Ops	Memo Item												
	Receipt For: A Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$14.04 Bi-Weekly)													
с.	Full Name of Individual (Last, First, Middle Initial) HELLAND, ROBYN, , ,	or Full O	Drganization Name	D	ate of	Re	ceipt	t								
	Mailing Address 9089 PARTRIDGE RD				^M 12	1		31	/ Y	2017 [°]	Y					
	City	State	Zip Code							73384825	3					
	MINNETRISTA	MN	55375-4513	A	mount	of	Each	n Red	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			_		9		y	42.	12					
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		Me	emo	lter	n								
	Receipt For: Primary General Other (specify)	1	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)			ſ						131.	32					
	OTAL This Period (last page this line number only		r	Ī			,		- 7 - 7							

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12										
Any information copied from such Reports and Sta or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
Full Name of Individual (Last, First, Middle Initia A. OLSON, KRISTIN, , ,	al) or Full C	Organization Name	Date of Receipt										
Mailing Address 5901 TRACY AVENUE													
City EDINA	State MN	Zip Code 55436-2516	Transaction ID : PR2575734448253										
FEC ID number of contributing	C	55450-2510	Amount of Each Receipt this Period 45.60										
federal political committee.			43.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.80	P/R Deduction (\$15.20 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Initia B. KNORR, MOLLY, , ,	al) or Full C	Organization Name	Date of Receipt										
Mailing Address 1144 PROSPECT AVENUE													
City HARTFORD	State CT	Zip Code 06105-1124	Transaction ID : PR2575735448253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38 Memo Item										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Risk Adjustment											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Initia C. GROSKLAGS, JEFFREY, , ,	al) or Full C	Organization Name	Date of Receipt										
Mailing Address 3233 TIMBERWOLF CIRCLE			12 / D D / Y Y Y Y 12 31 2017										
City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735748253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		288.45										
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			449.43										
TOTAL This Period (last page this line number or													

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p Iddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle KRAL , JESSICA, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 4358 COOLIDGE AVE			12 31 Y Y Y Y Y 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10								
City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction ID : PR2575736148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		115.38								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. MURRAY, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 10 CIRCLE WEST			12 31 / Y Y Y Y Y 2017								
City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736548253								
		55436-1313	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		652.10								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		4999.90	P/R Deduction (\$217.32 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CESARETTI, GINA, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5020 CIRCLE DOWN			12 D D / Y Y Y Y 12 31 2017								
City GOLDEN VALLEY	State MN	Zip Code 55416-1304	Transaction ID : PR2575739048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1344.38								
TOTAL This Period (last page this line numb	er only)										

Use separate schedule(s)

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ידו			Use separate schedule(s)	(che	eck only	/ or	ne)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g cont	tributi	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia STRICKLAND, JULIE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 3207 SUNNYWOOD DRIVE				M M M J D J Y									
	City FULLERTON	State CA	Zip Code 92835-1858											
	FEC ID number of contributing federal political committee.	С				_			_	42.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Advrtsng		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P	/R Ded	uctio	on (\$14.	00 Bi-We	ekly))				
в.	Full Name of Individual (Last, First, Middle Initial WAITE, STEPHANIE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 2501 S HORIZON DR	1			12 31 2017 Transaction ID : PR2575743248253									
	City APPLETON	State WI	Zip Code 54915-5851					PR25757 eceipt th						
	FEC ID number of contributing federal political committee.	С			42.12									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Mgr		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia PORTZ, THOMAS, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 2119 SHERIDAN HILLS RD	1 -			^M 12	/	D D D 31		201					
	City WAYZATA	State MN	Zip Code 55391-2327					PR2575 eceipt th			3			
	FEC ID number of contributing federal political committee.	С					,	,	_	42.1	2			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP F	upation (for Individual) Fin		Me	emc	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•				,	,		126.2	4			
т	OTAL This Period (last page this line number on	ly)	••••••	-										

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PAGE 189 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Mid LAMOINE, DAVID, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3607 W 89TH ST			12 31 2017								
City BLOOMINGTON	State MN	Zip Code 55431-1826	Transaction ID : PR2575755148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		142.83								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Proj Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)								
Full Name of Individual (Last, First, Mid DOMER, HERBERT, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2715 IONE COURT	01-14	7. 0.4	12 31 / Y Y Y Y Y 2017								
City COLUMBUS	State OH	Zip Code 43235-2810	Transaction ID : PR2575756048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.00								
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mid FULTON, RYAN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 805 LANEWOOD LANE			12 / D D / Y Y Y Y Y 12 31 2017								
City PLYMOUTH	State MN	Zip Code 55447-4347	Transaction ID : PR2575756948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		52.14								
Name of Employer (for Individual) Optum Services, Inc	Occ Dir F	upation (for Individual) Prod	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	nal)		236.97								
TOTAL This Period (last page this line nu	mber only)										

Use separate schedule(s)

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	J RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12										
				13 14 15 16 17 rson for the purpose of soliciting contributions to solicit contributions from such committee.										
	COMMITTEE (In Full) Health Group Incorporated													
	of Individual (Last, First, Middle Initial JANET, , ,	l) or Full O	rganization Name	Date of Receipt										
	dress 2439 BROADMONT DRIVE			12 31 Y Y Y Y Y 12 31 2017										
City		State MO	Zip Code	Transaction ID : PR2575758648253										
CHESTER			63017-7801	Amount of Each Receipt this Period										
	umber of contributing litical committee.	С		77.08										
	Employer (for Individual) althCare Services Inc		upation (for Individual) Acct Mgmt TPA	Memo Item										
Receipt Fo	pr:	Aggregate	Year-to-Date ▼	1										
Prim Othe			400.00	P/R Deduction (\$31.52 Bi-Weekly)										
	of Individual (Last, First, Middle Initial BENJAMIN, , ,	l) or Full O	rganization Name	Date of Receipt										
Mailing Ac	dress 3942 CAMPELLO CURVE			12 31 Y Y Y Y 2017										
City		State	Zip Code	Transaction ID : PR2575761848253										
CHASKA		MN	55318-4639	Amount of Each Receipt this Period										
	umber of contributing litical committee.	С		999.94										
	Employer (for Individual) althCare Services Inc	Occi VP	upation (for Individual) Fin	Memo Item										
Receipt Fo		Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$333.28 Bi-Weekly)										
	of Individual (Last, First, Middle Initial E, LARRY, , ,	l) or Full O	rganization Name	Date of Receipt										
Mailing Ac	dress 309 DUNLEIGH COURT			12 31 Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1										
City		State	Zip Code	Transaction ID : PR2575766148253										
MADISON	١	MS	39110-6806	Amount of Each Receipt this Period										
	umber of contributing litical committee.	С		219.00										
	Employer (for Individual) althCare Services Inc		upation (for Individual) Dir of AM producing	Memo Item										
Receipt Fo			Year-to-Date ▼ 365.00	P/R Deduction (\$73.00 Bi-Weekly)										
SUBTOTAL	of Receipts This Page (optional)			1296.02										
	Period (last page this line number on													

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		Use separate schedule(s)	(check o	nly o	ne)							
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Any information copied from such Reports and or for commercial purposes, other than using t												
				Junu	JULIUIIS I	Sucr						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle CUNNINGHAM, MICHAEL, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 50 SOUTH 16TH STREET UNIT 4706				M m / 12 D / 2017 Transaction ID : PR2575767848253 Amount of Each Receipt this Period								
City PHILADELPHIA	State PA	Zip Code 19102-2534										
FEC ID number of contributing federal political committee.	С						4646.1	6				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) O NA Acct		Memo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R De	educti	ion (\$154	48.66 Bi-\	Weekly)					
Full Name of Individual (Last, First, Middle MONTOYA, MATTHEW, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 12370 BRADFORD DR			M 12		31	/ Y	2017	Y				
City PARKER	State CO	Zip Code 80134-3609					77648253	3				
		00134-3003	Amou	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		I L	42.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt		Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		364.00	P/R De	educti	on (\$14.	00 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle ROEPKE, KRISTIN, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt							
Mailing Address 11828 200TH STREET	0	Zin Oode	12	2	31		2017					
City SILVER LAKE	State MN	Zip Code 55381-6069					77774825 is Period	3				
FEC ID number of contributing federal political committee.	С				y	y	42.1	2				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Dev		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).					, .		4730.2	28				
TOTAL This Period (last page this line number	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a		-	lb	-	11c	12				
	y information copied from such Reports and State for commercial purposes, other than using the na								se of s	sol						
<u> </u>	NAME OF COMMITTEE (In Full)	anie aliu a	aure	see of any pointeal contribute	iU 501	ion COL	u D	uti	งกอ ไท	JI	i suCN	COMMIT				
$\left< \right>$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)											
A.	Full Name of Individual (Last, First, Middle Initial MULLINS, CHRISTOPHER, , ,) or Full O	rgar	nization Name		Date of Receipt										
	Mailing Address 15560 SMITHFIELD PLACE				12 / D D / Y Y Y Y 12 31 2017											
	City CENTREVILLE	State VA		Zip Code 20120-4901	A	Transaction ID : PR2575778748253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	57.69													
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2999.98	P/	R Dedi	uctio	on	(\$19.2	23	Bi-We	ekly)				
B.	Full Name of Individual (Last, First, Middle Initial MADDUX, SUSAN, , ,) or Full O	rgar	nization Name	Date of Receipt											
	Mailing Address 16426 FARMERS MILL LANE							12 / D D / Y Y Y Y 12 31 2017								
	City CHESTERFIELD	State MO		Zip Code 63005-4549				-				8384825 s Period	3			
	FEC ID number of contributing federal political committee.	С				42.12										
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Pharm Ops						Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	P/	P/R Deduction (\$14.04 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial BERGDOLL, JENNIFER, , ,) or Full O	rgar	nization Name		ate of	Re	ecei	ipt							
	Mailing Address 523 LOS DOLCES ST					12 ^M	1	L	31	L	/ Y	2017 [°]				
	City LAS VEGAS	State NV		Zip Code 89138-4559	A							9374825 s Period	3			
	FEC ID number of contributing federal political committee.	С				_		7			y	600.0	00			
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) an Capital Partner		Me	emo	o It	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1000.00	P/	P/R Deduction (\$200.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•	[,			9	699.8	31			
т	OTAL This Period (last page this line number onl	ly)						7			-					

SCHEDULE A (FEC Form 3X) _____ _

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using th													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle II MAURER, CARRIE, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2899 EDGEWATER COVE													
City WOODBURY	State MN	Zip Code 55125-8705	Transaction ID : PR2575798148253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		648.33										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.86	P/R Deduction (\$216.11 Bi-Weekly)										
Full Name of Individual (Last, First, Middle II SANKEN, SARA, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3018 ASPEN LAKE DRIVE			12 / D D / Y Y Y Y 12 31 2017										
City BLAINE	State MN	Zip Code 55449-7517	Transaction ID : PR2575798548253										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.12										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nan Capital Partner Mgr	Memo Item										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In C. WIX, LACOSTA, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 910 MANILA ST			12 31 2017										
City NASHVILLE	State TN	Zip Code 37206-3437	Transaction ID : PR2575800048253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		187.50										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$62.50 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			877.95										
TOTAL This Period (last page this line numbe	r only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle A. LEVINE, CAROL, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9100 LARKSPUR LANE			12 31 2017											
City EDEN PRAIRIE	State MN	Zip Code 55347-2004	Transaction ID : PR2575803348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		1071.36											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$357.08 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. HJERPE, ADAM, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 13932 UTAH AVE S	1-													
City SAVAGE	State MN	Zip Code 55378-2159	Transaction ID : PR2575806248253											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. LUKENBILL, JAMES, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1608 SIENNA DR			12 / D D / Y Y Y Y Y 31 2017											
City CEDAR PARK	State TX	Zip Code 78613-4061	Transaction ID : PR2575808148253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		52.14											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Proj Mgmt	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)		1700.40											
TOTAL This Period (last page this line num	ber only)													

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)	<u> </u>													
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Midd RUSSELL, LAURIE, , ,	le Initial) or Full C	organization Name	Date of Receipt											
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		upation (for Individual) ⁄t Affs Dir	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)											
Full Name of Individual (Last, First, Midd B. SHAPIRO, DAVID, , ,	le Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 5215 MORGAN AVENUE		L	12 / D D / Y Y Y Y 2017											
	State MN	Zip Code	Transaction ID : PR2575814248253											
MINNEAPOLIS	MIN	55419-1026	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		1666.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		4999.90	P/R Deduction (\$555.50 Bi-Weekly)											
Full Name of Individual (Last, First, Midd c. MECKEY, SAMUEL, , ,	le Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 1828 WYNDAM DRIVE			12 / D D / Y Y Y Y 12 31 2017											
City SHAKOPEE	State MN	Zip Code 55379-5437	Transaction ID : PR2575814548253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		576.90											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Ops	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional	al)		2360.50											
TOTAL This Period (last page this line num	nber only)													

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177			Use separate schedule(s)	(check c	(check only one)										
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\overline{\ }$	NAME OF COMMITTEE (In Full)			\sim											
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	(C)											
	Full Name of Individual (Last, First, Middle Initia SEXTON, ELLEN, , ,	l) or Full O	rganization Name	Date	of Re	eceipt									
	Mailing Address 14750 CRESTWOOD COURT			12 31 2017											
	City	State	Zip Code	Transaction ID : PR2575823248253											
	ELM GROVE	WI	53122-1603	Amou	unt of	Each Re	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С			_	-	-	757.2	20						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo	o Item									
	Receipt For:		Year-to-Date ▼	_											
	Primary General	, iggi oguio		P/R D	educti	ion (\$252	.40 Bi-W	/eekly)							
	Other (specify) v		4843.65												
	Full Name of Individual (Last, First, Middle Initia	ll) or Full O	rganization Name	Date	of Re	eceipt									
	Mailing Address 1120 KENSINGTON COURT			M 12		D D 31	/ Y	2017	Y						
		State GA	Zip Code			-		32494825	3						
-			30022-6274	Amoi	int of	Each Re	eceipt th	is Period	_						
	FEC ID number of contributing federal political committee.	С			115.38										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops		Memo	o Item									
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		999.96	P/R D	əducti	on (\$38.4	l6 Bi-We	ekly)							
	Full Name of Individual (Last, First, Middle Initia BRADLEY, JOEL, , ,	l) or Full O	rganization Name	Date	of Re	eceipt									
	Mailing Address 300 WHITE MOSS PLACE			12		D D D 31	/ Y	2017	Y						
	City FRANKLIN	State TN	Zip Code 37064-8628					82584825	3						
			37004-8028	Amou	unt of	Each Re	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С				y I	y	55.3	38						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ied Dir		Memo	o Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 479.96	P/R Deduction (\$18.46 Bi-Weekly)											
sı	JBTOTAL of Receipts This Page (optional)		>					927.9	96						
т	OTAL This Period (last page this line number or	ıly)				40.1									

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. KAUFMAN, PHILIP, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1680 NORTH FARM ROAI	כ												
City ORONO	State MN	Zip Code 55356-9309	Transaction ID : PR2575829848253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		631.84										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$210.60 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. HUNTLEY, MICHELLE, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 19503 HARMONY AVE			12 / D D / Y Y Y Y 12 31 2017										
City ROGERS	State MN	Zip Code 55374-4843	Transaction ID : PR2575832048253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		311.04										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3263.22	P/R Deduction (\$103.68 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. HARPER, JENNIFER, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 8206 WEST 16TH STREE	т		12 / D D / Y Y Y Y 12 31 2017										
City SAINT LOUIS PARK	State MN	Zip Code 55426-1904	Transaction ID : PR2575835548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.12										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ssc Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			985.00										
TOTAL This Period (last page this line numb	er only)												

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 198 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12											
Any information conied from such Denote and S	tatomonto m	, , ,	13 14 15 16 17											
Any information copied from such Reports and S or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	SC)											
Full Name of Individual (Last, First, Middle Init A. JERDE, MARY, , ,	tial) or Full C	rganization Name	Date of Receipt											
Mailing Address 304 EAST VERA LANE			12 31 Y Y Y Y Y 12 31 2017											
City TEMPE	State AZ	Zip Code	Transaction ID : PR2575837448253											
	~~	85284-4036	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		142.83											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		999.81	P/R Deduction (\$47.61 Bi-Weekly)											
Full Name of Individual (Last, First, Middle Init B. MANDELL, WILLIAM, , ,	tial) or Full C	rganization Name	Date of Receipt											
Mailing Address 720 MISSION HILL WAY			12 31 2017											
City	State	Zip Code	Transaction ID : PR2575837848253											
COLORADO SPRINGS	CO	80921-2672	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		42.12 Memo Item											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Last, First, Middle Init C. WILLIAMS, DONNA LEE, , ,	tial) or Full C	rganization Name	Date of Receipt											
Mailing Address 5526 55TH AVENUE			12 / D D / Y Y Y Y 12 31 2017											
	State	Zip Code	Transaction ID : PR2575838348253											
VERO BEACH	FL	32967-2460	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		52.14											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Prov Install	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			237.09											
TOTAL This Period (last page this line number		F												

Use separate schedule(s)

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		Use separate schedule(s)	(check only one	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11b 11c	12	17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpo	ose of soliciting	contributi	ons							
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	C)										
Full Name of Individual (Last, First, Middle I BEESON, MARY JANE, , ,	nitial) or Full C	Organization Name	Date of Receipt										
Mailing Address 204 BLUE INDIGO CT													
City PONTE VEDRA BEACH	State FL	Zip Code 32082-6543	Transaction ID : PR2575839548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			288.4	5								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction	n (\$96.15 Bi-We	ekly)								
Full Name of Individual (Last, First, Middle I HARRISON, CHARLES, , ,	nitial) or Full C	Organization Name	Date of Rec	eipt									
Mailing Address 10603 MILLET SEED HILL			12 31 / Y Y Y Y 2017										
City COLUMBIA	State MD	Zip Code 21044-4150		n ID : PR25758									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item										
Receipt For:	1	Year-to-Date ▼											
Primary General Other (specify) ▼		, 365.04	P/R Deduction	n (\$14.04 Bi-We	ekly)								
Full Name of Individual (Last, First, Middle I WILLIAMS, DALE, , ,	nitial) or Full C	Organization Name	Date of Rec	eipt									
Mailing Address 121 CHOCTAW CIRCLE			12 ^M	31	2017 ^Y								
City CHANHASSEN	State MN	Zip Code 55317-9505		on ID : PR25758 Each Receipt th		5							
FEC ID number of contributing federal political committee.	С				42.1	2							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgmt	Memo	Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)					372.6	9							
TOTAL This Period (last page this line numbe	r only)												

SCHEDULE A (FEC Form 3X)

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			Use separate schedule(s)	(ch	neck only	y or	ne)	L							
•••••••••••••••••••••••••••••••••••••••			for each category of the Detailed Summary Page	2	K 11a		11b	11c	12						
	prmation copied from such Reports and St														
	ommercial purposes, other than using the	name and a	uuress of any political committee	to s	UNCIT CON	itrib	outions f	rom such	n committ	ee.					
	ie of COMMITTEE (In Full) itedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	C)											
A . BO	Name of Individual (Last, First, Middle Initi ROCH, BLAIR, , ,	al) or Full O	rganization Name	Date of Receipt											
Maili	ng Address 800 BELFRY DRIVE				^M 12	1	31) / Y	2017	Y					
City BLU	IE BELL	State PA	Zip Code 19422-1210	Transaction ID : PR2575849948253 Amount of Each Receipt this Period											
	ID number of contributing ral political committee.	С		55.38											
Unite	e of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) Health Plan Operations		M	emc	tem								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 479.96	F	P/R Ded	ucti	on (\$18.	.46 Bi-We	eekly)						
	Name of Individual (Last, First, Middle Initi DLDEN, WILLIAM, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
	ng Address 106 SOUND COURT		12 / D D / Y Y Y Y Y 12 31 2017												
City		State NY	Zip Code						35934825	3					
	RTHPORT		11768-3527	\neg	Amount of Each Receipt this Period										
	ID number of contributing ral political committee.	С	288.45												
	e of Employer (for Individual) d HealthCare Services Inc		upation (for Individual) n CEO		M	emc	tem								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$96.15 Bi-Weekly)											
	Name of Individual (Last, First, Middle Initi DTTINGTON, NYLE BRENT, , ,	al) or Full O	rganization Name		Date of	Re	eceipt								
Maili	ng Address 15050 47TH STREET NE				12 ^M	/	31		2017	Y					
City SAI	NT MICHAEL	State MN	Zip Code 55376-1613						86534825 iis Period	3					
	ID number of contributing ral political committee.	С			<u> </u>		,	. y	115.	38					
Unite	e of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) Acctng		M	emo	tem								
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
SUBT	OTAL of Receipts This Page (optional)		•				, .	. ,	459.2	21					
	DTAL of Receipts This Page (optional)			-		-	, , , ,	, , ,		459.2					

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle PEZHMAN, PAYMAN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 3016 GROVELAND SCHO	OL ROAD													
City WAYZATA	State MN	Zip Code 55391-2816	Transaction ID : PR2575883548253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		288.45											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)											
Full Name of Individual (Last, First, Middle LANGAN, PATRICK, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 405 MEADOW LANE			12 / D D / Y Y Y Y 12 31 2017											
City BENSON	State MN	Zip Code 56215-1033	Transaction ID : PR2575885048253											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. PLOURDE, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 3551 GUNSTON LANE			12 31 / Y Y Y Y 12 31 2017											
City WOODBURY	State MN	Zip Code 55129-4918	Transaction ID : PR2575885248253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		42.12											
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) T	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			621.57											
TOTAL This Period (last page this line numb	er only)													

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	INIZED RECEIPTS		Detailed Summary Page	×	11a		11b	11c		12					
					13		14	15		16	16 1 ntributions mmittee.				
An or	r information copied from such Reports and S for commercial purposes, other than using the	tatements main and a	ay not be sold or used by any pound any pound by any political committee	erson fo e to soli	or the cit cor	purp ntrib	ose of utions	solicitin from suc	g co ch co	ontribu ommit	tions ee.				
\backslash	NAME OF COMMITTEE (In Full)														
$\left \right $	UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)											
۹.	Full Name of Individual (Last, First, Middle Init RANDALL, RHONDA, , ,	tial) or Full C	Organization Name	D	Date of Receipt										
	Mailing Address 48 INTERLAKEN ROAD				12 31 / Y Y Y Y 12 31 2017										
	City	State	Zip Code		Transaction ID : PR2575889648253										
	ORLANDO	FL	32804-3418	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		54.09											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off	Memo Item											
	Receipt For:		Year-to-Date ▼	_											
	Primary General Other (specify) ▼		370.70	P/F	R Dedi	uctio	on (\$18	.03 Bi-W	/eekl	y)					
	 Full Name of Individual (Last, First, Middle Init HOFFMAN, JOEL, , ,	tial) or Full C	rganization Name	Date of Receipt											
	Mailing Address 32839 NORTH 74TH WAY		12 31 2017												
	City	State	Zip Code		Trans	acti	on ID :	PR2575	913 [.]	14825	3				
	SCOTTSDALE	AZ	85266-4293					Receipt t							
	FEC ID number of contributing federal political committee.	С					7			30.	00				
	Name of Employer (for Individual) Optum Services, Inc	Occ SVI		Me	emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/F	P/R Deduction (\$10.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Init JENSEN PFIEFFER, KIM, , ,	tial) or Full C	Prganization Name	D	ate of	Re	ceipt								
	Mailing Address 9449 ASPEN RD				^M 12	1	D 31			017 [°]	Y				
	City	State	Zip Code		Trans	acti	on ID :	PR257	5929	74825	3				
	LAKEVILLE	MN	55044-8148	Ai	mount	of	Each F	Receipt t	his F	Period					
	FEC ID number of contributing federal political committee.	С			_		y			142.	83				
	Name of Employer (for Individual)	Occ	upation (for Individual)	- 1	Me	emo	Item								
	United HealthCare Services Inc		Acctng												
	Receipt For:	1	Year-to-Date ▼	_											
	Primary General Other (specify)		999.81	P/R Deduction (\$47.61 Bi-Weekly)											
	JBTOTAL of Receipts This Page (optional)		r		-		9		-	226.	92				

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	1 7						
Any information copied from such Reports and or for commercial purposes, other than using the														
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle Ir MCGOLDRICK, CHRISTOPHER, , ,	itial) or Full C	rganization Name	Date of Receipt											
Mailing Address 48 MOUNTAIN TERRACE R	OAD													
City WEST HARTFORD	State CT	Zip Code 06107-1533												
FEC ID number of contributing federal political committee.	C		42.12											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs & Bus Dev		Mem	o Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R D	educt	ion (\$14.	.04 Bi-We	eekly)							
Full Name of Individual (Last, First, Middle Ir B. MEDEIROS, MICHAEL, , ,	itial) or Full C	rganization Name	Date	of R	eceipt									
Mailing Address 7112 LANGMUIR DRIVE			12 / 31 / 2017 Transaction ID : PR2575930648253											
City MCKINNEY	State TX	Zip Code 75071-4606						8						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Mgmt NA Accts		Memo Item										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1014.00	P/R D	educti	ion (\$39.	00 Bi-We	ekly)							
Full Name of Individual (Last, First, Middle Ir c. ZITZER, CHRISTOPHER, , ,	itial) or Full C	rganization Name	Date	of R	eceipt									
Mailing Address 2848 FRANCE AVE S			M 12		31) / Y	y y 2017	Y						
City ST LOUIS PARK	State MN	Zip Code 55416-4204				PR25759 Receipt th	33334825 is Period	3						
FEC ID number of contributing federal political committee.	С				y 1	, y	132.8	34						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Mem	o Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.08	P/R Deduction (\$44.28 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)					, .	,	291.9	6						
TOTAL This Period (last page this line number	only)				4									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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	EIVIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		11	b	110	c [12					
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	y information copied from such Reports and State for commercial purposes, other than using the na																
	NAME OF COMMITTEE (In Full)				\sim												
/	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	(C)												
Α.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD, , ,) or Full O	rgar	nization Name	[Date of	Re	cei	pt								
	Mailing Address 483 HIGHCROFT ROAD				12 31 2017 Transaction ID : PR2575938448253												
	City	State		Zip Code													
	WAYZATA	MN		55391-1548	_ /	Amount	of	Ea	ch Re	eceip	t this	3 Peri	od				
	FEC ID number of contributing federal political committee.	С			576.90												
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) up Gen Counsel	Memo Item												
	Peopint For:	Aggregate	Yea	r-to-Date ▼	-	-											
	Primary General Other (specify) ▼		-	4999.80	P/	/R Ded	uctio	on ((\$192	.30 E	i-We	∍ekly)					
В.	Full Name of Individual (Last, First, Middle Initial STANDIG, LAUREN, , ,	Date of Receipt															
	Mailing Address 8660 FARLEY WAY					12 31 2017											
	City	State		Zip Code		Transaction ID : PR2575939848253											
	FAIR OAKS	CA		95628-5352	/	Amount	of	Ea	ch Re	eceip	t this	3 Peri	od				
	FEC ID number of contributing federal political committee.	С				45.00 Memo Item											
	Name of Employer (for Individual) United HealthCare Services Inc		upat d Dir	ion (for Individual)													
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		Ļ.	375.00	P/	R Dedu	uctio	on ((\$15.0	00 Bi-	Wee	⊧kly)					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial)) or Full O	rgar	nization Name		Date of	Re	cei	pt								
	Mailing Address 2315 BEVERLY ROAD					^M 12	/	ſ	31	/	Y	2017					
	City	State		Zip Code		Trans											
	SAINT PAUL	MN		55104-5003	- / /	Amount	of	Ea	ch Re	eceip	t this	3 Peri	od				
	FEC ID number of contributing federal political committee.	С						y		,		60	0.00)			
	Name of Employer (for Individual)	Occi	upati	ion (for Individual)		M	emo) Ite	əm								
	United HealthCare Services Inc	Dir T	Tax														
		Aggregate	Yea	r-to-Date 🔻													
	Other (specify)		1041.38						P/R Deduction (\$200.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•				,				122	1.90				
т	OTAL This Period (last page this line number onl	ly)		•••••				,					-				

Use separate schedule(s)

FOR LINE NUMBER:

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	IZED RECEIPTS	for each category of Detailed Summary P		X 11a		111	b	11c	12		
	ormation copied from such Reports and State										
or for c	commercial purposes, other than using the na										
	IE OF COMMITTEE (In Full) itedHealth Group Incorporated	PAC (l	JnitedHealth Gro	oup PAC)							
	Name of Individual (Last, First, Middle Initial) RAFESI, JUDY, , ,	rganization Name		Date	of Re	eceip	ot				
	ing Address 820 BETZ CREEK ROAD				^м 12			31	/ Y	y y 2017	Y
City	/ANINIALI	State	Zip Code		Tra	nsact	tion	ID : P	R25759	5354825	3
SAV	/ANNAH	GA	31410-2602		Amou	nt of	Ead	ch Re	ceipt th	s Period	
	ID number of contributing ral political committee.	С]			-		-	42.	12
	ne of Employer (for Individual) ed HealthCare Services Inc	upation (for Individual) Ntwk Prgms			Memo	o Ite	em				
	aint For:		_								
	Primary General Other (specify) ▼ 365.04							\$14.0	4 Bi-We	ekly)	
	Name of Individual (Last, First, Middle Initial) LVO, GIANCARLO, , ,	or Full O	rganization Name		Date	of Re	eceip	ot			
Maili	ing Address 1027 SW 149 LANE				M 12			31	/ Y	2017	Y
City		State	Zip Code		Trar	sact	ion	ID : P	R25759	6494825	3
SUN	NRISE	FL	33326-1957		Amou	nt of	Ead	ch Re	ceipt thi	s Period	
	FEC ID number of contributing federal political committee.				<u> </u>		-		-	999.	99
	ne of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) R Reg SIs Dir			Memo	o Ite	em			
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999	9.99	P/R De	ductio	ion (\$333.:	33 Bi-W	eekly)	
	Name of Individual (Last, First, Middle Initial) SCH, DAVID, , ,	or Full O	rganization Name		Date	of Re	eceip	ot			
Maili	ing Address 7715 GIBRALTER TERRACE				^M 12			31	/ Y	2017	Y
City		State	Zip Code		Tra	nsact	tion	ID : P	R25759	6604825	3
APF	PLE VALLEY	MN	55124-6124		Amou	nt of	Ead	ch Re	ceipt thi	s Period	
	ID number of contributing ral political committee.	С			<u> </u>		<u>y</u>		y	45.	00
Optu	ne of Employer (for Individual) um Services, Inc		ipation (for Individual) Gen Mgmt			Memo	o Ite	em			
Rece	eipt For: Primary General Other (specify)	Aggregate		0.00	P/R De	educti	ion (\$15.0	0 Bi-We	ekly)	
SUBT	OTAL of Receipts This Page (optional)									1087.	11
	L This Period (last page this line number only				Ē		,		,		

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 206 OF

TEMIZED RECEIPTS	X 11a 11b 11c 12						
or for commercial purposes, other than us			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	oorated PAC (UnitedHealth Group PA	νC)				
Full Name of Individual (Last, First, Mi A. PIACENTINI, KAREN, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 132 E 35TH ST APT 1	3G		12 / D D / Y Y Y Y 12 31 2017				
City	State NY	Zip Code	Transaction ID : PR2575968548253				
NEW YORK	INT	10016-3892	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1363.58				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item				
Receipt For:	Aggregate	Year-to-Date V	—				
Primary General Other (specify) ▼		4999.90	P/R Deduction (\$454.50 Bi-Weekly)				
Full Name of Individual (Last, First, Mi B. FRANK, DANIEL, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 1373 PRAIRIE MEAD	OW RD		12 31 Y Y Y Y Y 12 31 2017				
City	State	Zip Code	Transaction ID : PR2575970448253				
MINNETRISTA	MN	55359-6701	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		4999.90				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Clin Off	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$4999.90 Bi-Weekly)				
Full Name of Individual (Last, First, Mi C. DICELLO, MARK, , ,	ddle Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 619 SAND CRANE C	Г		12 31 Y Y Y Y 12 31 2017				
City	State	Zip Code	Transaction ID : PR2575977948253				
BRADENTON	FL	34212-5226	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		42.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
United HealthCare Services Inc		Ntwk Contrctng					
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify)		364.00	P/R Deduction (\$14.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (option	, onal)		6405.48				
TOTAL This Period (last page this line r	number only)	•••••					

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
or	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initial) CHURCHILL, CAROL ANN, , , Mailing Address 230 BATTALION WAY	or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code	12 31 2017 Transaction ID : PR2575988348253						
	MOUNT JULIET	TN	37122-6135	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		0.00						
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Mec	upation (for Individual) I Dir	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 224.00	P/R Deduction (\$0.00 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) GOLD, PAMELA, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 8370 DYNASTY WAY			12 / D D / Y Y Y Y 12 31 2017						
	City SALT LAKE CITY	State UT	Zip Code 84121-6089	Transaction ID : PR2575988648253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		42.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) SCHULTZ, STACY, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 4012 S XERXES AVENUE			12 / D D / Y Y Y Y 12 31 2017						
	City MINNEAPOLIS	State MN	Zip Code 55410-1146	Transaction ID : PR2575990948253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.38						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item						
	Receipt For: A Primary General Other (specify)	aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
S	JBTOTAL of Receipts This Page (optional)			157.38						
	OTAL 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

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				or each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		rpo	ose o		oliciting	contribu	utions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) SCHMITZ, BRADLEY, , ,	nization Name	Date of Receipt												
	Mailing Address 506 CHALUPSKY AVE	<u></u>		7. 0.1		12 31 2017									
		State MN		Zip Code 56071-6819	-							058482			
	NEW PRAGUE MN 56071-6819 FEC ID number of contributing federal political committee. C						Amount of Each Receipt this Period 74.28								
	Name of Employer (for Individual) United HealthCare Services Inc	ion (for Individual) nd/Social Resp		r	Nem	0	ltem								
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 519.96							ior	n (\$24	1.76	6 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initial) SQUARRELL SHABLIN, KAREN I, , ,	or Full O	rgar	nization Name		Date	of Re	ec	eipt						
	Mailing Address 1377 ROWLAND ROAD								12 31 2017						
	City LANGHORNE	State PA		Transaction ID : PR2576017348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.						365.00									
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Svc Acct Mgt		ľ	Nem	0	Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 856.38	P/R Deduction (\$182.50 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) SANN, DAVID, , ,	or Full O	rgar	nization Name		Date	of Re	ec	eipt						
	Mailing Address 8326 ELKO DRIVE					[™] 12		/	D 31		/ Y	2017 [°]	Y		
	5	State MD		Zip Code					-)264482			
	ELLICOTT CITY		_	21043-6913	A	mou	nt of	fΕ	Each I	Red	ceipt th	is Period	k		
	FEC ID number of contributing federal political committee.	C	_				_	,		_	<u> </u>	138	.45		
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir N	•		Memo Item										
	Receipt For: A Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 1099.93	P/	'R De	duct	tio	n (\$46	5.1	5 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••								577	.73		
т	OTAL This Period (last page this line number only)			Ī			,	-		-				

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (L	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mido A. SONERHOLM, KIMBERLY, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7210 HEGGIE AVE			12 31 2017						
City LAS VEGAS	State NV	Zip Code 89131-3233	Transaction ID : PR2576033248253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mide HOLZER SPARR, CYNTHIA, ,		rganization Name	Date of Receipt						
Mailing Address 30 BRIDGHAM FARM R		Zip Code	12 / D D / Y Y Y Y 12 31 2017						
City RUMFORD	State	Zip Code 02916-1304	Transaction ID : PR2576034848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ned Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Mide ADAMS, GAYLE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 39 CANYON RIDGE DR		7.01	12 / 31 / 2017						
City SANDIA PARK	State NM	Zip Code 87047-8509	Transaction ID : PR2576040348253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		288.45						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategic Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,		372.57						

Use separate schedule(s)

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or for commercial purposes, other that			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	orporated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First BYRNES, CHRISTOPHER, ,	, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3920 GLENWOOI	D STREET		12 31 / Y Y Y Y Y 12 31 2017							
City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042848253							
FEC ID number of contributing federal political committee.	С	33004-1403	Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 2 Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)							
Full Name of Individual (Last, First B. KANDALAFT, KEVIN, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4189 WINDSOR F	POINT PLACE		12 / D D / Y Y Y Y 12 31 2017							
City EL DORADO HILLS	State CA	Zip Code 95762-3797	Transaction ID : PR2576043648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		115.38							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First C. STONE, LAURA, , ,	, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4644 VENETO D			12 31 / Y Y Y Y Y 12 31 2017							
City FRISCO	State TX	Zip Code 75033-7135	Transaction ID : PR2576045148253							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Contract Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		445.83							
TOTAL This Period (last page this li	ne number only)									

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	•	Use separate schedule(s) for each category of the	(check only one)					
		Detailed Summary Page	X 11a 11b 11c 12 12 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group P/	4C)					
Full Name of Individual (Last, First, Middle GROENENDAAL, MICHAEL, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 1017 N EUCLID			12 31 2017					
City OAK PARK	State IL	Zip Code 60302-1321	Transaction ID : PR2576046248253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Executive Compensation	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. VINCENT, BRYAN, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 5025 YVONNE TERRACE	1		12 31 2017					
City EDINA	State MN	Zip Code 55436-2423	Transaction ID : PR2576049148253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.12					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. MONICAL, KENT, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 9795 E PIEDRA DRIVE			12 31 2017					
City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051348253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.38					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Prd	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			199.50					
TOTAL This Period (last page this line numb	er only)							

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FOR LINE NUMBER:

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ITEMIZED RECEIPTS			U	(ch	(check only one)								
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	y information copied from such Reports and Sta												
or	for commercial purposes, other than using the n	name and a	ddres	ss of any political committee	to s	olicit con	trib	utions 1	from suc	h commit	tee.		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	Jnit	edHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia REED, BARTON, , ,	l) or Full O	rgani	zation Name		Date of	Re	ceipt					
	Mailing Address 16716 MAYFIELD DRIVE					^M 12	/	31	D / Y	y y 2017	Ŷ		
	City EDEN PRAIRIE	State MN		Zip Code 55347-2242						05924825 nis Period			
	FEC ID number of contributing federal political committee.	С							7	365.	00		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Proc	•	on (for Individual)		Me	emo	Item					
	Paggint For:			to-Date ▼ 465.00		P/R Dedu	uctio	on (\$18	2.50 Bi-V	√eekly)			
B.	Full Name of Individual (Last, First, Middle Initia REX, JOHN, , ,	l) or Full Oi	rgani	zation Name		Date of	Re	ceipt					
	Mailing Address 503 HARRINGTON ROAD		1			^M 12	/	31) / Y	2017	Ŷ		
	City WAYZATA	State MN		Zip Code 55391-1512	-					06004825 nis Period			
	FEC ID number of contributing federal political committee.	С						-		576.			
	Name of Employer (for Individual) United HealthCare Services Inc		upatio G CF	on (for Individual) O		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 4999.80	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)			
с.	Full Name of Individual (Last, First, Middle Initia MCEWAN, JOSHUA, , ,	l) or Full O	rgani	zation Name		Date of	Re	ceipt					
	Mailing Address 4711 WEST 28TH STREET	-1				^M 12	/	31) / Y	ү ү 2017	Y		
	City SAINT LOUIS PARK	State MN		Zip Code 55416-1927						0857482			
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	. ,	265	38		
Name of Employer (for Individual) United HealthCare Services Inc			Occupation (for Individual) VP Tax					Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year	to-Date ▼ 1999.96		P/R Ded	ucti	on (\$88	.46 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•	<u>i</u>			, .		1207.	28		
т	OTAL This Period (last page this line number or	ıly)		•••••				, .					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initial) DUDA, MICHAEL, , ,	or Full C	Organization Name	Date of Receipt						
	Mailing Address 5208 RICHWOOD DRIVE			12 / D D / Y Y Y Y Y 12 31 2017						
	City EDINA	State MN	Zip Code 55436-2322	Transaction ID : PR2576089948253						
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) M A	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organization Name	Date of Receipt						
	Mailing Address 4 WETHERELL HILL			M M / D D / Y Y Y Y 12 31 2017						
	City WOODSTOCK	State CT	Zip Code 06281-1648	Transaction ID : PR2576097848253 Amount of Each Receipt this Period 31.26						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.08	P/R Deduction (\$10.42 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial)	or Full C	Organization Name	Date of Receipt						
	Mailing Address 233 MAGNOLIA STREET			12 / D D / Y Y Y Y 12 31 2017						
	City DRESHER	State PA	Zip Code 19025-2012	Transaction ID : PR2576100148253						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgmt	Memo Item						
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			371.85						
т	OTAL This Period (last page this line number only	y)	····· •							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Mide A	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4242 N CAPISTRANO I APT 135	DR		12 31 2017					
City DALLAS	State TX	Zip Code 75287-4036	Transaction ID : PR2576100248253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.12					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 336.96	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Mide B. SCHELKIN, MIKHAIL, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 555 CANAL ST APT 160			12 / D D / Y Y Y Y 12 31 2017					
City MANCHESTER	State NH	Zip Code 03101-1523	Transaction ID : PR2576103148253					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 42.12					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) tware Engineer Cnslt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Mide JOHNSON, DARRIN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 11 BERTON COURT			12 / D D / Y Y Y Y 12 31 2017					
City MIDDLETOWN	State DE	Zip Code 19709-9932	Transaction ID : PR2576103748253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		686.79					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.83	P/R Deduction (\$228.93 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	al)		771.03					
TOTAL This Period (last page this line nu	mber only)							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions						
or for commercial purposes, other than using	the name and a	ddress of any political committe	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle DIAMOND, TIFFANY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5 HARVEY DRIVE			12 31 / Y Y Y Y Y 12 31 2017						
City GOFFSTOWN	State NH	Zip Code 03045-2315	Transaction ID : PR2576105548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		142.83						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 9999.81	P/R Deduction (\$47.61 Bi-Weekly)						
Full Name of Individual (Last, First, Middle CASEY, TAMMY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 45 STEELE ROAD			12 31 / Y Y Y Y Y 12 31 2017						
City NEW HARTFORD	State CT	Zip Code 06057-2621	Transaction ID : PR2576107348253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle KIEWEL, NATHAN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1137 PRAIRIE VIEW DR S			12 31 2017						
City HUTCHINSON	State MN	Zip Code 55350-6725	Transaction ID : PR2576117548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		42.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Apps Dev	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			226.95						
TOTAL This Period (last page this line numb	er only)								

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	★ 11a 11b 11c 12					
			erson for the purpose of soliciting contributions					
or for commercial purposes, other than using t	ine name and a	doress of any political committe	e to solicit contributions from such committee.					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle KENT, CHRIS, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 13273 CARLINGFORD LA	NE		12 31 Y Y Y Y Y 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10					
City ROSEMOUNT	State MN	Zip Code 55068-6308	Transaction ID : PR2576119048253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		115.38					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. SANCHEZ, VINCENT, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 5025 BRANFORD COURT	1		12 31 / Y Y Y Y Y 12 31 2017					
City DUBLIN	State CA	Zip Code 94568-7241	Transaction ID : PR2576126948253					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. KERAN, PATRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6631 108TH CT	1		12 / D D / Y Y Y Y Y 2017					
City BROOKLYN PARK	State MN	Zip Code 55445-6503	Transaction ID : PR2576137848253 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		42.12					
Name of Employer (for Individual) Optum Services, Inc	Occi Dir I	upation (for Individual) T	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			209.64					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

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177	EMIZED RECEIPTS		Use separate schedule(s)	(ch	neck only	у ог	ne)	L				
			for each category of the Detailed Summary Page		× 11a]11b	11c	12			
	y information copied from such Reports and S											
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	looress of any political committee	tos	olicit coi	ntric	outions i	rom sucr	1 Committ	ee.		
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	(C)								
Α.	Full Name of Individual (Last, First, Middle Ini LIRETTE, KARL, , ,	,	rganization Name	Date of Receipt								
	Mailing Address 9 WEST WOODLAWN DRIVE				12 31 2017							
	City DESTREHAN	State LA	Zip Code 70047-2535	_				PR25761 Receipt th	3894825 is Period	3		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		182.4	19		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98		P/R Ded	ucti	on (\$60.	.83 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Inite BOADO, ANDREA, , ,	tial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 14924 PONDVIEW CIRCLE	1-		12 ^M	/	31) / Y	y y 2017	Y			
	City	State MN	Zip Code						4464825	3		
	WAYZATA		55391-2249	_	Amount	t of	Each F	leceipt th	is Period	_		
	FEC ID number of contributing federal political committee.	C			Ľ.	_	-y		681.8	31		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4772.67	F	P/R Ded	uctio	on (\$227	7.27 Bi-W	'eekly)			
с.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	organization Name		Date of	f Re	eceipt					
	Mailing Address 640 LOCUST HILLS DRIVE				12 ^M	/	31		2017	Y		
	City WAYZATA	State MN	Zip Code 55391-1973					PR25761 Receipt th	14484825 is Period	3		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		576.9	90		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UHC CEO		M	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate		P/R Ded	lucti	on (\$19	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	1441.2	20		
T	OTAL This Period (last page this line number	only)		-			- -					

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I FRIDNER, JOHN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 782 PENFIELD DR			12 31 2017						
City CAROL STREAM	State IL	Zip Code 60188-4738	Transaction ID : PR2576147548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		117.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I 3. KEPNER, SHELLY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10165-222ND STREET EAS	ST		12 31 Y Y Y Y Y 12 31 2017						
City LAKEVILLE	State MN	Zip Code 55044-9752	Transaction ID : PR2576147848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		156.42						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		412.84	P/R Deduction (\$52.14 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I SCOTT, GARLAND, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8018 PERLETTE COURT			12 / D D / Y Y Y Y 31 / 2017						
City KERNERSVILLE	State NC	Zip Code 27284-9957	Transaction ID : PR2576151048253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		749.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$249.90 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1023.32						
TOTAL This Period (last page this line numbe	r only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	EMIZED RECEIPIS	D RECEIPTS for each category of the Detailed Summary Page] 11 14	-	11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na							pos	se of s	oliciting	g contribu	tions		
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) MYHRAN, LYNN, , ,	or Full O)rgai	nization Name		ate of	f Re	ecei	ipt					
	Mailing Address 2280 FOX STREET	<u></u>				12 31 2017 Transaction ID : PR2576158448253								
	City ORONO	State MN		Zip Code 55356-9652										
		С	Ì			Imoun	t of	Ea	ich Re	ceipt tr	nis Perioc 624			
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Exec		M	emo	o Ite	em					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 4999.90	P/	R Ded	uctio	on ((\$208.	31 Bi-V	Veekly)			
B.	Full Name of Individual (Last, First, Middle Initial) BENSON, JEAN, , ,	or Full O	rga	nization Name		ate of	f Re	ecei	ipt					
	Mailing Address 14951 HIGHLAND COURT NE	_	12 / D D / Y Y Y Y 12 31 2017											
	City PRIOR LAKE	State MN		Zip Code 55372-4109		Transaction ID : PR2576310948253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						-		4	576	90		
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	•	tion (for Individual)		M	emo	o Ite	em					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 4999.80	P/I	R Ded	uctio	on ((\$192.	30 Bi-W	/eekly)			
с.	Full Name of Individual (Last, First, Middle Initial) KENIRY, DANIEL, , ,	or Full O	rga	nization Name		ate of	f Re	ecei	ipt					
	Mailing Address 5553 LITTLE FALLS ROAD					^M 12	′		31	/ Y	2017 Y	Ŷ		
	City ARLINGTON	State VA		Zip Code 22207-1525	A						3793482			
	FEC ID number of contributing federal political committee.	С] [7			576	90		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs		М	emc	o Ite	em					
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 4999.80	P/	R Ded	lucti	on	(\$192	.30 Bi-V	Veekly)			
s	UBTOTAL of Receipts This Page (optional)			••••••				1			1778.	77		
т	OTAL This Period (last page this line number only	/)			Ī			-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Sum		×	-		11b	11c		2		
Any information copied	from such Reports and St	atements ma	v not be sold or	used by any pe	erson	13 for the	purr	14 Dose of	15 soliciting		6 ributi	000 17	
	pses, other than using the												
NAME OF COMMIT	ree (In Full) Group Incorporate	d PAC (l	JnitedHealt	h Group PA	C)								
Full Name of Individu	ual (Last, First, Middle Initi N, LAURIE, , ,	ial) or Full O	rganization Nam	e		Date of	f Re	ceipt					
	0 WINDCREST TRAIL					12 31 / Y Y Y Y 12 31 2017							
City		State TN	Zip Code	20				-	PR25787				
ANTIOCH			37013-147	3	_	Amoun	t of	Each R	eceipt th	is Pe	riod		
FEC ID number of configuration federal political comm	0	C				<u> </u>		,		1	15.3	8	
Name of Employer (f United HealthCare Se	,		pation (for Indiv Dir Ntwk Contro	,		M	emo	Item					
Receipt For:		Aggregate	Year-to-Date 🔻	0									
Other (specify)	General ▼		ar 1 ar	499.98	F	P/R Ded	uctic	on (\$38	46 Bi-We	ekly)			
Full Name of Individu B. TIDMARSH, BR	ual (Last, First, Middle Initi RIAN, , ,	ial) or Full O	rganization Nam	e		Date of	f Re	ceipt					
Mailing Address 144;	25 NORTH 15TH STREET					^M 12	/	D D D 31	/ Y	Y 201	7	Y	
City		State	Zip Code					-	PR25787			_	
PHOENIX		AZ	85022-445	4	_	Amoun	t of	Each R	eceipt th	is Pe	riod		
FEC ID number of configuration federal political comm	0	С						,	-	_	43.7	1	
Name of Employer (1 United HealthCare Se	ior Individual) Prvices Inc		upation (for Indiv 2 NA Accts	idual)		M	emo	Item					
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼	365.11	P	/R Ded	uctio	on (\$14.	57 Bi-We	ekly)			
Full Name of Individu	ual (Last, First, Middle Initi	ial) or Full O	rganization Nam	e		Date of	f Re	ceipt					
	52 PRINCETON AVE					^M 12	/	31	/ Y	201		Y	
City		State	Zip Code	-		Trans	sacti	on ID :	PR2578	73494	8253	;	
EDEN PRAIRIE		MN	55347-193	6	-	Amoun	t of	Each R	eceipt th	is Pe	riod		
FEC ID number of configuration federal political comm	0	С						9	9	1	15.3	8	
Name of Employer (f United HealthCare Se			pation (for Indiv Gen Mgmt	idual)		М	emo	Item					
Receipt For: Primary Other (specify)	General		Year-to-Date ▼	462.72	F	P/R Ded	luctio	on (\$38.	46 Bi-We	∋ekly)			
SUBTOTAL of Receipt	s This Page (optional)									2	274.4	7	
TOTAL This Period (la	st page this line number of	only)			-					_			

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170			Use separate schedule(s)	(chec	k only	y or	ne)				
116	MIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17
Any or fo	information copied from such Reports and St or commercial purposes, other than using the	atements ma name and a	y not be sold or used by any poddress of any political committee	erson for to solic	the tit cor	pur htrib	pose of outions f	soliciting	g con	tributio	ons
	IAME OF COMMITTEE (In Full)										
	JnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)							
	ull Name of Individual (Last, First, Middle Initi STRODE, KURT, , ,	al) or Full O	rganization Name	Da	Date of Receipt						
	Aailing Address 15 MIRA SEGURA			_							
ō	Dity	State	Zip Code	- 4	12 31 2017 Transaction ID : PR2578819248253						
	RANCHO SANTA MARGARITA	CA	92688-4113					Receipt th			
	EC ID number of contributing ederal political committee.	С								43.2	6
N	lame of Employer (for Individual)	Оссі	upation (for Individual)	- F	M	emo	ltem				
	Dptum Services, Inc	Asso	c Gen Counsel	_							
F	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify) V		374.92	P/R	Ded	ucti	on (\$14	.42 Bi-W	eekly)	
				<u> </u>							
	ull Name of Individual (Last, First, Middle Initi ASNER, BARTLEY, , ,	al) or Full O	rganization Name	Da	ate of	Re	eceipt				
_	Aailing Address 25 OFFSHORE			12 / D D / Y Y Y Y Y 12 31 2017						Y	
	Dity	State CA	Zip Code					PR2578			
_						tof	Each F	Receipt th	nis Pe	əriod	
	EC ID number of contributing ederal political committee.	С		1Ļ	_		-			704.2	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn	1	M	emo) Item				
F	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify)		4999.90	P/R	Ded	uctio	on (\$234	4.70 Bi-V	Veekly	y)	
С	ull Name of Individual (Last, First, Middle Initi HALTIWANGER, RACHEL, , ,	al) or Full O	rganization Name	Da	ate of	Re	eceipt				
N	Aailing Address 1668 KIRKWOOD PLACE				12	1	31		201	17 17	Y
	City	State	Zip Code		Frans	act	ion ID :	PR2578	8202	48253	
_	BRENTWOOD	TN	37027-8678	Ar	nount	t of	Each F	Receipt th	nis Pe	əriod	
	EC ID number of contributing ederal political committee.	С		1 Ļ	_	_	,	9		44.3	7
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Compli		M	emo	o Item				
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.96	P/F	R Ded	ucti	on (\$14	.79 Bi-W	eekly)	
su	BTOTAL of Receipts This Page (optional)			. [, ,	,		791.83	3
то	TAL This Period (last page this line number of	only)	••••••								

Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS			se separate schedule(s)	(ch	ieck onl	y or	ne)				
				or each category of the etailed Summary Page		4 11a 13		11b 14	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		pose of	soliciting	g con	tributi	ons
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	Jnit	edHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial DUFFEY, KRISTY, , ,) or Full Or	rgani	ization Name		Date o	f Re	eceipt				
	Mailing Address 8906 WINGED FOOT DRIVE					12 31 Y Y Y Y Y 12 31 2017						
	City PASADENA	State MD		Zip Code 21122-6670					PR2578 Receipt th			;
	FEC ID number of contributing federal political committee.	С							7		576.9	0
	Name of Employer (for Individual) Optum Services, Inc		upatio ef Clir	on (for Individual) n Off	_	М	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4999.80	F	P/R Ded	lucti	on (\$19:	2.30 Bi-V	Veekl	y)	
в.	Full Name of Individual (Last, First, Middle Initial CIAVOLA, LAURA, , ,) or Full Or	rgani	ization Name		Date o	f Re	eceipt				
Mailing Address 1686 WILDFIRE LANE						M M 12	/	D D D 31		201	Y 17	Y
	City FRISCO	State Zip Code TX 75033-7325							PR2578 Receipt th			
	FEC ID number of contributing federal political committee.	С									576.9	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatio P Ops	on (for Individual) s	_	М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4999.80	F	P/R Ded	luctio	on (\$192	2.30 Bi-V	Veekly	/)	
C.	Full Name of Individual (Last, First, Middle Initial BUSBEE, NATHANAEL, , ,) or Full Or	rgani	ization Name		Date o	f Re	eceipt				
	Mailing Address 611 ORPINGTON RD	1				^M 12	/	31		201	17 [°]	Y
	City BALTIMORE	State MD		Zip Code 21229-2128	-				PR2578 Receipt th			5
	FEC ID number of contributing federal political committee.	С						,			115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Process		Μ	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date 999.96		P/R Dec	lucti	on (\$38	.46 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•••••				, .		1:	269.1	8
т	OTAL This Period (last page this line number on	ly)		••••••	-			-				

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171			Use separate schedule(s)	(check	only	one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a 3	11b	11c		2 6 [17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for	the p	urpose c	of soliciting	g conti	ributic	ons
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia COHEN, JAY, , ,	l) or Full O	rganization Name	Da	te of I	Receipt				
	Mailing Address 98 VISTA DEL SOL			12 31 2017						
	City LAGUNA BEACH	State CA	Zip Code 92651-6748				: PR2578 Receipt th			
	FEC ID number of contributing federal political committee.	С			_			2	288.45	5
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn		Mer	no Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R	Dedu	ction (\$90	6.15 Bi-We	∍ekly)		
в.	Full Name of Individual (Last, First, Middle Initia FARMER, RACHEL, , ,	l) or Full O	rganization Name	Da	te of I	Receipt				
	Mailing Address 1929 ALBIZIA COURT			M	12 ^M	/ D 3/		201	Y Y 7	
	City	State LA	Zip Code				: PR25952			
	BATON ROUGE		70808-3973	Am	ount	of Each	Receipt th	iis Pei	riod	_
	FEC ID number of contributing federal political committee.	С				-		1	90.38	3
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Mer	no Item				
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify) ▼		1499.96	P/R	Deduc	tion (\$63	3.46 Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initia ELLIS, DENNIS, , ,	l) or Full O	rganization Name	Da	te of I	Receipt				
	Mailing Address 6001 DRIPPING SPRINGS			M	12 ^M	/ D 3		201 [°]		
	City FRISCO	State TX	Zip Code 75034-4039				: PR2595 Receipt th			
	FEC ID number of contributing federal political committee.	С				,			82.49	9
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs		Mei	no Item				
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 364.98	P/R	Dedu	ction (\$6	0.83 Bi-W	ekly)			
s	UBTOTAL of Receipts This Page (optional)					7		6	61.32	2
т	OTAL This Period (last page this line number or	lly)							-	

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page							
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	g ino namo ana a								
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Midd LONIGRO, ANTHONY, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3186 WEST CANYON A	VE		12 31 Y Y Y Y Y 12 31 2017						
City SAN DIEGO	State CA	Zip Code 92123-5426	Transaction ID : PR2595225848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Midd B. SNYDER, MARY, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1075 BOSTON POST R			12 / D D / Y Y Y Y 12 31 2017						
City MADISON	State CT	Zip Code 06443-3363	Transaction ID : PR2595229348253						
FEC ID number of contributing		00443-3303	Amount of Each Receipt this Period						
federal political committee.	C		750.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$250.00 Bi-Weekly)						
Full Name of Individual (Last, First, Midd C. DUCAYET, JULIA, , ,	le Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5508 HARRIET AVE S			12 / D D / Y Y Y Y 12 31 2017						
City MINNEAPOLIS	State MN	Zip Code 55419-1830	Transaction ID : PR2595232948253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) Optum Services, Inc	Occi Dir M	upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	al)		907.50						
TOTAL This Period (last page this line num	nber only)	······							

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		,,							
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle SCOTT, WESTON, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1050 LAKE CAROLYN PK APT 4349	WY		12 31 Y Y Y Y Y 2017						
City IRVING	State TX	Zip Code 75039-3999	Transaction ID : PR2601125348253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		92.31						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.02	P/R Deduction (\$30.77 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. SHORT, MARIANNE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 2215 SUMMIT AVENUE			12 / D D / Y Y Y Y Y 2017						
City	State MN	Zip Code	Transaction ID : PR2601133548253						
SAINT PAUL	IVIN	55105-1002	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		576.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Gen Counsel	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle PATRICK, ALLEN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 225 W ESCALONES			12 D D / Y Y Y Y 12 31 2017						
City SAN CLEMENTE	State CA	Zip Code 92672-5102	Transaction ID : PR2601136848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			711.33						
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check d	only c	one)				
			for each category of the Detailed Summary Page	X 11a	۹ [11b	11c 15	12	17	
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	Statements mage name and a	l ay not be sold or used by any p ddress of any political committe	erson for th	າe pu contri	rpose of	soliciting	contribu	tions	
	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)						
A.		itial) or Full C	rganization Name	Date	of R	eceipt				
	Mailing Address 621 SPARROW WAY				12 / D D / Y Y Y Y 12 31 2017					
	City WADSWORTH	State OH	Zip Code 44281-7716					14074825 is Period	3	
	FEC ID number of contributing federal political committee.	С			_	-		288.	45	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Mem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R D	educt	tion (\$96.	15 Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Ini	itial) or Full C	rganization Name	Date	of R	eceipt				
	Mailing Address 20039 E BRIGHTWAY					/ D D 31	/ Y	2017	Y	
	City MOKENA	State IL	Zip Code 60448-1404					4764825 is Period	3	
	FEC ID number of contributing federal political committee.	ů l						28.	86	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg Dir of Brkr Sls		Mem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.12	P/R D	educt	ion (\$9.6	2 Bi-Wee	ekly)		
C.	Full Name of Individual (Last, First, Middle Ini MCBRIEN, ROBERT, , ,	itial) or Full C	rganization Name	Date	of R	eceipt				
	Mailing Address 111 CARRICK AVENUE				2	/ D D D 31	JL	2017 ^Y		
	City PITTSBURGH	State PA	Zip Code 15210-4323	-				14894825 is Period	-	
	FEC ID number of contributing federal political committee.	С			_	y	,	42.	12	
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir N	upation (for Individual) Aktg		Mem	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R D	educ	tion (\$14.	.04 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)					, ,	,	359.	43	
Т	OTAL This Period (last page this line number	only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I MOORE, DOUGLAS, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3900 BLACKJACK OAK LA	NE		12 / D D / Y Y Y Y 12 31 2017						
City PLANO	State TX	Zip Code 75074-7790	Transaction ID : PR2601149648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Hlthcare Econ	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I LESTER, SHAUNA, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1747 228TH PL SE			12 31 / Y Y Y Y 12 12 12						
City SAMMAMISH	State WA	Zip Code 98075-7250	Transaction ID : PR2601154748253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. PERERA, SUSAN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1201 UNITY AVE N			12 / D D / Y Y Y Y 12 31 2017						
City GOLDEN VALLEY	State MN	Zip Code 55422-4735	Transaction ID : PR2601168848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		42.12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ssc Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			126.36						
TOTAL This Period (last page this line numbe	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11							
			13 14 15 16 1 verson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mid RODRIGUEZ, ROGER, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 10501 SW 102 AVENU	E		12 31 / Y Y Y Y 12 31 2017							
City MIAMI	State FL	Zip Code 33176-3511	Transaction ID : PR2601176848253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		4999.90							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)							
Full Name of Individual (Last, First, Mid KAPROW, MARC GORDON, ,		rganization Name	Date of Receipt							
Mailing Address 5079 SW 89TH AVE			12 / D D / Y Y Y Y Y Y 12 31 2017							
City COOPER CITY	State FL	Zip Code 33328-3636	Transaction ID : PR2601179048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mid C. HUDSON, JEFFREY, , ,	dle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1536 BREWSTER DRI			12 / D D / Y Y Y Y 12 31 2017							
City CARROLLTON	State TX	Zip Code 75010-6444	Transaction ID : PR2605703048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	' nal)		5157.28							
TOTAL This Period (last page this line nu	mber only)									

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			for each category of the Detailed Summary Page		1 1a		11b	11c	12	
	tion copied from such Reports and Stat ercial purposes, other than using the na									
\	F COMMITTEE (In Full)									
United	Health Group Incorporated	PAC (U	InitedHealth Group PA	C)						
	e of Individual (Last, First, Middle Initial ATH, ROBERT, , ,) or Full Or	ganization Name		Date of	Re	ceipt			
	ddress 2537 RED ARROW DRIVE	1			м м 12	/	31) / Y	2017	Y
City LAS VEG	GAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708948253 Amount of Each Receipt this Period						
	number of contributing olitical committee.	С			<u> </u>				714.	27
Southwes	Employer (for Individual) st Medical Assoc. Inc.	· · ·	pation (for Individual) Med Grp Physn		Me	emo	tem			
	For: nary General ler (specify) ▼	/ear-to-Date ▼ 4999.89	F	P/R Dedu	uctio	on (\$23	8.09 Bi-W	/eekly)		
	e of Individual (Last, First, Middle Initial , RHONDA, , ,) or Full Org	ganization Name		Date of	Re	ceipt			
	Mailing Address 5084 JERICHO ROAD				^M ^M 12	/	31	/ Y	2017	Y
	City State COLUMBIA MD FEC ID number of contributing federal political committee.							PR26057 leceipt th		
FEC ID n				46.14						
Name of United He	Employer (for Individual) althCare Services Inc	Occu Dir N	pation (for Individual) Iktg		Me	emo	Item			
Receipt F		Aggregate Y	lear-to-Date ▼							
	nary General er (specify) ▼		399.88	F	P/R Dedu	uctio	on (\$15.	38 Bi-We	ekly)	
C. DAVIS	e of Individual (Last, First, Middle Initial S, KELLY, , ,) or Full Org	ganization Name		Date of	Re	ceipt			
	ddress 905 N LEBANON ST	Ototo	Zin Oode		12 ^M	/	31		2017	
City ARLING	TON	State VA	Zip Code 22205-1433					PR26057 Receipt th		-
	FEC ID number of contributing federal political committee.				<u> </u>	_	,	, <u>,</u>	115.	38
United He	Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Govt Affs Dir				Me	emo) Item			
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 999.96					P/R Ded	uctio	on (\$38	.46 Bi-We	eekly)	
SUBTOTAL	of Receipts This Page (optional)		•				, .	.,	875.	79
TOTAL This	s Period (last page this line number on	ly)	••••••	-				1. 70		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	×	11a		11k	b	11c	12						
	y information copied from such Reports and State														
	for commercial purposes, other than using the na														
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initial) FINLAY, CHRISTOPHER, , ,	or Full O	Orgar	nization Name		Date of	Re	ceip	ot						
	Mailing Address 3221 COLFAX AVE S				12 / D D / Y Y Y Y 12 31 2017										
	City	State		Zip Code		Transaction ID : PR2605735148253									
	MINNEAPOLIS	MN		55408-3555	A	mount	of	Eac	ch Re	ceipt tl	nis Period				
	FEC ID number of contributing federal political committee.	С			45.60										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	lte	em						
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 364.80	P/	'R Dedu	uctio	on (\$15.2	0 Bi-W	eekly)						
В.	Full Name of Individual (Last, First, Middle Initial) MALONE, TRACY, , ,	or Full O	Drgar	nization Name		Date of	Re	ceip	ot						
	Mailing Address 900 S 22ND ST	· · · · · · · · · · · · · · · · · · ·	12 / 31 / 2017 Transaction ID : PR2605736948253												
	City ARLINGTON	State Zip Code TON VA 22202-2625						-			73694825 nis Period				
	FEC ID number of contributing federal political committee.					576.90									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ernal Affs	Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/	R Dedu	uctic	on (S	\$192.	30 Bi-V	Veekly)				
с.	Full Name of Individual (Last, First, Middle Initial) JAEGER, MICHELLE, , ,	or Full O	Orgar	nization Name		Date of	Re	ceip	ot						
	Mailing Address 14506 MCGINTY ROAD WEST	1				^M 12	1	D	31	/ Y	2017 [°]	Y			
	City WAYZATA	State MN		Zip Code 55391-2541	A			-			7539482				
	FEC ID number of contributing federal political committee.				_	y		9	45.	60					
	Name of Employer (for Individual) Optum Services, Inc	ion (for Individual) Svc Acct Mgmt		Me	emo) Ite	em								
	Receipt For: A Primary General Other (specify)	Aggregate	r-to-Date ▼ 364.80	P/	/R Dedi	uctio	on (\$15.2	20 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)			••••••	. [,		9	668.	10			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	11a 13] 11 14	-	11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of s	solicitin	g contribu	utions			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) SMITH, LARRY, , ,	or Full O	Drgai	nization Name	C	Date o	f Re	ecei	ipt						
	Mailing Address 1164 RUE CHINON			[12 31 Y Y Y Y Y 2017										
	City MANDEVILLE	State LA		Zip Code 70471-1213		Transaction ID : PR2605760648253 Amount of Each Receipt this Period									
			_			moun	τof	⊦a	icn Re	eceipt tl	nis Perioc	1			
	FEC ID number of contributing federal political committee.	C				57.69									
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) r Compli		Memo Item									
	Poppint For:			ar-to-Date V	-										
	Primary General Other (specify) ▼	499.98	P/R Deduction (\$19.23 Bi-Weekly)												
В.	Full Name of Individual (Last, First, Middle Initial) WEISSEL, MICHAEL, , ,	or Full O	Drgai	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 99 HAGEN ROAD		12 / 31 / 2017 Transaction ID : PR2606842948253												
	City	State		Zip Code		Trans	acti	ion	ID : P	R2606	84294825	53			
	NEWTON	MA		02459-2731	A	moun	t of	Ea	ch Re	ceipt tl	his Period	ł			
	FEC ID number of contributing federal political committee.	С						-		- 7	576	.90			
	Name of Employer (for Individual) Optum Services, Inc	Occ Opt		М	emo	o Ite	em								
	Receipt For: A Primary General Other (specify) ▼ I	Aggregate	Yea	ar-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial)	or Full O	Drgai	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 4216 ZENITH AVE S					м м 12	/	Γ	31	/ Y	2017	Y			
	City	State		Zip Code		Trans	sact	ion	ID : F	PR2606	8444482	53			
	MINNEAPOLIS	MN		55410-1413	A	moun	t of	Ea	ch Re	eceipt tl	his Period	ł			
	FEC ID number of contributing federal political committee.			_		,		. y	42	.12					
	Name of Employer (for Individual) UHC International Services Inc	tion (for Individual)		M	emc	o Ite	em								
	Receipt For: A Primary General Other (specify)	nary General Agglegate rear-to-bate v						on	(\$14.0)4 Bi-W	'eekly)				
s	UBTOTAL of Receipts This Page (optional)					_					676	.71			
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PAGE 232 OF

ITEMIZED RE	CEIDTE		Use separate schedule(s)	(check	only c	ne)	L						
			for each category of the Detailed Summary Page	× 11		11b	11c	12	-				
			Ay not be sold or used by any p		he pu								
		name and a	ddress of any political committee		contri		om suci						
VAME OF COMI		d PAC (l	JnitedHealth Group P/	AC)									
A. MATECZUN,		al) or Full O	rganization Name	Date of Receipt									
	1908 HARBOURSIDE DRIVE UNIT 403				2 ^M	/ D D 31	/ Y	2017	Y				
City LONGBOAT KEY	ſ	State FL	Zip Code 34228-4207					845148253 nis Period	\$				
FEC ID number federal political c	0	С						576.9	0				
Name of Employ United HealthCar	. ,		upation (for Individual) s M&V		Mem	o Item							
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Ind B. RAWLINSON	ividual (Last, First, Middle Initi N, DORIEN, , ,	al) or Full O	organization Name	Date	e of R	eceipt							
	dress 4795 W RED ROCK DRIVE			12 / D D / Y Y Y Y 12 31 2017									
City LARKSPUR		State CO	Zip Code 80118-8413					3 54648253 nis Period	l				
	C ID number of contributing eral political committee.							42.1	2				
Name of Employ United HealthCar	er (for Individual) e Services Inc		upation (for Individual) c Dir Ntwk Contrctng		Mem	o Item							
Receipt For: Primary Other (spec	General cify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Ind C. EYER, JAN	ividual (Last, First, Middle Initi	al) or Full O	organization Name	Date	e of R	eceipt							
	6241 CRESTBROOK DRIVE	State	Zip Code	1	2	31		2017					
City MORRISON		CO	80465-2225					857548253 nis Period	5				
FEC ID number federal political c	0	С			42.1	2							
Name of Employ Optum Services,	,		upation (for Individual) n Exec Dir		Mem	o Item							
Receipt For: Primary Other (spec	General cify)	Aggregate Year-to-Date ▼ 365.04)educt	tion (\$14.)	04 Bi-We	ekly)					
SUBTOTAL of Rec	ceipts This Page (optional)					,		661.1	4				
TOTAL This Period	l (last page this line number c	only)											

SCHEDULE A (FEC Form 3X) _____ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12							
Any information copied from such Reports and or for commercial purposes, other than using															
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)												
Full Name of Individual (Last, First, Middle MARGRITZ, CYNTHIA, , ,	Initial) or Full C	rganization Name	C	Date of	Re	ceipt									
Mailing Address 16702 L STREET				ү ү 2017	Y										
City OMAHA	State NE	Zip Code 68135-1324	A					80614825 nis Period	3						
FEC ID number of contributing federal political committee.	C							42.	12						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clin Qlty		Me	emo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)												
Full Name of Individual (Last, First, Middle B. FICKER, MARK, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt									
Mailing Address 173 LAURELWOOD DRIVE						31) / Y	2017	Y						
City NOVATO	State CA	Zip Code 94949-8427				-		30674825	3						
FEC ID number of contributing federal political committee.	С						Amount of Each Receipt this Period								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops		Me	emo	Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 958.18	P/R Deduction (\$41.66 Bi-Weekly)												
Full Name of Individual (Last, First, Middle C. CEGLIA, VINCENT, , ,	Initial) or Full C	rganization Name		Date of	Re	ceipt									
Mailing Address 47 CONTRY ACRES DRIV				м м 12	1	31) / Y	ү 2017	Y						
City HAMPTON	State NJ	Zip Code 08827-4112	A					05204825 nis Period	3						
FEC ID number of contributing federal political committee.	ů l							42.	12						
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc Dir Compli				əmo	ttem									
Receipt For: Primary General Other (specify)	Primary General General					on (\$14	.04 Bi-We	eekly)							
SUBTOTAL of Receipts This Page (optional).						, .	. ,	209.2	22						
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c	12			
	y information copied from such Reports and Sta		ay not be sold or used by	/ any perso							
or	for commercial purposes, other than using the n	ame and a	address of any political co	mmittee to	solicit con	tributions fr	om such	n committe	ee.		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Grou	up PAC)						
A.	Full Name of Individual (Last, First, Middle Initia SCHWARTZ, SHAWN, , ,	l) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 338 SNELLING AVE S				12 31 2017						
	City SAINT PAUL	State MN	Zip Code 55105-2048			action ID : I of Each Re			3		
	FEC ID number of contributing federal political committee.	С				-gr.	- 41-	42.1	12		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Ntwk Prgms		Me	mo Item					
	Receipt For: Primary General Other (specify) ▼	ry General (specify) ▼ 365.04					04 Bi-W€	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia LANDO, LISA, , ,	l) or Full O	organization Name		Date of	Receipt					
	Mailing Address 60 PINEAPPLE STREET APT 3J				M M 12	/ D D 31	/ Y	2017	Y		
	City BROOKLYN	State Zip Code NY 11201-6839		-		of Each Re			3		
	FEC ID number of contributing federal political committee.	С						115.3	38		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	mo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.	96	P/R Dedu	ction (\$38.4	16 Bi-We	ekly)			
С.	Full Name of Individual (Last, First, Middle Initia FLYNN, VIRGINIA, , ,	l) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 30 VAN TERRACE				M M 12	/ D D 31	/ Y	2017	Y		
	City SPARKILL	State NY	Zip Code 10976-1406			action ID : I of Each Re			3		
	FEC ID number of contributing federal political committee.			,	, ,	115.3	38				
	Name of Employer (for Individual)Occupation (for Individual)United HealthCare Services IncDir Med Clin Ops				Me	emo Item					
	Primary General Aggregate Year-to-Date ▼ Other (specify) 999.96				P/R Dedu	uction (\$38.4	46 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)			····· ►				272.8	88		
т	OTAL This Period (last page this line number on	ly)		····· ►							

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		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle FERGUSON, SANDRA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 710 SOUTH SHERATON D	RIVE		12 31 / Y Y Y Y 12 31 2017								
City AKRON	State OH	Zip Code 44319-1918	Transaction ID : PR2608061948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		115.38								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Memo Item								
Receipt For: Primary General Other (specify) \forall	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CARROLL, SARAH, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 18411 BEAVERWOOD RD		12 / D D / Y Y Y Y 31 2017									
City MINNETONKA	State MN	Zip Code 55345-3100	Transaction ID : PR2608064148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		45.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item								
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.20 Bi-Weekly)								
Other (specify) v		349.60									
Full Name of Individual (Last, First, Middle HECK, ALLYN, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3233 BARHITE STREET			12 / D D / Y Y Y Y Y 31 2017								
City PASADENA	State CA	Zip Code 91107-1254	Transaction ID : PR2609810948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.12								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			203.10								
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		LED RECEIPIS for each category of the Detailed Summary Page					11a 13] 1 [.]	1b 4		11c 15	12	17				
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments ma me and a	ay r addr	not be sold or used by any person of any political committee	person e to so	fo olio	r the	pur; ntrib	ро	se o	f s fro	oliciting	contrit	outions				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group P	AC)													
Α.	Full Name of Individual (Last, First, Middle Initial) BODELL, LESLIE, , ,	or Full O	Drga	nization Name		Date of Receipt												
	Mailing Address 18710 34TH AVENUE NORTH	Otata		Zin Oada		M M / D J Y												
	City PLYMOUTH	State MN		Zip Code 55447-1000	-													
		С				Amount of Each Receipt this Period												
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	•	tion (for Individual)	Memo Item													
	Receipt For: A Primary General Other (specify) ▼	ary General Agglegate Tear-to-Date V								P/R Deduction (\$357.08 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial) WRIGHT, NORMAN, , ,	or Full O	Drga	nization Name		D	ate of	f Re	ece	eipt								
	Mailing Address 5205 KELSEY TERRACE	12 / D D / Y Y Y Y 12 31 2017																
	City EDINA	State MN		Zip Code 55436-1172		Transaction ID : PR2609812348253 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		Ē	_		,			-9	57	6.90						
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) f Ops		Memo Item												
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 4999.80]	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initial) FAULKNER, RYAN, , ,	or Full O	Drga	nization Name		D	ate of	f Re	ece	eipt								
	Mailing Address 230 W AVENIDA ALESSANDRO					L	^M 12		l	D 31	1		2017					
	City SAN CLEMENTE	State CA		Zip Code 92672-4333	-							R26098						
	FEC ID number of contributing federal political committee.				mourn		С с		nei	ceipt th		2.12						
	Name of Employer (for Individual) Optum Services, Inc	tion (for Individual) grations		Memo Item														
	Receipt For: A Primary General Other (specify)	Primary General Agglegate Teal-to-Date V							ion	(\$14	4.0 [,]	4 Bi-We	ekly)					
s	JBTOTAL of Receipts This Page (optional)				•	[,			9	169	0.38				
т	OTAL This Period (last page this line number only	/)			•	Ĺ			-			-						

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	the name and a	uuress or any political committe								
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle STRAUSS, DAVID, , ,		organization Name	Date of Receipt							
Mailing Address 5000 FRANCE AVENUE S UNIT 33			12 31 / Y Y Y Y Y 12 31 2017							
City MINNEAPOLIS	State MN	Zip Code 55410-2061	Transaction ID : PR2612521848253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		681.77							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Total Rewards	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$227.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. SMITH, MELANIE, , ,		rganization Name	Date of Receipt							
Mailing Address 15340 HIGHLAND PLACE		Zin Onde	12 ^D							
City MINNETONKA	State MN	Zip Code 55345-4613	Transaction ID : PR2612527648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		142.83							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Recruit Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. BAKER, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2383 HIGHOVER TRAIL			12 / D D / Y Y Y Y 12 31 2017							
City CHANHASSEN	State MN	Zip Code 55317-4744	Transaction ID : PR2612530548253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ů l									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item							
Receipt For: Primary General Other (specify)	Primary General General									
SUBTOTAL of Receipts This Page (optional)		1401.50							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 13 14	11c	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using t			rson for the purpose of	f soliciting c	ontributi	ons				
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	C)							
Full Name of Individual (Last, First, Middle RIVERS, CAROLINE, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6368 TIMBER TRACE			M M / D D / Y Y Y Y 12 31 2017							
City BROWNSBURG	State IN	Zip Code 46112-8641	Transaction ID : Amount of Each F			;				
FEC ID number of contributing federal political committee.	C		· · · · ·		44.4	9				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Contract Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14	I.83 Bi-Weel	<ly)< td=""><td></td></ly)<>					
Full Name of Individual (Last, First, Middle DECKMANN, NATASHA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 34 WEST 17TH STREET #		12 / D 1		2017	Y					
City	State	Zip Code	Transaction ID :							
NEW YORK	W YORK NY 10011-5709			Receipt this	Period					
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		4230.60	P/R Deduction (\$19	2.30 Bi-Wee	∍kly)					
Full Name of Individual (Last, First, Middle KIECKHAFER , REGINA , , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 83 TEWKSBURY STREET			12 / D 31		2017					
City ANDOVER	State MA	Zip Code 01810-5856	Transaction ID : Amount of Each F			}				
FEC ID number of contributing federal political committee.	ě l				273.7	5				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Primary General Aggregate Teal-10-Date V				kly)					
SUBTOTAL of Receipts This Page (optional).					510.54	4				
TOTAL This Period (last page this line number	er only)									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		·····								
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle HANSEN, KIMBERLY, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6227 UPLAND LN N			12 31 Y Y Y Y 12 31 2017							
City MAPLE GROVE	State MN	Zip Code 55311-4003	Transaction ID : PR2613383248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		52.14							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Data	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$17.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. DEIDESHEIMER, THERESA, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6319 21 ST AVE NE		12 31 / Y Y Y Y Y Y								
City SEATTLE	State WA	Zip Code 98115-6915	Transaction ID : PR2613383448253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		52.14							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		364.98	P/R Deduction (\$17.38 Bi-Weekly)							
Full Name of Individual (Last, First, Middle CORCORAN, SUSAN, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4 DONBUSH ROAD	0	7. 0.4	12 D D / Y Y Y Y 12 31 2017							
City NORTH OAKS	State MN	Zip Code 55127-2095	Transaction ID : PR2613385348253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	FEC ID number of contributing									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item							
Receipt For: Primary General Other (specify)	Primary General Aggregate Teal To Date V									
SUBTOTAL of Receipts This Page (optional)		469.28							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a □ 11b □ 11c □ 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-									
Full Name of Individual (Last, First, Midd DICKINSON, DAVID, , , Mailing Address 57 ATKINSON LANE	le Initial) or Full C	organization Name	Date of Receipt							
City	State	Zip Code	12 31 2017 Transaction ID : PR2613388948253 Amount of Each Receipt this Period							
SUDBURY	MA	01776-1938								
FEC ID number of contributing federal political committee.	С		214.26							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.82	P/R Deduction (\$71.42 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. KREJCI, ANDREW , , ,	le Initial) or Full C	organization Name	Date of Receipt							
	Mailing Address 19880 LAKEVIEW AVENUE									
City EXCELSIOR	State MN	Zip Code 55331-9352	Transaction ID : PR2614310748253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		407.07							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 729.99	P/R Deduction (\$135.69 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. LIBERATO, CHRISTINE, , ,	le Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2334 EAST CAROL AVE	INUE		12 / D D / Y Y Y Y 12 31 2017							
City PHOENIX	State AZ	Zip Code 85028-4613	Transaction ID : PR2614313848253							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 45.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	al)		666.33							
TOTAL This Period (last page this line nur										

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 13	11b	11c 15	12 16	17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the p	ourpose of a	soliciting	contribut	ions				
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle A. VAIL, ABIGAIL, , ,	Initial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 3636 DEXTER DRIVE			M M 12								
City TALLAHASSEE	State FL	Zip Code 32312-1022		Transaction ID : PR2614315648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C					190.3	8				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Me	emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.96	P/R Dedu	uction (\$63.4	on (\$63.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. THOMPSON, JOHN, , ,	Initial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 1697 COUNCIL BLUFF DR	IVE NE		M M 12	/ D D 31	/ Y	y y 2017	Y				
City ATLANTA	State GA	Zip Code 30345-4137		of Each Re			6				
FEC ID number of contributing federal political committee.	С			65.19							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Dir SIs	Me	emo Item							
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		499.79	P/R Dedu	ıction (\$21.7	73 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle C. BURKHOLDER, CHAD, , ,	Initial) or Full C	rganization Name	Date of	Receipt							
Mailing Address 2423 DUBONNET DRIVE			M M 12	/ D D 31	/ Y	2017	Y				
City MACUNGIE	State PA	Zip Code 18062-8857		action ID : I of Each Re			3				
FEC ID number of contributing federal political committee.	С			,	,	972.5	1				
Name of Employer (for Individual) Optum Services, Inc	Occ VP 0	upation (for Individual) Ops	Me	emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$324.17 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).					. ,	1228.0	8				
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	UnitedHealth Group PA	NC)										
Full Name of Individual (Last, First, Middle Ir A. VANNORMAN, SAMUEL, , ,	nitial) or Full C	Organization Name	Date of Receipt										
Mailing Address 6216 CONCORD AVE			12 / 31 / 2017 Transaction ID : PR2615086048253										
City EDINA	State MN	Zip Code 55424-1736											
FEC ID number of contributing federal political committee.	C	33424-1730	Amount of Each Receipt this Period										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Prod	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Ir SOLOMON, RANDALL, , ,	nitial) or Full C	Organization Name	Date of Receipt										
Mailing Address 760 HAIGHT STREET			12 ^D D / Y Y Y Y Y 12 31 2017										
City SAN FRANCISCO	State CA	Zip Code 94117-3317	Transaction ID : PR2615671548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behvrl Med Dir	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Ir c. BIRNBAUM, MICHAEL, , ,	nitial) or Full C	Organization Name	Date of Receipt										
Mailing Address 55 DEAN STREET			12 / D D / Y Y Y Y 12 31 2017										
City BROOKLYN	State NY	Zip Code 11201-6245	Transaction ID : PR2615671648253										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 642.84										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item										
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 4999.88	P/R Deduction (\$214.28 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			800.34										
TOTAL This Period (last page this line number	r only)												

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle I NIEMYER, ELIZABETH, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9237 ENGLISH MEADOW V	WAY		12 31 Y Y Y Y Y 12 31 2017								
City LAYTONSVILLE	State MD	Zip Code 20882-1348	Transaction ID : PR2615682848253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		276.93								
Name of Employer (for Individual) United HealthCare Services Inc	Occi	upation (for Individual) Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3499.95	P/R Deduction (\$92.31 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I B. KNUTSON, DIANE, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1410 GAME FARM CIRCLE			12 / D D / Y Y Y Y Y 12 31 2017								
City MINNETRISTA	State MN	Zip Code 55364-8103	Transaction ID : PR2615923948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		150.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Pricing	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. YOUNG, JENNIFER, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 321 CLINTON PLACE			12 / D D / Y Y Y Y 12 31 2017								
City HACKENSACK	State NJ	Zip Code 07601-2802	Transaction ID : PR2615929448253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.12								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sales	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			469.05								
TOTAL This Period (last page this line numbe	r only)										

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		Use separate schedule(s)	(check only o	(check only one)							
I EIVILED KEVEIP13		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports and	Statements ma	l ay not be sold or used by any p ddress of any political asymptitic	erson for the pu	a 11b 11c 12 14 15 16 ne purpose of soliciting contributions contributions from such committee. a of Receipt a 2 31 2017 ansaction ID : PR2615957048253 unt of Each Receipt this Period 42.12 Memo Item Peduction (\$14.04 Bi-Weekly) a of Receipt a 2 31 2017 ansaction ID : PR2617361148253 unt of Each Receipt this Period 42.12 Memo Item eduction (\$14.04 Bi-Weekly) a of Receipt Memo Item eduction (\$14.04 Bi-Weekly)	000 100 100 100 100 100 100 100 100 100						
	me marme and a	uuress or any political committee	, 10 SUICIT CONT	IDULIONS TROP	n such	committe					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle A. KIRBY, WESLEY, , ,	Initial) or Full C	rganization Name	Date of F	Receipt							
Mailing Address 3213 SAGE BRUSH TRL			M M 12	M M / D D / Y Y Y Y							
City PLANO	State TX	Zip Code 75023-5631		Transaction ID : PR2615957048253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С						2				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nager, Advisory Svcs	Men	no Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle LONGORIA, PATRICIA, , ,	Initial) or Full C	rganization Name	Date of F	Receipt							
Mailing Address 906 BLUEBIRD			M M 12		/ Y		Y				
City	State TX	Zip Code					}				
MANCHACA		78652-4154	Amount o								
FEC ID number of contributing federal political committee.	C			42.12							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Mktg	Men	no Item							
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		365.04	P/R Deduc	tion (\$14.04	Bi-Wee	ekly)					
Full Name of Individual (Last, First, Middle PASSINEAU, MEGHAN, , ,	Initial) or Full C	rganization Name	Date of F	Receipt							
Mailing Address 4 BUROAK DRIVE			^M 12	31		2017					
City HOPEWELL JUNCTION	State NY	Zip Code 12533-6434					3				
FEC ID number of contributing federal political committee.	С			y	g	42.1	2				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Men	no Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduc	ction (\$14.04	Bi-We	ekly)					
SUBTOTAL of Receipts This Page (optional).				,	9	126.3	6				
TOTAL This Period (last page this line number	er only)				-						

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Middl A. TRAW, KEVIN, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 518 13TH ST			M = M / D = D / Y = Y = Y Y 12 31 2017 2017 Transaction ID : PR2617365648253 Amount of Each Receipt this Period							
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038								
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. CHERRY, MARK, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 612 BEMIS HEIGHTS PL			12 / D D / Y Y Y Y Y 2017							
City SAINT CHARLES	State MO	Zip Code 63303-1752	Transaction ID : PR2617922848253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.12							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Analytics Svcs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middl C. MILLER, JUMELIE, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 29415 PEWTER RUN LA			12 / D D / Y Y Y Y Y 2017							
City KATY	State TX	Zip Code 77494-1279	Transaction ID : PR2617925248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		42.12							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Case Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	I)		199.62							
TOTAL This Period (last page this line num	ber only)									

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements ma g the name and a	L ay not be sold or used by any p ddress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	-										
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	4C)								
Full Name of Individual (Last, First, Midd A. BAUBLIT, MICHAEL, , ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2201 RIDGEWIND WAY			12 31 2017								
City WINDERMERE	State FL	Zip Code 34786-5823	Transaction ID : PR2617927148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		42.12								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Midd B. PUTTERMAN, JAY, , ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7 SUNNY REACH DRIV			12 / D D / Y Y Y Y 12 31 2017								
City WEST HARTFORD	State	Zip Code 06117-1531	Transaction ID : PR2617931348253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		42.12								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Dev	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Midd C. GARNER, JOHN, , ,	le Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 6025 CHERRYWOOD R	D		12 / D D / Y Y Y Y 12 31 2017								
City MOUND	State MN	Zip Code 55364-8515	Transaction ID : PR2617933448253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		23.19								
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) T	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 200.98	P/R Deduction (\$7.73 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	al)		107.43								
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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
	EIVILED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\langle}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initia JOHNSON, MARK, , ,	l) or Full O	organization Name	Date of Receipt							
	Mailing Address 8687 RILEY CURVE			12 31 2017							
	City CHANHASSEN	State MN	Zip Code 55317-4822	Transaction ID : PR2617933948253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		138.45							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.90	P/R Deduction (\$46.15 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia MISKELL-CLOUTIER, DOMINIQUE,		organization Name	Date of Receipt							
	Mailing Address 12101 STRETFORD FOREST C	OURT		12 31 / Y Y Y Y 2017							
	City BRISTOW	State VA	Zip Code 20136-2078	Transaction ID : PR2618984948253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		52.14							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Preservice Review	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia BROWN, ROGER, , ,	l) or Full O	organization Name	Date of Receipt							
	Mailing Address 512 EAST STATE AVE			12 31 / Y Y Y Y 2017							
	City PHOENIX	State AZ	Zip Code 85020-4940	Transaction ID : PR2622557948253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		987.34							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$329.10 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			1177.93							
Т	OTAL This Period (last page this line number or	ıly)	•								

SCHEDULE A (FEC Form 3X)

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ITEMIZED RECEIPTS						(check only one)							
11			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2 6	17		
	y information copied from such Reports and Si for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons		
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Init GARELLI, JOLENE, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9 PROSPECT VIEW DRIVE				12 31 / Y Y Y Y 12 31 2017								
	City DUMMERSTON	State VT	Zip Code 05301-8875		Transaction ID : PR2622559248253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Proj Mgmt		M	emc	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P	/R Ded	uctio	on (\$14.	04 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Init OLSON, MARK, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 7126 E OSBORN RD #1023				12 / D D / Y Y Y Y 12 31 2017								
	City	State AZ	Zip Code 85251-6551				-	PR2622					
	SCOTTSDALE	AZ	- '	Amount	of	Each R	eceipt th	nis Pe	riod	_			
	FEC ID number of contributing federal political committee.	C	499.98							3			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$166.66 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Init CAMPBELL, THERESA, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1117 XERXES AVENUE SOU	TH			^M 12	1	D D 31	/ Y	201				
	City MINNEAPOLIS	State MN	Zip Code 55405-2128				-	PR2622 eceipt th			_		
	FEC ID number of contributing federal political committee.	С					y .			42.12	2		
	Name of Employer (for Individual) UHC International Services Inc	upation (for Individual) Human Capital Partner		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Aggregate Year-to-Date ▼ 365.04				P/R Deduction (\$14.04 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	.			, .	. ,	5	584.22	2		
т	OTAL This Period (last page this line number of	only)	••••••					40		-			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		oose		oliciting	contribu	tions			
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group	PAC)										
Α.	Full Name of Individual (Last, First, Middle Initial) TROCINSKI, CAROL, , ,	or Full C	Drganization Name	[Date of Receipt									
	Mailing Address 1030 ROBIN COURT	01.1												
	City WEST SALEM	State WI	Zip Code 54669-1919		Transaction ID : PR2623691048253									
		C	34003-1313	/ /	Amount of Each Receipt this Period 68.43									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Regl Affs		Memo Item									
	Receipt For:		Year-to-Date ▼ 364.96	P	/R Dedi	uctic	on (\$2	22.8	1 Bi-We	eekly)				
B.	Full Name of Individual (Last, First, Middle Initial) MILLER, JOHN, , ,		Date of Receipt											
	Mailing Address 3107 ECTOR		12 31 Y Y Y Y 2017											
	City HOUSTON	State TX	Zip Code 77056-4037				-			0474825 is Period	3			
	FEC ID number of contributing federal political committee.	С			57.69									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Pharm Ops		Me	emo	Item	1						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 499.98	P/	P/R Deduction (\$19.23 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) CAMP, MELISSA, , ,	or Full C	Organization Name		Date of	Re	ceipt							
	Mailing Address 124 WOODFIELD BLVD				^{м м} 12	/	D	р В1	/ Y	ү ү 2017	Y			
	City MECHANICVILLE	State NY	Zip Code 12118-3038							13684825 is Period	3			
	FEC ID number of contributing federal political committee.	С					y		9	365.	00			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) c Dir Ntwk Contrctng		Me	əmo	ltem	1						
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 365.00	P	/R Ded	uctio	on (\$^	182.	50 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)						,		9	491.	12			
Т	OTAL This Period (last page this line number only	r)					_		-	4				

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
VinitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle I MULES, REBECCA, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 660 DOVER STREET			M M / D D / Y Y Y Y 12 31 2017							
City BALTIMORE	State MD	Zip Code 21230-2228	Transaction ID : PR2624442648253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		190.38							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.96	P/R Deduction (\$63.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. SINGH, KANWAR, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5321 TOWN BROOKE			12 31 2017							
City MIDDLETOWN	State CT	Zip Code 06457-6615	Transaction ID : PR2624445948253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		45.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.80	P/R Deduction (\$15.20 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. COLLETTE, CHRISTOPHER, , ,		rganization Name	Date of Receipt							
Mailing Address 4776 MANITOU ROAD			12 31 / Y Y Y Y 12 31 2017							
City EXCELSIOR	State MN	Zip Code 55331-9400	Transaction ID : PR2625499548253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		660.74							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? UnitedHIth Grp	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$220.18 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			896.72							
TOTAL This Period (last page this line numbe	er only)	······								

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than u			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorr	porated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Mi A	iddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5120 MIRROR LAKES	1		12 / ^{D D D} / Y Y Y Y 12 31 2017									
City EDINA	State MN	Zip Code 55436-1342	Transaction ID : PR2625501948253									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Mktg Off	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Mi SMITH, LISA, , ,												
Mailing Address 5040 INTERLACHEN	1		12 / D D / Y Y Y Y 12 31 2017									
City EDINA	State MN	Zip Code 55436-1360	Transaction ID : PR2625503748253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		130.44									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.04	P/R Deduction (\$43.48 Bi-Weekly)									
Full Name of Individual (Last, First, Mi c. LAWTON, MICHAEL, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1720 CROSS PINES	1		12 / D D / Y Y Y Y Y 12 31 2017									
City FLEMING ISLAND	State FL	Zip Code 32003-4915	Transaction ID : PR2625505448253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		399.80									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 719.00	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option	onal)		. 1107.14									
TOTAL This Period (last page this line r	number only)	•••••										

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cl	heck on	ıly o	ne)							
11			for each category of the Detailed Summary Page		Date of Receipt Memo Item P/R Deduction (\$15.20 Bi-Weekly) Date of Receipt Memo Item Date of Receipt				17					
	y information copied from such Reports and Sta for commercial purposes, other than using the				for the			solicitin	g con	ntributi	ons			
	NAME OF COMMITTEE (In Full)													
$\langle \rangle$	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initia HOMER, WILLIAM, , ,	al) or Full O	or Full Organization Name				Date of Receipt							
	Mailing Address 3120 LAKE CENTER DR													
	City	State	Zip Code		Tran	sact	tion ID :	PR2625	5077	48253	3			
	SANTA ANA	CA	92704-6917	_	Amour	nt of	Each F	Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С						1 - 92		45.6	0			
	Name of Employer (for Individual)	Осси	pation (for Individual)	-	N	/lem	o Item							
	Optum Services, Inc	Dir l	T Proj Mgmt											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General			11	P/R De	duct	ion (\$15	.20 Bi-W	eekly	')				
	Other (specify) v		364.80											
в.	Full Name of Individual (Last, First, Middle Initia COWEN, WESLEY, , ,	ast, First, Middle Initial) or Full Organization Name												
	Mailing Address 825 VIRGINIA PARK CIRCLE N	NE												
	City	State	Zip Code		Tran	sact	ion ID :	PR2625	5323	48253				
	ATLANTA	GA		Amour	nt of	Each F	Receipt t	his Pe	eriod					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) KA Dir Acct Mgmt			115.38									
	Name of Employer (for Individual) United HealthCare Services Inc				Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼		1									
	Primary General	, iggi oguto		11	P/R Dec	ducti	on (\$38	.46 Bi-W	eekly)				
	Other (specify) V		999.96						,					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia LIVERS, JEFFREY, , ,	al) or Full O	rganization Name		Date o	of Re	eceipt							
-	Mailing Address 402 DERBY COURT				M 12	/	31		20	17	Y			
	City	State	Zip Code		Tran	sac	tion ID :	PR2626		1. A 1.	3			
	MEBANE	NC	27302-9452		Amour	nt of	Each F	Receipt t	his Pe	eriod				
	FEC ID number of contributing federal political committee.	С					, .			42.1	2			
	Name of Employer (for Individual)	Occi	pation (for Individual)	-	Ν	/lem	o Item							
	United HealthCare Services Inc		Gen Mgmt											
	Receipt For:		Year-to-Date ▼											
	Primary General	.99.094.0		11	P/R De	duct	ion (\$14	.04 Bi-W	/eekly	/)				
	Other (specify)		365.04											
s	UBTOTAL of Receipts This Page (optional)		•				,	,	-	203.1	0			
т	OTAL This Period (last page this line number o	nly)	••••••	•										

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPT	3	for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 1 berson for the purpose of soliciting contributions re to solicit contributions from such committee.									
NAME OF COMMITTEE () UnitedHealth Grou		UnitedHealth Group P	AC)									
Full Name of Individual (La CULHANE, DEBORAL	ast, First, Middle Initial) or Full (I, , ,	Drganization Name	Date of Receipt									
Mailing Address 100 COV UNIT 301	EWAY		12 31 2017									
City QUINCY	State MA	Zip Code 02169-5857	Transaction ID : PR2626356048253 Amount of Each Receipt this Period									
FEC ID number of contributive federal political committee.	ů –		669.61									
Name of Employer (for Inc Optum Services, Inc	,	cupation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	e Year-to-Date ▼ 4999.90	P/R Deduction (\$223.19 Bi-Weekly)									
Full Name of Individual (Li B. TERRAL, RECCA, ,	ast, First, Middle Initial) or Full (,	Drganization Name	Date of Receipt									
Mailing Address 6828 SIM		70.004	12 / D D / Y Y Y Y 12 31 2017									
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-4259	Transaction ID : PR2626359648253 Amount of Each Receipt this Period									
FEC ID number of contributive federal political committee.	uting		52.14									
Name of Employer (for Inc Optum Services, Inc	,	cupation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary Ge Other (specify) ▼	neral	e Year-to-Date ▼ , 364,98	P/R Deduction (\$17.38 Bi-Weekly)									
Full Name of Individual (La C. HINES, GREGOR)	ast, First, Middle Initial) or Full ((, , ,	Drganization Name	Date of Receipt									
Mailing Address 3660 SIL			12 31 2017									
City WEST SACRAMENTO	State CA	Zip Code 95691-5403	Transaction ID : PR2626886548253 Amount of Each Receipt this Period									
FEC ID number of contribution federal political committee.	ů –		576.90									
Name of Employer (for Inc United HealthCare Service	,	cupation (for Individual) Govt Affs	Memo Item									
Receipt For: Primary Ge Other (specify)	neral Aggregate	e Year-to-Date ▼ 2415.32	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This	Page (optional)		1298.65									
TOTAL This Period (last pag	ge this line number only)											

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IT.			Use separate schedule(s)	(check only one)											
			for each category of the Detailed Summary Page	× 11a 11b 11c 12											
	y information copied from such Reports and St														
or	for commercial purposes, other than using the	name and a	address of any political committee	e to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)											
А.	Full Name of Individual (Last, First, Middle Initi BONAR, BRUCE, , ,	al) or Full O	Organization Name	Date of Receipt											
	Mailing Address 1362 DOS HERMANOS GLEN			12 / D D / Y Y Y Y Y 12 31 2017											
	City ESCONDIDO	State CA	Zip Code 92027-1270	Transaction ID : PR2626906848253 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		52.14											
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) tware Engineer Cnslt	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initi STOCKSTAD, LYNNE, , ,	al) or Full O	Drganization Name	Date of Receipt											
	Mailing Address 55 GIDEONS POINT RD			12 / D D / Y Y Y Y Y 12 31 2017											
	City EXCELSIOR	State MN	Zip Code 55331-9526	Transaction ID : PR2626915548253											
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) t Grp Chief Mktg Off	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1078.08	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initi SCHENCK, ERIK, , ,	al) or Full O	Drganization Name	Date of Receipt											
	Mailing Address 1 FLORENCE CT			12 / D D / Y Y Y Y Y 12 31 2017											
	City PALM COAST	State FL	Zip Code 32137-8305	Transaction ID : PR2627730448253 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		52.14											
Optum Services, Inc Ass			upation (for Individual) c Dir Clin Cnslt	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			681.18											
Т	OTAL This Period (last page this line number c	only)													

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	RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
				13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF	COMMITTEE (In Full) Health Group Incorpora											
	of Individual (Last, First, Middle NICOLE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Ad	dress 29039 HOBBLEBUSH			12 31 2017								
City SAN ANTO	ONIO	State TX	Zip Code 78260-2249	Transaction ID : PR2627731948253 Amount of Each Receipt this Period								
	imber of contributing itical committee.	С		42.12								
	Employer (for Individual) althCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
MORRI	of Individual (Last, First, Middle S, BARBARA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	dress 1045 SWEET GUM WAY			12 / D D / Y Y Y Y 12 31 2017								
City MEBANE		State NC	Zip Code 27302-6511	Transaction ID : PR2627735548253 Amount of Each Receipt this Period								
	imber of contributing itical committee.	С		42.12								
United Hea	Employer (for Individual) IthCare Services Inc		upation (for Individual) Clms	Memo Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
	of Individual (Last, First, Middle EY, SHEILA, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	dress 102 NORMANDY CT	1.0		12 / D D / Y Y Y Y 2017								
City MADISON	I	State MS	Zip Code 39110-6711	Transaction ID : PR2627739848253 Amount of Each Receipt this Period								
	imber of contributing itical committee.	C		52.14								
United Hea	mployer (for Individual) althCare Services Inc	Occu Med	upation (for Individual) Dir	Memo Item								
Receipt Fo		Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)								
SUBTOTAL	of Receipts This Page (optional).			136.38								

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle SENDEN, SCOTT, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 6285 BUTTERWORTH LAN	NE		12 / D D / Y Y Y Y 12 31 2017										
City CORCORAN	State MN	Zip Code 55340-9406	Transaction ID : PR2627743448253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		42.12										
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. SEGUIN, SUSAN, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 3830 CALYPSO RD	1		12 / D D / Y Y Y Y 12 31 2017										
City HOLT	State MI	Zip Code 48842-7704	Transaction ID : PR2627749248253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		30.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgr II	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle NAKAJIMA, KENICHI, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 15822 BELFAST LANE			M M / D D / Y Y Y Y 12 31 2017										
City HUNTINGTON BEACH	State CA	Zip Code 92647-3104	Transaction ID : PR2628319048253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		52.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) .ct Cnslt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			124.26										
TOTAL This Period (last page this line numb	er only)												

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	-	Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12											
			13 14 15 16 1 verson for the purpose of soliciting contributions a to collicit contributions from such committee											
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ine name and a	duress of any political committee												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle RANHEIM, CRAIG, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 7608 GLEN ALCOVE			12 31 2017											
City WOODBURY	State MN	Zip Code 55129-4308	Transaction ID : PR2628329348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		115.38											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. MANNING, KIM, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 12703 DEER CREEK DRIV	Έ		12 / 12 / 2017											
City	State NE	Zip Code	Transaction ID : PR2628331448253											
OMAHA		68142-1762	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		42.12											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Mktg	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Last, First, Middle VAN DER WALDE, LAMBERT,		rganization Name	Date of Receipt											
Mailing Address 45 AUDUBON CAUSEWA			12 / D D / Y Y Y Y 12 31 2017											
City LANTANA	State FL	Zip Code 33462-4756	Transaction ID : PR2628332348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		576.90											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PHIth Reform/Modernizatn	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			734.40											
TOTAL This Period (last page this line numb	er only)	······												

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			Use separate schedule(s)	(check only one)										
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12										
	y information copied from such Reports and Sta													
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	address of any political committee	to solicit contributions from such committee.										
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	.C)										
A.	Full Name of Individual (Last, First, Middle Initia BROERSE, DEBRA, , ,	al) or Full O	Organization Name	Date of Receipt										
	Mailing Address 443 FARLEY DR			12 31 2017										
	City INDIANAPOLIS	State IN	Zip Code 46214-3572	Transaction ID : PR2628791348253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		42.12										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Underwriting	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initia MALIK, SHKEELA, , ,	al) or Full O	Organization Name	Date of Receipt										
	Mailing Address 4410 APPLE VALLEY LN			M M / D D / Y Y Y Y 12 31 2017										
	City Si W BLOOMFIELD N		Zip Code 48323-2804	Transaction ID : PR2628798148253										
		MI	40323-2004	_ Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C		52.14										
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) sc Dir Clin Qlty	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		, 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia ERICKSON, ALYSSA, , ,	al) or Full O	Organization Name	Date of Receipt										
	Mailing Address 6430 POLARIS LANE N			12 / D D / Y Y Y Y 12 31 2017										
	City MAPLE GROVE	State MN	Zip Code 55311-4320	Transaction ID : PR2628798948253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		49.65										
United HealthCare Services Inc Mg			upation (for Individual) Found/Social Resp	Memo Item										
			Year-to-Date ▼ 364.10	P/R Deduction (\$16.55 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			143.91										
т	OTAL This Period (last page this line number or	וy)	·····											

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116	IMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or f	information copied from such Reports and Stat or commercial purposes, other than using the na											
	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initial HANSEN, YVETTE, , ,) or Full O	rganization Name	Date of Receipt								
I	Aailing Address 10524 MUIRFIELD DRIVE	1		12 / D D / Y Y Y Y 12 31 2017								
		State	Zip Code	Transaction ID : PR2628807148253								
-	NAPERVILLE	IL	60564-8086	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		42.12								
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Recruit	Memo Item								
Ī	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial, SHAPIRO, VICTORIA, , ,	Date of Receipt										
	Mailing Address 3106 FABER DRIVE			12 31 2017								
(City	State	Zip Code	Transaction ID : PR2628826148253								
-	FALLS CHURCH	VA	22044-1711	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		623.97 Memo Item P/R Deduction (\$207.95 Bi-Weekly)								
	Name of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) t Affs Dir									
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90									
	Full Name of Individual (Last, First, Middle Initial, THOMPSON, BRUCE, , ,) or Full O	rganization Name	Date of Receipt								
I	Aailing Address 2509 WELBORN STREET UNIT	C		12 31 2017								
	City	State	Zip Code	Transaction ID : PR2628833648253								
-	DALLAS	TX	75219-4039	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		1666.60								
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Ī	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$555.50 Bi-Weekly)								
ຣເ	BTOTAL of Receipts This Page (optional)		••••••	2332.69								
тс	TAL This Period (last page this line number onl	ly)	••••••									

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle JARVIE, BRUCE, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 18750 KIPHEART DRIVE			12 31 Y Y Y Y Y 12 31 2017											
City LEESBURG	State VA	Zip Code 20176-8220	Transaction ID : PR2629554548253											
LEESBORG	VA	20170-0220	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		115.38											
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼	1											
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. WONG, MING , , ,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name /ONG, MING, , ,													
Mailing Address 21066 ASHLEY LANE			M M / D D / Y Y Y Y 12 31 2017											
City	State	Zip Code	Transaction ID : PR2629556848253											
LAKE FOREST	CA	92630-5867	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		288.45 Memo Item											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. TITA, MARYBETH, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 16 BEACH WOOD ROAD			12 31 Y Y Y Y Y 12 31 2017											
	State	Zip Code	Transaction ID : PR2632077848253											
FERNANDINA BEACH	FL	32034-6504	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		150.00											
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir I	upation (for Individual) ⁼in	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$50.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)		`	553.83											
TOTAL This Period (last page this line numb														

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions the to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incol	porated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, M OTTESON, WILLIAM, , ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4545 OXFORD AVE			12 31 2017										
City EDINA	State MN	Zip Code 55436-1405	Transaction ID : PR2632082548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, M B. MILLIGAN JR, CHARLES, ,		rganization Name	Date of Receipt										
Mailing Address 9180 COORS BLVD	NW # 1004		12 31 2017										
City ALBUQUERQUE	State NM	Zip Code 87120-3114	Transaction ID : PR2632083548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		120.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 320,00	P/R Deduction (\$40.00 Bi-Weekly)										
Full Name of Individual (Last, First, M HIBBERT, LINDA, , ,	Aiddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 924 BENTLEY COU			12 / D D / Y Y Y Y 12 31 2017										
CHALFONT	State PA	Zip Code 18914-3762	Transaction ID : PR2632085348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		124.98										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 958.18	P/R Deduction (\$41.66 Bi-Weekly)										
SUBTOTAL of Receipts This Page (op	tional)		360.36										
TOTAL This Period (last page this line	number only)												

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	Г	17				
	v information copied from such Reports and Stat or commercial purposes, other than using the n														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)											
	Full Name of Individual (Last, First, Middle Initia NAPOLITANO, DIANE, , ,) or Full Or	rganization Name		Date of	Re	ceipt								
_	Mailing Address 9 CHESTNUT COURT				^M 12	1	31) / Y	2017	Y]				
	City BASKING RIDGE	State NJ	Zip Code 07920-3100	Transaction ID : PR2632087748253 Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С		42.12											
ι	Name of Employer (for Individual) Juited HealthCare Services Inc		upation (for Individual) T Proj Mgmt		Me	emo	Item								
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedu	uctio	on (\$14.	.04 Bi-We	eekly)						
	Full Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,) or Full Or	rganization Name		Date of	Re	ceipt								
1	Mailing Address 2780 COUNTRYSIDE DRIVE W				M M M J D J Y										
	City ORONO	State Zip Code MN 55356-9676					-								
	FEC ID number of contributing ederal political committee.	С			Amount of Each Receipt this Period 645.55										
Ī	Name of Employer (for Individual) Jnited HealthCare Services Inc		Occupation (for Individual) VP Comm				Memo Item								
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P	P/R Deduction (\$215.15 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , ,) or Full Or	rganization Name		Date of	Re	ceipt								
-	Mailing Address 5904 ASHBY MANOR PLACE	1			12 ^M	/	31) / Y	2017	Y]				
	City ALEXANDRIA	State VA	Zip Code 22310-2267	_				PR2632							
	FEC ID number of contributing ederal political committee.	С			576.90										
United HealthCare Services Inc SVP			upation (for Individual) Public Affairs		Memo Item										
			Year-to-Date ▼ 4999.80	F	P/R Deduction (\$192.30 Bi-Weekly)										
su	BTOTAL of Receipts This Page (optional)						, .	. ,	1264	4.57					
то	TAL This Period (last page this line number on	ly)	•••••	-						-					

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other that			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	orporated PAC (I	JnitedHealth Group PA	AC)									
A. KEANEY, CRAIG, , ,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name EANEY, CRAIG, , ,											
Mailing Address 6233 CRESCENT			12 / D D / Y Y Y Y 12 31 2017									
City EDINA	State MN	Zip Code 55436-2572	Transaction ID : PR2632088348253									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.89	P/R Deduction (\$333.33 Bi-Weekly)									
Full Name of Individual (Last, First, WALTER, JEFFREY, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WALTER, JEFFREY, , ,											
Mailing Address 1490 SETTLER ST			12 31 Y Y Y Y Y 2017									
City ELBURN	State IL	Zip Code 60119-7841	Transaction ID : PR2632088848253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		115.38									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Architecture	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, C. DICKSON, CHARLES, , ,	, Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 17494 POND CIR	CLE		12 / D D / Y Y Y Y Y 12 31 2017									
City EDEN PRAIRIE	State MN	Zip Code 55346-4150	Transaction ID : PR2632089948253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		64.53									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Bus Process	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$21.51 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		1179.90									
TOTAL This Period (last page this lin												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EIVIZED RECEIPTS			Detailed Summary Page	×	11a			11	b		11c		12		
				Dotalieu Gummary Faye		13			14	L T		15		16	17	
	y information copied from such Reports and Statem for commercial purposes, other than using the nam															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (I	Un	itedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initial) o BARTEN, TIMOTHY, , ,	r Full C	Orga	nization Name		Date of Receipt										
	Mailing Address 2294 164TH AVE NW					12 / D D / Y Y Y Y 12 31 2017										
	5	itate //N		Zip Code 55304-2156								26328			3	
	FEC ID number of contributing federal political committee.	_			/	Amoi	int c	ot I	⊦a	ch R	ece	eipt thi	s Pe	eriod 28.8	6	
	Name of Employer (for Individual) Optum Services, Inc		cupa Fin	tion (for Individual)	Memo Item											
	Receipt For: Age Primary General Other (specify) ▼	gregate	e Ye	ar-to-Date ▼ 250.12] P	/R D	educ	ctio	on ((\$9.6	;2 B	3i-Wee	kly)			
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ORRICK, VERONICA, , ,						Date of Receipt									
	Mailing Address 10403 SANTA RITA ST			T		M 12D D/Y Y Y Y12312017Transaction ID : PR2632858548253Amount of Each Receipt this Period										
		tate CA		Zip Code 90630-4221												
	FEC ID number of contributing federal political committee.	;		42.12												
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Sr Ntwk Prgm Mgr						Memo Item								
	Receipt For: Age Primary General Other (specify) ▼	gregate	e Ye	ar-to-Date ▼ 365.04] Р,	/R De	educ	ctio	on ((\$14.)	04	Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) o TEMPLE, MARTHA, , ,	r Full C	Orga	nization Name		Date	of F	Red	cei	ipt						
	Mailing Address 194 LITTLE LANE			1		12 31 2017										
	5	tate CT		Zip Code 06422-1303								26328 eipt thi			3	
	FEC ID number of contributing federal political committee.	;							La			, ,		645.5	5	
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) Mgmt			Mer	no	lte	em						
	Receipt For: Ag: Primary General Other (specify)	gregate	e Ye	ar-to-Date ▼ 4999.90] ^P	P/R Deduction (\$215.15 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)				•				,		T	,		716.5	3	
т	OTAL This Period (last page this line number only).				•							-				

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	TEMIZED RECEIPTS			for each category of the Detailed Summary Page				11	b	11c	12	2			
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or	y information copied from such Reports and Stat for commercial purposes, other than using the n														
\langle	NAME OF COMMITTEE (In Full)		l l a l												
/	UnitedHealth Group Incorporated	I PAC (L	Un	ItedHealth Group PA	AC)										
	Full Name of Individual (Last, First, Middle Initia WALTHOUR, JOHN, , ,	l) or Full O)rgai	nization Name		Date of Receipt									
	Mailing Address 5049 COLFAX AVE S				12 31 2017										
		State MN		Zip Code		Transaction ID : PR2632877048253									
	MINNEAPOLIS		_	55419-1145	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			115.38										
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) g Rsch		N	lemo	o Ite	em						
	Pagaint For:			ur-to-Date ▼	_										
	Primary General Other (specify) ▼		-	462.72		P/R Deo	ducti	ion	(\$38.4	6 Bi-W	eekly)				
	Full Name of Individual (Last, First, Middle Initia KRUPNICK, BRUCE, , ,	l) or Full O)rgai	nization Name		Date o	of Re	ecei	int						
	Mailing Address 5616 GATE PARK RD							_	D D	/	Ý	Y	Ý		
						12			31		2017				
	City	State		Zip Code		Trans	sact	ion	ID : P	R2632	878048	3253	_		
	EDINA	MN	55436-2208		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C						-				45.6	C		
	Name of Employer (for Individual) Optum Services, Inc	Occi IT P		tion (for Individual) Mgr		Memo Item									
		Aggregate	Yea	ar-to-Date 🔻	7										
	Primary General Other (specify) ▼		,	364.80		P/R Dec	ducti	ion ((\$15.2	0 Bi-W	eekly)				
	Full Name of Individual (Last, First, Middle Initia PLATT, LAWRENCE, , ,	l) or Full O)rgai	nization Name		Date o	of Re	ecei	ipt						
	Mailing Address 3830 KING STREET					M 12	/		31	/ Y	2017		Y		
	City	State		Zip Code		Tran	sact	tion	ID : F	PR2632	88074	8253			
	ALEXANDRIA	VA		22302-1906		Amour	nt of	Ea	ch Re	ceipt t	nis Per	iod			
	FEC ID number of contributing federal political committee.	С						,		9	5	76.9	C		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (•	tion (for Individual)		N	lem@	o Ite	em						
	Pagaint For:			ur-to-Date ▼											
	Primary General Other (specify)	33.334.0		4999.80		P/R De	ducti	ion	(\$192	.30 Bi-\	Veekly)			
s	JBTOTAL of Receipts This Page (optional)			•	 • -			,		7	7:	37.88	3		

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. PARR, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2625 LEROY LANE			12 31 / Y Y Y Y 12 31 2017										
City WEST BLOOMFIELD	State MI	Zip Code 48324-2237	Transaction ID : PR2632883548253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		52.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Compli	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. SARGENT, GLORIA, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3659 HEMPSTEAD			12 / D D / Y Y Y Y 31 / 2017										
City SAINT CHARLES	State MO	Zip Code 63301	Transaction ID : PR2634119348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.12 Memo Item										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. HAYES, TREVOR, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3108 SONIA DRIVE			12 31 2017										
City LAS VEGAS	State NV	Zip Code 89107-3246	Transaction ID : PR2634166848253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		54.75										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$18.25 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			149.01										
TOTAL This Period (last page this line numb	er only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pose		oliciting	contribu	tions			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) HAPGOOD, WADE, , ,	or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 330 NW 82ND				12 31 2017 Transaction ID : PR2634167048253										
	City TOPEKA	State KS		Zip Code 66617-2223								3			
			_	00017-2223	_ A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	C				_		-			190.	38			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Affs		Me	emo	lter	m						
	Receipt For:	aareaate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼	.99.094.0	-	1499.96	P/	R Dedi	uctio	on (\$	\$63.4	6 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial) CASTILLO, FLORA, , ,	or Full O	rgar	nization Name		Date of	Re	ceip	ot						
	Mailing Address 202 N ROSBOROUGH AVE					^M 12	/	D	31	/ Y	y y 2017	Y			
	City	State		Zip Code		Trans	acti	on I	D : P	R26341	7794825	3			
	VENTNOR CITY	NJ		08406-2022	A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С				288.45									
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		Me	emo	lter	m						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 2499.90	P/	R Dedu	uctic	on (\$	\$96.1	5 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initial) PRIBLE, JOHN, , ,	or Full O	rgar	nization Name		Date of	Re	ceip	ot						
	Mailing Address 1923 SHIVER DR					^M 12	/	D	^р 31	/ Y	y y 2017	Y			
	City	State		Zip Code		Trans	acti	ion l	ID : P	R2634	65664825	3			
	ALEXANDRIA	VA		22307-1629	A	mount	of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С						y		y	576.	90			
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)		Me	emo	lte	m						
	United HealthCare Services Inc	VP (Govt	Affs											
		ggregate	Yea	ur-to-Date ▼											
	Other (specify)		-	4999.80	P/	R Ded	uctio	on (S	\$192.	30 Bi-V	/eekly)				
s	UBTOTAL of Receipts This Page (optional)			•••••	[y		9	1055.	73			
т	OTAL This Period (last page this line number only	/)		•••••	Ī			-		-,-					

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
	g the name and a	doress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middl A. SCHEID, ADREAN, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2915 CATHEDRAL AVE	NUE NW		12 31 Y Y Y Y Y 12 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10								
City WASHINGTON	State DC	Zip Code 20008-3406	Transaction ID : PR2634880448253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middl B. LARAMEE, CHRISTINE, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2902 S ESPERANZA AV			12 ^{D D} [/] <u>Y Y Y Y Y</u> 12 31 2017								
City	State FL	Zip Code	Transaction ID : PR2634881548253								
	112	33629-7119	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		189.45 Memo Item								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1 Dir									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.85	P/R Deduction (\$63.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middl PESCATELLO, SARA, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2149 CALIFORNIA STR		7	M M / D D / Y Y Y Y 12 31 2017								
City WASHINGTON	State DC	Zip Code 20008-1834	Transaction ID : PR2634888548253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		705.10								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$235.02 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	al)		1471.45								
TOTAL This Period (last page this line nun	nber only)										

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia POWER, ROBERT, , ,	l) or Full O	rganization Name	Date of	of Re	ceipt						
	Mailing Address 20 SMITH LANE			M 12	M /	D D D 31	/ Y	2017	Y			
	City SAINT JAMES	State NY	Zip Code 11780-3810					392848253 is Period	3			
	FEC ID number of contributing federal political committee.	С				-		150.0	0			
	Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt		Nemo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R De	ductio	on (\$50.0	0 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initia REED, PAM, , ,	l) or Full O	rganization Name	Date of	of Re	ceipt						
	Mailing Address 2983 BLACKSTONE	1		12		31	/ Y	2017	Y			
	City	State TX	Zip Code			-		26348253	<u>}</u>			
	FRISCO		75033-7389	Amour	nt of	Each Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			_			60.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mgr Acct Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$20.00 Bi-Weekly)								
<u> </u>	Full Name of Individual (Last, First, Middle Initia GILREATH, BRIAN, , ,	I) or Full O	rganization Name	Date of	of Re	ceipt						
	Mailing Address 236 JERRY ROAD			M 12		31	/ Y	2017	Y			
	City EAST HARTFORD	State CT	Zip Code 06118-3124					12684825 is Period	3			
	FEC ID number of contributing federal political committee.	С				y	y	28.8	\$6			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dvlp Cons		Memo) Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12	P/R De	ducti	on (\$9.62	2 Bi-Wee	ekly)				
s	UBTOTAL of Receipts This Page (optional)		•			,	,	238.8	6			
т	OTAL This Period (last page this line number or	ıly)	•			.	-					

Use separate schedule(s)

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		Use separate schedule(s)	(check c	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)				Jonuni		IOIII SUCI	Commu	ee.				
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle I AELLER, JESSE, , ,	nitial) or Full O	organization Name	Date	of Re	eceipt							
Mailing Address 2560 GOLDEN BEAR DR			12		D D 31	/ Y	ү ү 2017	Y				
City PRESCOTT	State AZ	Zip Code 86301-4426					14514825 is Period	3				
FEC ID number of contributing federal political committee.	С				-y 1	-	219.(00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	P/R D	educt	ion (\$73.	00 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle I B. ROOS, THOMAS, , ,	nitial) or Full O	organization Name	Date	of Re	eceipt							
Mailing Address 3199 KAGEN AVE NE			M 12		31	/ Y	2017	Y				
City SAINT MICHAEL	State MN	Zip Code 55376-3416			-		5124825 is Period	3				
FEC ID number of contributing federal political committee.	С						576.9	90				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Acctng Off		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	educti	on (\$192	2.30 Bi-W	'eekly)					
Full Name of Individual (Last, First, Middle I NELSON, MICHAEL, , ,	nitial) or Full O	organization Name	Date	of Re	eceipt							
Mailing Address 3253 MARSCHALL RD			12	2	31		2017 Y					
City SHAKOPEE	State MN	Zip Code 55379-3337					71934825 is Period	3				
FEC ID number of contributing federal political committee.	С		Ē		<u>y</u>	- y	42.7	12				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Recruit Global		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R D	educt	ion (\$14.	.04 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optional)					,	9	838.0)2				
TOTAL This Period (last page this line numbe	r only)					-						

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12									
				13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)	//											
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Initia FAGERSTROM, BRADLEY, , ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 3736 ZENITH AVENUE SOUT			12 31 2017									
	City	State	Zip Code	Transaction ID : PR2636728048253									
	MINNEAPOLIS	MN	55410-1166	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		46.14									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comp	Memo Item									
	Receipt For:		•										
	Primary General Other (specify) V	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initia GRIMES, MATT, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 136 SOUTH PERKINS ROAD			12 31 2017									
	City	State	Zip Code	Transaction ID : PR2636733348253									
	MEMPHIS	TN	38117-3233	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		42.12									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		, 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initian SMITH, KENNETH, , ,	al) or Full C	Organization Name	Date of Receipt									
•	Mailing Address 1200 WASHINGTON ST #202			12 31 2017									
	City	State	Zip Code	Transaction ID : PR2636734548253									
	BOSTON	MA	02118-2132	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.38									
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item									
	United HealthCare Services Inc Receipt For:	VP	Gen Mgmt	_									
	Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)									
	Other (specify)		999.96	P/K Deduction (\$56.40 Brweekly)									
s	UBTOTAL of Receipts This Page (optional)		•••••	203.64									
т	OTAL This Period (last page this line number o	nly)	••••••										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a 13		11 14	1b		11c	12 16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of			contribut	ions			
<u></u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated												-			
A.	Full Name of Individual (Last, First, Middle Initial) PEDERSEN, NICHOLAS, , ,	or Full O	rgar	nization Name	[Date of	Re	ece	eipt							
	Mailing Address 1862 CLOVER MEADOW DR															
	City CHASKA	State MN		Zip Code 55318-5400		Transaction ID : PR2637684748253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.		42.12													
	Name of Employer (for Individual) United HealthCare Services Inc	ion (for Individual) np		Me	emo	o It	em									
	Receipt For: A Primary General Other (specify) ▼	ar-to-Date ▼ 365.04	P	'R Dedi	uctio	on	(\$14.0	04	Bi-We	ekly)						
B.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 3360 VISTA COURT	01.1			M M / D D / Y											
	City HASTINGS	State MN		Zip Code 55033-3347												
	FEC ID number of contributing federal political committee.	С				42.12										
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Anlys Cnslt	Memo Item											
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	ar-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial) FLOOD, ANDREW, , ,	or Full O	rgar	nization Name		Date of	Re	ece	eipt							
	Mailing Address 4833 TOWNES ROAD	<u></u>				12 ^M	/	L	31	J.	/ Y	2017				
	City EDINA	State MN		Zip Code 55424-1239	<i>F</i>							9324825 s Period	3			
	FEC ID number of contributing federal political committee.	С					_	y			y	42.1	12			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) I Data Analyst		Me	emo	o It	tem							
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 365.04	P	/R Ded	uctio	on	(\$14.0	04	Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)			•				,		1	9	126.3	36			
т	OTAL This Period (last page this line number only	/)						-,-		1	- 7 -					

SCHEDULE A (FEC Form 3X) - - - - -

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		Use separate schedule(s)	(check only one)											
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle A. LIST, CHRISTINE, , ,	Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 340 DAVIS ST			M = M / D = D / Y = Y = Y = Y											
City	State	Zip Code	12 31 2017											
NORTHBOROUGH	MA	01532-2420	Transaction ID : PR2637694648253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		142.83											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. SIVLEY III, HARRY, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 12020 WEXFORD OVERLO	ООК		12 31 / Y Y Y Y 12 31 2017											
City ROSWELL	State GA	Zip Code 30075-1454	Transaction ID : PR2638106648253											
FEC ID number of contributing		30073-1434	Amount of Each Receipt this Period											
federal political committee.	C													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		500.00	P/R Deduction (\$50.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. SMITH, STEPHANIE MARIE, ,		organization Name	Date of Receipt											
Mailing Address 14 GATE HILL DRIVE			12 / D D / Y Y Y Y Y 12 31 2017											
City THE WOODLANDS	State TX	Zip Code 77381-3278	Transaction ID : PR2638107248253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		46.86											
Name of Employer (for Individual) United HealthCare Services Inc	Occ Mec	upation (for Individual) I Dir	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 359.26	P/R Deduction (\$15.62 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional).			339.69											
TOTAL This Period (last page this line number	er only)													

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	vC)									
Full Name of Individual (Last, First, Middle LOGAN, BRETT, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 121 3RD STREET NE			12 31 / Y Y Y Y 12 31 2017									
City WASHINGTON	State DC	Zip Code 20002-7313	Transaction ID : PR2638112748253									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc	Ass	c Dir Regl Affs										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 952.20	P/R Deduction (\$47.61 Bi-Weekly)									
Full Name of Individual (Last, First, Middle HAUSCHILDT, TODD, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 111 4TH AVE N UNIT 703			12 31 Y Y Y Y Y 12 31 2017									
City MINNEAPOLIS	State MN	Zip Code 55401-1538	Transaction ID : PR2638114748253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		115.38									
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. ZEGLINSKI, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1 TRIMONT LANE #610A			12 / D D / Y Y Y Y 12 31 2017									
City PITTSBURGH	State PA	Zip Code 15211-1206	Transaction ID : PR2639701848253 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		576.90									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			835.11									
TOTAL This Period (last page this line numb	per only)											

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		Use separate schedule(s)	(ch	(check only one)										
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12					
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	e name and a	iddress of any political committee	e to s	olicit cor	ntrib	utions t	rom sucr	n committ	96.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle In EDWARDS, MICHAEL, , ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 379 DURHAM ROAD				12 31 Y Y Y Y Y 2017									
	City WYCKOFF	State NJ	Zip Code 07481-1018						0204825 is Period	3				
	FEC ID number of contributing federal political committee.	С			<u> </u>			-	749.9	90				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sls SVP Optuml		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4999.90]	P/R Ded	uctio	on (\$249	9.90 Bi-W	/eekly)						
в.	Full Name of Individual (Last, First, Middle In SKOMO, DAVID, , ,	itial) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 4002 PHILLIPS COURT				M M 12	/	D D 31	/ Y	y y 2017	Y				
	City MARS	State PA	Zip Code 16046-2140						0274825	3				
	FEC ID number of contributing federal political committee.	C			Amount	. 01	Each R	eceipt th	is Period 115.3	38				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96]	P/R Dedu	uctic	on (\$38.4	46 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle In CALABRESE, DAVID, , ,	itial) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 85 LITTLE POND RD				^M 12	/	D D D 31	I Y	y y 2017	Y				
	City NORTHBOROUGH	State MA	Zip Code 01532-1686						70834825 is Period	3				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	142.8	33				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•			,	,	1008.1	1				
Т	OTAL This Period (last page this line number	only)		- •										

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle KAHL, ROBERT, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 218 MANCHESTER LANE	E		12 31 2017										
City PORT BARRINGTON	State IL	Zip Code 60010-7054	Transaction ID : PR2639726148253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.12										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. MESSING, KEITH, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9 BUTTERFIELD DR			12 / D D / Y Y Y Y 12 31 2017										
City GREENLAWN	State NY	Zip Code 11740-2001	Transaction ID : PR2639734948253										
FEC ID number of contributing	С	11740-2001	Amount of Each Receipt this Period 42.12										
federal political committee.													
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Apps Dev	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. SURRELL, CHRISTOPHER, ,		rganization Name	Date of Receipt										
Mailing Address 620 DARTINGTON WAY			12 / D D / Y Y Y Y 12 31 2017										
City JOHNS CREEK	State GA	Zip Code 30022-8045	Transaction ID : PR2639758148253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		199.62										
TOTAL This Period (last page this line num	per only)												

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle HEPLER, CAREY, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2936 RIVERSIDE AVENU APT 3	E		M M / D D / Y Y Y Y Y 12 31 2017										
City	State	Zip Code	Transaction ID : PR2639760748253										
JACKSONVILLE	FL	32205-8133	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		52.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle JENSEN MOORE, KIMBERLY, ,		organization Name	Date of Receipt										
Mailing Address 230 ROSE AVENUE	Chata	Zin Oode	12 / D D / Y Y Y Y 12 31 2017										
City MILL VALLEY	State CA	Zip Code 94941-1728	Transaction ID : PR2639770348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		92.85										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼	7										
Primary General Other (specify) ▼		, 649.95	P/R Deduction (\$30.95 Bi-Weekly)										
Full Name of Individual (Last, First, Middle BIGHAM, ANNE, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2610 HOLLY LANE NORT			12 / D D / Y Y Y Y 12 31 2017										
City PLYMOUTH	State MN	Zip Code 55447-1727	Transaction ID : PR2639771448253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		714.27										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.89	P/R Deduction (\$238.09 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			859.26										
TOTAL This Period (last page this line numb	per only)												

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ITEMIZED RE	CEIDTS		Use separate schedule(s) for each category of the	(ch	eck only	/ on	ie)	L							
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			ay not be sold or used by any pe ddress of any political committee												
	MITTEE (In Full) th Group Incorporate	ed PAC (L	JnitedHealth Group PA	AC)											
Full Name of Inc A. DUTTA, SUM	dividual (Last, First, Middle Init IIT, , ,	tial) or Full O	rganization Name		Date of Receipt										
Mailing Address	1112 W WRIGHTWOOD AVE				12 / D D / Y Y Y Y 12 31 2017										
City CHICAGO		State IL	Zip Code 60614-1315	_	Transaction ID : PR2639773848253 Amount of Each Receipt this Period										
FEC ID number federal political o	0	C			<u> </u>		-		2499.	60					
Optum Services,	ver (for Individual) Inc		upation (for Individual) Seg Chief Med Off		Me	emo	Item								
Receipt For: Primary Other (spe	General ccify) ▼	Aggregate	Year-to-Date ▼ 4807.20	F	P/R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)						
Full Name of Inc B. FITZGERAL	dividual (Last, First, Middle Ini D, JAMES, , ,	tial) or Full Oi	rganization Name		Date of	Re	ceipt								
	6206 CLIFTON COURT				12 / 31 / 2017 Transaction ID : PR2639783048253										
City PLAINFIELD		State IL	Zip Code 60586-1761						78304825 is Period	3					
FEC ID number federal political o	0	С							79.	98					
Name of Employ Optum Services,	yer (for Individual) Inc		upation (for Individual) Voice/Data Ntwkng		Memo Item										
Receipt For: Primary Other (spe	General ccify) ▼	Aggregate	Year-to-Date ▼ 399.90	F	P/R Dedu	uctic	on (\$26.	66 Bi-We	ekly)						
Full Name of Inc C. HINES, KIR	dividual (Last, First, Middle Ini STEN, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt								
	27 E BIRCHWOOD AVE				^M 12	1	31) / Y	үүү 2017	Y					
City HINSDALE		State IL	Zip Code 60521-2802						78694825 is Period	3					
FEC ID number federal political of	5	С			<u> </u>		y		42.	12					
Optum Services,	ver (for Individual) Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emo	Item								
Receipt For: Primary Other (spe	General ccify)	Aggregate	Year-to-Date ▼ 365.04		P/R Ded	uctio	on (\$14.	.04 Bi-We	eekly)						
SUBTOTAL of Re	ceipts This Page (optional)			•			,	. ,	2621.	70					
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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)											
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
			person for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle A. KOUZIOS, CHRISTOPHER, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 2650 CONNOLLY LN			12 31 2017											
City WEST DUNDEE	State IL	Zip Code 60118-1756	Transaction ID : PR2639790048253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		199.98											
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.90	P/R Deduction (\$66.66 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. NELSON, ELLEN, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address 11882 TILDEN PLACE			M m / D m / Y m											
City WELLINGTON	State FL	Zip Code 33414-6056	Transaction ID : PR2639795348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		115.38											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. SMITH, DELYLE, , ,	Initial) or Full C	Organization Name	Date of Receipt											
Mailing Address PO BOX 447			12 / D D / Y Y Y Y 12 31 2017											
City MT PROSPECT	State IL	Zip Code 60056-0447	Transaction ID : PR2639801548253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		199.98											
Name of Employer (for Individual) Optum Services, Inc	Occ Dir I	upation (for Individual) T	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 933.24	P/R Deduction (\$66.66 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			515.34											
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	ation copied from such Reports and Stat mercial purposes, other than using the n																	
	DF COMMITTEE (In Full) dHealth Group Incorporated	PAC (l	Jnited	Health Grou	p PA	C)												
	ne of Individual (Last, First, Middle Initial AGREE, SHERI, , ,	l) or Full O	rganizatio	n Name			Date of	Re	ceip	ot								
Mailing	Address 812 BARNES STREET						м м 12	/		31	/ Y	ү ү 2017	Y					
City		State TX	Zip (Trans	acti	ion	ID : P	R2640	4501482	53					
MCKIN			750	069-5549		Amount of Each Receipt this Period												
	number of contributing political committee.	С					_		,		-9-	60	0.00					
	f Employer (for Individual) HealthCare Services Inc		upation (fo Dir Acct M	or Individual) Igmt			Me	emo	lte	m								
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	imary General ther (specify) ▼			500.0	0	P/	R Ded	uctio	on (\$20.0	0 Bi-We	eekly)						
	ne of Individual (Last, First, Middle Initial OWAY, MERCEDEIS, , ,	l) or Full O	rganizatio	n Name			Date of	Re	ceip	ot								
Mailing	Address 630 E 10TH STREET					12 31 / Y Y Y Y 2017												
City		State	Zip (Code			Trans	acti	on	ID : P	R26404	4520482	53					
CHARL	OTTE	NC	282	02-3130	A	mount	of	Ead	ch Re	ceipt th	nis Perio	d						
	number of contributing political committee.	С	Occupation (for Individual) Dir Clnt Svc Acct Mgt						45.60									
	f Employer (for Individual) Services, Inc								Memo Item									
	For: rimary General ther (specify) ▼	Aggregate	Year-to-D	P/R Deduction (\$15.20 Bi-Weekly)														
	ne of Individual (Last, First, Middle Initial ORIC, MARGARET, , ,	l) or Full O	rganizatio	n Name			Date of	Re	ceip	ot								
Mailing	Address 6000 REDONDO SIERRA VIST	ANE					^M 12	/		31	/ Y	2017	Y					
City	Noue	State	Zip (Trans	acti	ion	ID : F	R2640	4600482	53					
RIO RA	NCHO	NM	871	44-0606		A	mount	of	Ead	ch Re	ceipt th	nis Perio	d					
	number of contributing political committee.	С					_		,		9	42	.12					
Name o	f Employer (for Individual)	Occi	upation (fo	or Individual)			Me	emo) Ite	m								
	lealthCare Services Inc	Asso	Dir Clin (Qlty														
Receipt	For:	Aggregate	Year-to-D	ate 🔻		1												
	imary General ther (specify)			365.0		P/	'R Ded	uctio	on (\$14.0	4 Bi-W	eekly)						
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SCHEDULE A (FEC Form 3X) DEOEIDTO

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	for commercial purposes, other than using the														
\setminus	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporate	ed PAC (l	United Health Group PA	4C)											
V	Full Name of Individual (Last, First, Middle Ini	itial) or Full O	rganization Name												
Α.	WU, LAMBERT, , ,			_	Date of	f Re	eceipt								
	Mailing Address 11008 CHERWELL COURT				12 31 2017										
	City	State	Zip Code		Transaction ID : PR2640461648253										
	LAS VEGAS	NV	89144-4526		Amount of Each Receipt this Period										
	FEC ID number of contributing	С		115.38											
	federal political committee.	U													
	Name of Employer (for Individual)	Occi	upation (for Individual)		M	emo	tem								
	Health Plan of Nevada	Mec	l Dir												
	Receipt For:	Aggregate	Year-to-Date ▼	_				40 D' M/	-11.						
	Other (specify) V		999.96		P/R Dea	ucti	on (\$38	.46 Bi-We	екіу)						
				-											
B	Full Name of Individual (Last, First, Middle Ini JOSEPH, TAYLOR, , ,	tial) or Full O	rganization Name	Date of Receipt											
	Mailing Address 2077 BERKELEY AVE			M M / D D / Y Y Y Y Y											
					12 31 2017 Transaction ID : PR2640462448253										
	City	State MN	Zip Code							3					
	SAINT PAUL	IVIIN	55105-1203	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		28.86											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm		Memo Item										
	Receipt For:		Year-to-Date ▼												
	Primary General	, .99. 09u.0		111	P/R Deduction (\$9.62 Bi-Weekly)										
	Other (specify) v		, 250.12												
с.	Full Name of Individual (Last, First, Middle Ini STOW, CHRISTINA, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt								
	Mailing Address 4709 ALTON PL NW				M M		D) / Y	YY	Y					
					12		31		2017						
	City WASHINGTON	State DC	Zip Code 20016-2041						46644825	3					
			20010 2011		Amoun	t of	Each F	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			Ŀ		y	. y	576.9	ЭO					
	Name of Employer (for Individual)	Осси	upation (for Individual)		М	emo	o Item								
	United HealthCare Services Inc	VP E	External Affs												
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_			am (\$10		(م ما باب م						
	Other (specify)		4999.80	11	P/R Ded	ucti	on (\$19	2.30 Bi-W	/еекіу)						
Γ	· · · · · · · · · · · · · · · · · · ·					-			704 4	14					
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11			for each category of the Detailed Summary Page	X 11a 11b 11c 12									
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	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia WILJANEN HATHAWAY, AMY, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 369 135TH AVE			12 31 2017									
	City WAYLAND	State MI	Zip Code 49348-9402	Transaction ID : PR2640835248253 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		57.63									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dvlp Cons	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.99	P/R Deduction (\$19.21 Bi-Weekly)									
D	Full Name of Individual (Last, First, Middle Initia SCHMIDT, BURT, , ,	l) or Full O	rganization Name	Date of Receipt									
Ь.	Mailing Address 1810 STATESMAN DR			12 31 2017									
	City WAUSAU	State WI	Zip Code	Transaction ID : PR2640842148253									
	FEC ID number of contributing	C	54403-5125	Amount of Each Receipt this Period 60.00									
	federal political committee.	U											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) solution Sales Executive	Memo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		, 300.00	P/R Deduction (\$20.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia SHARKEY, S PAUL, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 8607 ELLISTON DRIVE			12 31 2017									
	City WYNDMOOR	State PA	Zip Code 19038-7957	Transaction ID : PR2640845448253									
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 42.12									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			159.75									
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SCHEDULE A (FEC Form 3X) _____ _

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports ar or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p Iddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle A. SCHUTT, ERIC, , ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 2359 US HWY 51			12 / D D / Y Y Y Y 12											
City MC FARLAND	State WI	Zip Code 53558-9142	Transaction ID : PR2640846248253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		576.90											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. BRISSON, SAMUEL, , ,	e Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 3408 YUKON AVENUE			12 / 31 / 2017 Transaction ID : PR2640854548253											
City ST LOUIS PARK	State MN	Zip Code 55426-3840	Transaction ID : PR2640854548253											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) Optum Services, Inc	Occ Mgi	upation (for Individual) · IT	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 345.46	P/R Deduction (\$15.02 Bi-Weekly)											
Full Name of Individual (Last, First, Middle . PIERCE-HARRIS, PHELISHA,		rganization Name	Date of Receipt											
Mailing Address 3041 DEE ANN DRIVE			12 D D / Y Y Y Y Y 12 31 2017											
City MEMPHIS	State TN	Zip Code 38119-9132	Transaction ID : PR2640866348253 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		52.14											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) oc Dir Clin Pract Perf	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)		674.10											
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and State for commercial purposes, other than using the na								se of									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated								5.10 1									
A.	Full Name of Individual (Last, First, Middle Initial) WAGNER, JOSEPH, , ,	or Full O	rga	nization Name		Date of	Re	ece	ipt									
	Mailing Address 3405 MEREDITH RIDGE ROAD					^M ^M 12	/	Ľ	D D 31		/ Y	ү ү 2017	Y					
	City PHOENIX	State MD		Zip Code 21131-1456								758482 is Period						
	FEC ID number of contributing federal political committee.	С						,			-9	57	.69					
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP I	•	tion (for Individual)		Me	emo) It	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 499.98	P	/R Ded	uctio	on	(\$19.	.23	8 Bi-We	ekly)						
	Full Name of Individual (Last, First, Middle Initial) WITT, JULIE, , ,		rga	nization Name		Date of	Re	ece	ipt									
	Mailing Address 14273 WATERFORD SQUARE D				12 / D D / Y Y Y Y 12 31 2017 Transaction ID : PR2640876048253													
	City NEW BERLIN	State WI		Zip Code 53151-9509	Transaction ID : PR2640876048253 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			42.12													
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) ctor, Actuarial		Me	emo	b It	em									
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.04	P/	R Dedu	uctic	on	(\$14.	04	Bi-We	ekly)						
C.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rga	nization Name		Date of	Re	ece	ipt									
	Mailing Address 128 ASHBROOKE TRAIL	_		1		м м 12		L	31			2017						
	City MADISON	State MS		Zip Code 39110-6855	/							3 765482 is Period						
	FEC ID number of contributing federal political committee.	С						7			9	600	.00					
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	tion (for Individual)		Me	emo	b lt	em									
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1000.00	P	/R Ded	uctio	on	(\$20	0.0	00 Bi-W	/eekly)						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Mido A. WONG, PAMELA, , ,	lle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 5200 SUMMIT RIDGE D #1621	RIVE		12 31 Y Y Y Y Y 2017										
City RENO	State NV	Zip Code 89523-9033	Transaction ID : PR2640876948253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		42.12										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 351.00	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Mido B. METKO, SARA, , ,	lle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 23665 HIGHVIEW LANE			12 31 / Y Y Y Y Y 12 31 2017										
City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877348253 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		999.99										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.99	P/R Deduction (\$333.33 Bi-Weekly)										
Full Name of Individual (Last, First, Mido C. STEGMAN, PAM, , ,	lle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 401 2ND STREET NOR #110 City	TH	Zip Code	12 31 2017 Transaction ID : PR2640878448253										
MINNEAPOLIS	MN	55401-1578	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		52.14										
Name of Employer (for Individual) Optum Services, Inc	Occ Dir I	upation (for Individual) T	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		1094.25										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)										
	ull Name of Individual (Last, First, Middle Initia MINTO, RYAN, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
Μ	lailing Address 1505 HERITAGE CLUB AVE				12 / D D / Y Y Y Y 12 31 2017									
	ity VAKE FOREST	State NC	Zip Code 27587-7698	Transaction ID : PR2640882448253 Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С							152.	88				
U	ame of Employer (for Individual) nited HealthCare Services Inc		pation (for Individual) ovt Affs		Me	emo	Item							
R	eceipt For: Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ 1249.96]	P/R Dedu	uctio	on (\$50.	96 Bi-We	ekly)					
	ull Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
_	lailing Address 7618 BRITTANY PARC CT				M M 12	1	D D D 31	/ Y	2017	Y				
	ity ALLS CHURCH	State VA	Zip Code 22043-2907				-		2414825	3				
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N U	lame of Employer (for Individual) nited HealthCare Services Inc	Occu VP F	pation (for Individual) Rsch		Memo Item									
R	eceipt For: Primary General Other (specify) ▼	Aggregate `	/ear-to-Date ▼ 2115.38] F	P/R Deduction (\$100.00 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initia LIMBAGO, DANIEL, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
_	lailing Address 9100 PIXIE COURT				^M 12	1	31		2017 [°]					
	ity FAIRFAX	State VA	Zip Code 22031-3119						02744825 is Period	3				
	EC ID number of contributing ederal political committee.	С			<u> </u>		y .	. ,	42.	12				
U	ame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) Affs Dir		Memo Item									
R	eceipt For: Primary General Other (specify)	/ear-to-Date ▼ 365.04] '	P/R Ded	uctio	on (\$14.	04 Bi-We	ekly)						
SUI	BTOTAL of Receipts This Page (optional)			•			, .	9	495.0	00				
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SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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ITEMIZED RECEIPTS for each category of the Detailed Summary Page Image: Constraint of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliding of tor commercial purposes, other than using the name and address of any political committee to solicit contributions from such Reports and Statements may not be sold or used by any person for the purpose of soliding of the commercial purposes, other than using the name and address of any political committee to solicit contributions from such Receipt Image: Control (Control (Contro (Contro (Control (Control (Control (Contro (Control (i committ	ee.										
\	. ,	I PAC (L	JnitedHealth Group PA	NC)											
		l) or Full O	rganization Name												
Mailing /	Address 27708 WATER ASH DRIVE				12 31 2017										
	Y CHAPEL		· ·	Transaction ID : PR2642027848253 Amount of Each Receipt this Period											
	0	С		762.10											
United H	lealthCare Services Inc		,		Me	emo	ltem								
Pr	imary General	Aggregate		F	P/R Dedu	uctio	on (\$244	4.66 Bi-W	/eekly)						
		l) or Full O	rganization Name		Date of	Re	ceipt								
	Address 11540 QUAILWOOD MANOR D														
	X STATION			-			-			3					
FEC ID	number of contributing				42.12										
					Memo Item										
Pr	imary General	Aggregate		F	P/R Dedu	uctic	on (\$14.0	04 Bi-We	ekly)						
		l) or Full O	rganization Name		Date of	Re	ceipt								
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	5	С					y .	9	999.9	94					
United H	lealthCare Services Inc				Me	∋mo	Item								
	For: imary General her (specify)	Aggregate	Year-to-Date ▼ 4999.90	F	P/R Dedu	uctio	on (\$333	3.28 Bi-W	/eekly)						
SUBTOTA	L of Receipts This Page (optional)						,	,	1804.1	6					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	IMIZED RECEIPTS			for each category of the Detailed Summary Page		_	1a 3	\square] 11 14	H	_	11c 15		2	17
or	v information copied from such Reports and Stat for commercial purposes, other than using the n	ements ma ame and a	ay r addr	not be sold or used by any peess of any political committee	erson to s	n for	the	purp	pos	se of	sol	liciting	cont	ribut	ions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	(C)										
	Full Name of Individual (Last, First, Middle Initial BRANNEN, RAYMOND, , ,) or Full O	Drga	nization Name		Da	te of	Re	ecei	ipt					
	Mailing Address 6258 FORT PIERCE WAY	1		1		12 / D D / Y Y Y Y Y 12 31 2017									
	City HERRIMAN	State UT		Zip Code 84096-3977	+				-			26420			3
	FEC ID number of contributing federal political committee.	C		04030-3311		Am	ount	t of	Ea	.ch R	lece	eipt thi	s Pe	riod 92.8	5
	Name of Employer (for Individual) Optum360 Services Inc		•	tion (for Individual) ning	_		M	emo	o Ite	em					
	Paggint For:			ar-to-Date ▼ 649.95		P/R	Ded	uctic	on	(\$30.	.95	Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initial MARTIN, STEPHANIE, , ,) or Full O	Drga	nization Name		Da	te of	Re	ecei	ipt					
	Mailing Address 7002 N VIA DE MANANA						12 ^M	/	Γ	31		/ Y	201		Y
	City SCOTTSDALE	State AZ		Zip Code 85258-3951					-			26428 eipt thi			1
	FEC ID number of contributing federal political committee.	С		600.00											
	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) Strat Accts			M	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1000.00		P/R	Ded	uctic	on ((\$200	0.00) Bi-W	eekly	')	
	Full Name of Individual (Last, First, Middle Initial KIRK, ARETHUSA, , ,) or Full O	Drga	nization Name		Da	te of	Re	ecei	ipt					
	Mailing Address 1 CORMER COURT #304					L	12 ^M	1	L	31			y 201	7	
	City LUTHERVILLE	State MD		Zip Code 21093-7554	-				-			26428			3
	FEC ID number of contributing federal political committee.	С	Ì				oun	OT	Ea	CH H	iece	eipt thi	-	365.0	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Med	•	tion (for Individual)			Μ	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 365.00		P/R	Ded	uctio	on	(\$36	5.00	0 Bi-W	eekly	/)	
รเ	JBTOTAL of Receipts This Page (optional)			••••••									10)57.8	5
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and Stater									
or	for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F									
A.	Full Name of Individual (Last, First, Middle Initial) YOUNG, ALLISON, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 15222 ALMA MATER CT	01-1	75.001	12 31 2017						
	5	State LA	Zip Code 70810-8389	Transaction ID : PR2642830348253						
				Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)						
B.	Full Name of Individual (Last, First, Middle Initial)	rganization Name	Date of Receipt							
	Mailing Address 2900 THOMAS AVE S UNIT 1623			12 / D D / Y Y Y Y 12 31 2017						
	City : MINNEAPOLIS	State MN	Zip Code 55416-4474	Transaction ID : PR2642831248253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			176.46						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 999.94	P/R Deduction (\$58.82 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) FOX, ELIZABETH, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 1021 NORTH GARFIELD STREE			12 ^D ^D ^D ² 2017						
	City : ARLINGTON	State VA	Zip Code 22201-2548	Transaction ID : PR2642832048253						
	FFC ID number of contributing			Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
	Receipt For: Age Primary General Other (specify)	ggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
S	UBTOTAL of Receipts This Page (optional)		····· •	607.74						
	OTAL This Period (last page this line number only)									

SCHEDULE A (FEC Form 3X) _____ _

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	y information copied from such Reports and St for commercial purposes, other than using the										
<u>.</u>	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initi BUECHLER, JESSICA, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 1408 C STREET SE				12 31 / Y Y Y Y 12 31 2017						
	City WASHINGTON	State DC	Zip Code 20003-2363						33394825 is Period	3	
	FEC ID number of contributing federal political committee.	С			<u> </u>				42.	12	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Ded	ucti	on (\$14	.04 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initi KEISER-JENKINS, KAREN, , ,	rganization Name		Date of	f Re	eceipt					
	Mailing Address 9325 MARTINS LAKE DRIVE			12 31 2017 Transaction ID : PR2642834448253							
	City ROSWELL	State GA	Zip Code 30076-2865							3	
	FEC ID number of contributing federal political committee.	С		Amoun	C OT		receipt th	is Period 47.	58		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 348.92	P/R Deduction (\$15.86 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initi CRESTA, BRIAN, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 5 OGDEN LANE				^M 12		31		2017		
	City MIDDLETON	State MA	Zip Code 01949-1669						83754825 is Period	3	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, ,	142.	83	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of		F			-	, . , .	, ,	232.	53	

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
> UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Mid A. SIVERTSEN, DARREN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 11632 SLEEPY HEAVE	N PLACE		M M / D D / Y Y Y Y 12 31 2017						
City LAS VEGAS	State NV	Zip Code 89138-7557	Transaction ID : PR2643132648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		750.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$250.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid SOCZYNSKI, PAUL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 915 SOUTH 91ST STR			12 31 2017						
City WEST ALLIS	State WI	Zip Code 53214-2848	Transaction ID : PR2643197748253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		187.50						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ec Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1000.00	P/R Deduction (\$62.50 Bi-Weekly)						
Full Name of Individual (Last, First, Mid CRAGLE, STEVE, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6604 MOHAWK TRAIL	State	Zip Code	12 / 31 / 2017						
City EDINA	MN	55439-1030	Transaction ID : PR2643200648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		142.83						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	nal)		1080.33						
TOTAL This Period (last page this line nu	mber only)								

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle NEELY, MARC, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1159 BUFFALO RIDGE R			12 31 / Y Y Y Y 12 31 2017						
City CASTLE PINES	State CO	Zip Code 80108-8190	Transaction ID : PR2643203148253						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)						
Full Name of Individual (Last, First, Middle HAMMOND, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 244 NE 59TH TERR			12 31 / Y Y Y Y Y 12 31 2017						
City TOPEKA	State KS	Zip Code 66617-1661	Transaction ID : PR2644644848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. WINNEROSKI, KEVIN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4624 WASHBURN AVE S	I		12 ^{D D /} <u>Y Y Y Y</u> 12 <u>31</u> 2017						
City MINNEAPOLIS	State MN	Zip Code 55410-1846	Transaction ID : PR2644647148253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		45.60						
Name of Employer (for Individual) Optum Services, Inc	Occ Dir I	upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.80	P/R Deduction (\$15.20 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			303.81						
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 1	H	11		11c	12	·		
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NAME OF COMMITTEE (In Full)					inound			oomma		
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle MCKOY, PHILIP, , ,	Initial) or Full C	rganization Name	Da	te of I	Recei	ipt				
Mailing Address 927 LINCOLN AVE			M	12 31 2017						
City SAINT PAUL	State MN	Zip Code 55105-3149						5164825 s Period	3	
FEC ID number of contributing federal political committee.	Ŭ				-7-		-	576.9	90	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp CIO		Mer	mo Ite	em				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R	Deduo	ction	(\$192.3	80 Bi-W	eekly)		
Full Name of Individual (Last, First, Middle B. CONTRERAS, LISA, , ,	Initial) or Full C	rganization Name	Da	te of I	Recei	ipt				
Mailing Address 11065 E SUNRISE VIEW D							/ Y	2017	Y	
City TUCSON	AZ	Zip Code 85748-7768						5264825 s Period	3	
FEC ID number of contributing federal political committee.	С		ount			eipt till	219.0	00		
Name of Employer (for Individual) United HealthCare Services Inc					Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$73.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. JEZARIAN, WENDY, , ,	Initial) or Full C	rganization Name	Da	te of I	Recei	ipt				
Mailing Address 5251 HUMBOLDT AVE S	·		М	12 ^M	/	D D D 31	/ Y	2017	Y	
City MINNEAPOLIS	State MN	Zip Code 55419-1121						5964825 s Period	3	
FEC ID number of contributing federal political committee.	С			_	y		y	249.9	99	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Iktg Rsch Cnslt		Mer	mo Ite	em				
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$83.33 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).					y		y	1045.8	39	
TOTAL This Period (last page this line number	er only)				-11-		-			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a │ 11b │ 11c │ 12						
			, ,	13 14 15 16 17						
	y information copied from such Reports and Statem for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (U	nitedHealth Group PA	.C)						
Α.	Full Name of Individual (Last, First, Middle Initial) o ZIRKELBACH, ANGELA, , ,	r Full Orç	ganization Name	Date of Receipt						
	Mailing Address 1615 Q ST NW APT #1110			12 / D D / Y Y Y Y Y 2017						
		tate DC	Zip Code 20009-6349	Transaction ID : PR2644660248253						
	FEC ID number of contributing federal political committee.	;		Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Gen Mgmt	Memo Item						
	Receipt For: Agg Primary General Other (specify) ▼	gregate Y	/ear-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial) o MISTRY, RASHMITA, , ,	r Full Orç	ganization Name	Date of Receipt						
	Mailing Address 6658 WATERTON CIRCLE			12 31 2017						
		itate NA	Zip Code 98275-4805	Transaction ID : PR2645169148253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	;		714.27						
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sen Mgmt	Memo Item						
	Receipt For: Agg Primary General Other (specify) ▼	gregate Y	<pre>/ear-to-Date ▼ 4999.89</pre>	P/R Deduction (\$238.09 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) o NEALE, MATTHEW, , ,	r Full Orç	ganization Name	Date of Receipt						
	Mailing Address 11380 WILD HERON PT			12 / D D / Y Y Y Y 2017						
	5	itate MN	Zip Code 55347-4729	Transaction ID : PR2645175248253 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	;		142.83						
	Name of Employer (for Individual) Optum Services, Inc	Occup VP IT	pation (for Individual)	Memo Item						
	Receipt For: Age Primary General Other (specify)	gregate Y	/ear-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			899.22						
т	OTAL This Period (last page this line number only).		•							

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	neck onl	у о	ne)	L					
11			for each category of the Detailed Summary Page		X 11a]11b	11c	12	·			
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)	name and a	duress of any political committee	9 10 5	SONCIL CON		outions i	TOTT SUCI	Commu	ee.			
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init HOFFMAN, SHERRI, , ,		rganization Name		Date of Receipt								
	Mailing Address 3409 DEEP WILLOW AVENU	E			^M 12	/	31) / Y	2017	Y			
	City PIKESVILLE	State MD	Zip Code 21208-3116		Transaction ID : PR2646294648253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			142.83								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		М	emo	tem Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81]	P/R Ded	ucti	on (\$47.	.61 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Init ALEXANDER, BRADLEY, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 1700 COACHLITE DRIVE		M M 12	/	31) / Y	2017	Y					
	City	State VA	Zip Code 23238-4440	_					9864825	3			
	RICHMOND	VA	_	Amoun	t of	Each R	leceipt th	is Period					
	FEC ID number of contributing federal political committee.	C		54.75									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	1	P/R Deduction (\$18.25 Bi-Weekly)								
<u> </u>	Full Name of Individual (Last, First, Middle Ini STANKIEWICZ, DENNIS, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 17761 WEAVER LAKE DRIVE	E			^M 12	1	31		2017 [°]	Y			
	City MAPLE GROVE	State MN	Zip Code 55311-1328						30404825 is Period	3			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	. y	0.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Auditor		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	197.5	58			
т	OTAL 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

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			Detailed Summary Page	×	11a	$\left - \right $	11	-	_	11c	12	· -			
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or	for commercial purposes, other than using the n														
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	(C)										
/					-										
Α.	Full Name of Individual (Last, First, Middle Initial ROBERTS, RENEE, , ,	ij or Full C	ngar	nzauut Indille		Date of Receipt									
	Mailing Address 1214 OLD GREYSTONE DRIVE		_			M M / D D / Y Y Y Y 12 31 2017									
	City	State		Zip Code								4514825	3		
		GA		30058-2955	_ A	mount	of	Ea	ch R€	эсе	eipt thi	s Period			
	FEC ID number of contributing federal political committee.	С	-			364.98									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Clin Ops		Me	emo) Ite	əm						
	Receipt For:			ur-to-Date ▼	\neg										
	Primary General Other (specify) V		-	364.98	P/	R Dedu	uctic	on ((\$121	.66	3 Bi-We	eekly)			
	Full Name of Individual (Last, First, Middle Initial	l) or Full O)rgar	nization Name	Date of Receipt										
	Mailing Address 10006 FOX SPRING COURT][12 31 / Y Y Y Y Y 2017									
	City	State		Zip Code				-				0424825:	}		
		VA	_	22124-2657	A	mount	of	Ea	ch Re	эсе	eipt thi:	s Period			
	FEC ID number of contributing federal political committee.	С		[54.75										
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) p Sr Cons		Memo Item									
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	P/R Deduction (\$18.25 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial ROSENHAUS, MORGANNE, , ,	l) or Full O	Orgar	nization Name	C	Date of	Ree	cei	pt	_					
	Mailing Address 3801 GEORGIA AVE NW APT 506					^M 12	/	L	31			2017 Y			
	City WASHINGTON	State DC		Zip Code 20011-5938	<u> </u>							0984825	3		
	FEC ID number of contributing		_			mount	of	⊨a	cn Re	ece	ipt thi:	s Period			
	federal political committee.	С	_				_	9	_	-		45.6	50		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) s Assc Dir	1	Me	emo	o lt∉	em						
	Boogint For:				\neg										
	Aggregate Year-to-Date ▼ Primary General Other (specify) 349.60						P/R Deduction (\$15.20 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•••••			-	-	_	- -		465.3	13		
	OTAL This Period (last page this line number on				j	_		-	-	Ŧ	-				

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middl A. GROSSMAN, BEVERLY, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5 BROOKSIDE AVE			12 31 Y Y Y Y 2017						
City MENANDS	State NY	Zip Code 12204-2301	Transaction ID : PR2699179848253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		71.40						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.80	P/R Deduction (\$23.80 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. SELIG, JOHN, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6406 WESTMINSTER			12 31 Y Y Y Y 2017						
City BENTON	State AR	Zip Code 72019-6682	Transaction ID : PR2699184648253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		999.99						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Health Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.98	P/R Deduction (\$333.33 Bi-Weekly)						
Full Name of Individual (Last, First, Middl C. WILSON, DAVID, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4641 XERXES AVE S	State	Zin Oada	12 / D D / Y Y Y Y 31 2017						
City MINNEAPOLIS	MN	Zip Code 55410-1863	Transaction ID : PR2699185048253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ware Engineer Cnslt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	l)		1101.39						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) DEOEIDTO

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171			Use separate schedule(s)	(check only	/ one)							
11	TEIMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c 15	12	17				
Ar or	y information copied from such Reports and Si for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any pound of any pound by any pound by any political committee	erson for the	purpose of a	soliciting	contrib	utions				
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	(C)								
Α.	Full Name of Individual (Last, First, Middle Init AHLSTROM, ALEXIS, , ,	ial) or Full O	rganization Name	Date of	Date of Receipt							
	Mailing Address 3421 OAKWOOD TERRACE			12 ^M	/ D D 31	/ Y	2017	Y				
	City WASHINGTON	State DC	Zip Code 20010-1819		Transaction ID : PR2699187148253 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		115.08								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Me	emo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 997.36	P/R Dedu	uction (\$38.3	36 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Init ZHOU, JINGXIN, , ,	ial) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 12011 FAIRVIEW CT	M M 12	/ D D 31	/ Y	y y 2017	Y						
	City	State	Zip Code		action ID : F							
	MINNETONKA	MN	55343-4516	Amount	of Each Re	eceipt th	is Perio	b				
	FEC ID number of contributing federal political committee.	С				-	142	.83				
	Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) Fin	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Init FARRELL, ELIZABETH, , ,	ial) or Full O	rganization Name	Date of	Receipt							
	Mailing Address 18777 THE PINES			M M 12	/ D D 31	/ Y	2017 [°]	Y				
	City EDEN PRAIRIE	State MN	Zip Code 55347		action ID : I of Each Re							
	FEC ID number of contributing federal political committee.	С				, <u>,</u>	576	.90				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Me	emo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•		. , .	,	834	.81				
T	OTAL This Period (last page this line number of	only)			, 	,						

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c	12 16	17						
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	l ay not be sold or used by any p ddress of any political committee	rson for the purpose of s	soliciting co	ontributio	ons						
NAME OF COMMITTEE (In Full)						0.						
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	C)									
Full Name of Individual (Last, First, Middle Ir A. HECK, DARRYL, , ,	iitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9801 DORSET LANE			12 31 2017									
City EDEN PRAIRIE	State MN	Zip Code 55347-3139	Transaction ID : P Amount of Each Re									
FEC ID number of contributing federal political committee.	C				52.14	4						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir BOOGERD, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1595 SUMMIT SHORES CIR			12 / D D 131		017	ŕ						
City BURNSVILLE	State MN	Zip Code 55306-5817	Transaction ID : P Amount of Each Re									
FEC ID number of contributing federal political committee.	С		52.14									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Sys Anlys Cnslt	Memo Item									
Receipt For:	I	Year-to-Date ▼	-									
Other (specify) ▼		364.98	P/R Deduction (\$17.38 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir TERRANOVA, THOMAS, , ,	iitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 18 DANEMAR DRIVE			12 / D D 131	2	017							
City MIDDLETOWN	State NJ	Zip Code 07748-3625	Transaction ID : F Amount of Each Re									
FEC ID number of contributing federal political committee.	С				52.14	4						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)				<u> </u>	156.42	2						
TOTAL This Period (last page this line number	only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 300 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	4C)						
Full Name of Individual (Last, First, Middle A. TAGGART, ELIZABETH, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8530 BELNOR DRIVE			12 31 Y Y Y Y Y 12 31 2017						
City CICERO	State NY	Zip Code 13039-8845	Transaction ID : PR2700846548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		47.58						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$15.86 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. OFFIELD, MIRANDA, , ,	rganization Name	Date of Receipt							
Mailing Address 2240 N COUNTRY VISTA	BLVD		12 31 Y Y Y Y Y 12 12 11 2017						
City LIBERTY LAKE	State WA	Zip Code 99019-5071	Transaction ID : PR2700857548253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	57.12								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.84	P/R Deduction (\$19.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. STEARNS, SALLIE, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 211 COLONIAL HOMES #1505	1		12 / D D / Y Y Y Y Y 12 31 2017						
City ATLANTA	State GA	Zip Code 30309-1293	Transaction ID : PR2700861748253 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		52.14						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nt Executive II	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		156.84						
TOTAL This Period (last page this line num	,								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				or each category of the Detailed Summary Page	×	11a 13	a		-	1b 4		11		12		17
	y information copied from such Reports and Statem for commercial purposes, other than using the name					or t			ро	se		solici	ting	contri	ibuti	ons
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (l	Uni	tedHealth Group PA	C)											
A.	Full Name of Individual (Last, First, Middle Initial) of FULBRIGHT, JOHN, , ,	r Full O	Organ	nization Name	C	Date of Receipt										
	Mailing Address 47-645 UAKEA PLACE					12 / 31 / 2017										
	5	tate II		Zip Code 96744-5427		Transaction ID : PR2700865848253										
	FEC ID number of contributing federal political committee.		-	30744-3427	_ A	Amount of Each Receipt this Period 136.86										
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)	Memo Item											
	United HealthCare Services Inc Receipt For: Agg Primary General Other (specify) ▼			gnt Mgr Ir-to-Date ▼ 319.34	P/	P/R Deduction (\$45.62 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial) of WARNER, JONATHAN, , ,	r Full O	Orgai	nization Name		Date of Receipt										
	Mailing Address 258 CAMBRIDGE DRIVE				12 / D D / Y Y Y Y 2017											
	5	tate NJ		Zip Code 07446-1260		Transaction ID : PR2700873548253 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;							,				,	Ę	52.1	4
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) gt Cons CInt Svc		Memo Item										
	Receipt For: Agg Primary General Other (specify) ▼	gregate	Yea	ur-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)											
С.	Full Name of Individual (Last, First, Middle Initial) of GALIMI, GAVIN, , ,	r Full O	Orgai	nization Name		Date	of	Re	ece	eipt						
	Mailing Address 410 S JUANITA AVENUE					[™]	2 ^M	1	l		^р 31	1	Y	2017		Ŷ
	,	tate CA		Zip Code 90277-3824	A		-							13148 s Peri		i
	FEC ID number of contributing federal political committee.	;							9				,	100	0.00	0
	Name of Employer (for Individual) March Vision Care, Inc.		•	ion (for Individual) Mgmt			Me	emc	b li	tem	1					
	Receipt For: Agg Primary General Other (specify)	gregate	Yea	nr-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Bi-Weekly							y)				
s	UBTOTAL of Receipts This Page (optional)			•••••					,					118	39.0)
т	OTAL This Period (last page this line number only).			••••••					-						-	

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	oorated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mi PERRY, KIMBERLY, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 5045 LINDELL BLVD			12 31 Y Y Y Y Y 12 31 2017								
City SAINT LOUIS	State MO	Zip Code 63108-1219	Transaction ID : PR2700918048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		52.14								
Name of Employer (for Individual) United HealthCare Services Inc	Occi Mec	upation (for Individual) I Dir	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)								
Full Name of Individual (Last, First, Mi B. MCCAIN, KELLY, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 531 T STREET NW APT 204	Otata	7in Orde	12 / D D / Y Y Y Y 12 31 2017								
City WASHINGTON	State DC	Zip Code 20001-2087	Transaction ID : PR2700923548253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		180.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$60.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mi MCSWEENEY, ERIN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10 NOUVELLE WAY		7.01	M M / D D / Y Y Y Y 12 31 2017								
City NATICK	State MA	Zip Code 01760-1570	Transaction ID : PR2701818048253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		2999.90								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) , Mkt Grp CHRO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$999.90 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	onal)		3232.04								
TOTAL This Period (last page this line n	umber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				or each category of the Detailed Summary Page	×	11a 13		-	11b 14		11c 15	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		rpo	ose c		oliciting	contribu	utions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) FRINGER, TRICIA, , ,	or Full O	rga	nization Name		Date	of R	ec	eipt						
	Mailing Address 2809 STANFORD AVE			[M M / D D / Y Y Y Y 12 31 2017									
	City DALLAS	State TX		Zip Code 75225-7917		Transaction ID : PR2701818648253									
	DALLAS			15225-7917	A	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С				714.27									
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	•	tion (for Individual)		Memo Item									
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻											
	Primary General Other (specify) ▼		-	4999.89	P/	R De	duct	io	n (\$2	38.	09 Bi-W	/eekly)			
В.	Full Name of Individual (Last, First, Middle Initial) O'CONNELL, DANIEL, , ,	or Full O	rga	nization Name		Date	of R	ec							
	Mailing Address 3325 W 18TH AVENUE				12 / D D / Y Y Y Y 2017										
	City	State		Zip Code		Tran	sact	tio	on ID	: P	R27018	3196482	53		
	DENVER	CO	80204-1681	A	mou	nt of	fΕ	Each	Re	ceipt th	is Period	ł			
	FEC ID number of contributing federal political committee.	С						-	,		-9	306	.24		
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) rt Affs		Memo Item									
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2349.92	P/	P/R Deduction (\$102.08 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) SPARKS, KEVIN, , ,	or Full O	rga	nization Name		Date	of R	ec	eipt						
	Mailing Address 10681 S CEDAR NILES BLVD					[™] 12		/	D 3		/ Y	y y 2017	Ŷ		
	City	State		Zip Code		Trar	isac	tic	on ID	: P	R2701	8255482	53		
	OLATHE	KS		66061-7415	A	mou	nt of	fE	Each	Re	ceipt th	is Period	ł		
	FEC ID number of contributing federal political committee.	С						,	,		y	624	.99		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO		ſ	Mem	0	ltem						
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2499.96								/eekly)			
s	UBTOTAL of Receipts This Page (optional)											1645	.50		
т	OTAL This Period (last page this line number only	y)		·····	Ī						-				

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		Use separate schedule(s)	(check only one)								
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Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle A. ROTH, TROY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7982 WOOD COURT			12 / D D / Y Y Y Y 12 31 2017								
City FRISCO	State TX	Zip Code 75034-8203	Transaction ID : PR2701828948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		142.83								
Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.81	P/R Deduction (\$47.61 Bi-Weekly)								
Full Name of Individual (Last, First, Middle UNGAR, ELIZABETH, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 10115 48TH AV N			12 31 / Y Y Y Y Y 12 31 2017								
City PLYMOUTH	State MN	Zip Code 55442-2521	Transaction ID : PR2702474948253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		52.14								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir HRIS	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. PEDRONCELLI, ANTONIO VIN		rganization Name	Date of Receipt								
Mailing Address 2824 KATHRYN SE	Ototo	Zin Oode	12 / D D / Y Y Y Y Y 12 31 2017								
City ALBUQUERQUE	State NM	Zip Code 87106-3106	Transaction ID : PR2702482148253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		34.76								
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Ass	upation (for Individual) c Dir Gen Mgmt	Memo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 347.60	P/R Deduction (\$17.38 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			229.73								
TOTAL This Period (last page this line numb	er only)										

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				or each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □					1 17					
	y information copied from such Reports and State for commercial purposes, other than using the na					fo	r the		pos	se of		liciting	contrib	utions	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) KRAMER, NANCY, , ,	or Full O	rgar	ization Name		Date of Receipt									
	Mailing Address 5701 STONE TRACE DRIVE	State		Zip Code		12 31 2017 Transaction ID + PP2702501448252									
	City MASON	OH		45040-8315	Transaction ID : PR27025014482 Amount of Each Receipt this Perio										
		С												u 2.83	
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir F	•	ion (for Individual)	Memo Item										
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 999.81		P/F	R Ded	uctio	on	(\$47.	61	Bi-We	ekly)		
B.	Full Name of Individual (Last, First, Middle Initial) ALLEN, RONALD, , ,	or Full O	rgar	ization Name		Date of Receipt									
	Mailing Address 1245 4TH ST SW APT E709					12 / D D / Y Y Y Y Y 12 31 2017									
	City WASHINGTON	State DC		Zip Code 20024-2318	_								038482 s Perio		
	FEC ID number of contributing federal political committee.	С				125								5.01	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) 's Dir		Memo Item									
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 500.04	F	P/R Deduction (\$41.67 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial) BRENNER, JEFFREY, , ,	or Full O	rgar	ization Name		Da	ate of	f Re	ecei	ipt					
	Mailing Address 4610 CEDAR AVE APT 301					Ľ	^M 12	1	C	D D 31	'	/ Y	y y 2017	Y	
	City PHILADELPHIA	State PA		Zip Code 19143-2118									063482		
		C				Ar	mount	t of	Ea	ich R	ece	eipt thi	s Perio 1134		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) grated Hlth Human Svs		Memo Item									
	Receipt For: A Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 1499.99		P/F	R Ded	luctio	on	(\$378	8.3	3 Bi-W	eekly)		
s	UBTOTAL of Receipts This Page (optional)			•		[1		l	,	1402	2.83	
т	OTAL This Period (last page this line number only	/)		•	-	Ĺ			7		ļ	-			

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	,	<u> </u>									
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle A. CHURCHES, KATHRYN, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 705 CORK CROSSING			12 31 2017								
City COTTAGE GROVE	State WI	Zip Code 53527-8111	Transaction ID : PR2702506748253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		52.14								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$17.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle MORRIS, MITCHELL, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 200 CONGRESS AVE 47Y City	State	Zip Code	12 J D D J Y Y Y Y Y 12 31 2017								
AUSTIN	TX	78701-4507	Transaction ID : PR2702508448253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Optuml Cnslt	Memo Item								
Receipt For: Primary General	Aggregate	Year-to-Date V	D/D Deduction (#0.00 Di Weeldu)								
Other (specify) ▼		4999.90	P/R Deduction (\$0.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CARMAN, VIRGINIA, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 74 CHARING ROAD			12 D D / Y Y Y Y 12 31 2017								
City SOUTH WINDSOR	State CT	Zip Code 06074-2228	Transaction ID : PR2702509648253 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		66.66								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) roj Mgr II	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.96	P/R Deduction (\$22.22 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona			118.80								
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			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12								
Ar	y information copied from such Reports and Sta	tements ma	ay not be sold or used by any pe	rson for the purpose of soliciting contributions								
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia BENSON-SCEARCE, DENA, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 406B RUDOLPH AVE			M M / D D / Y Y Y Y 12 31 2017								
	City NASHVILLE	State TN	Zip Code 37206-1811	Transaction ID : PR2703224648253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		157.89								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.97	P/R Deduction (\$52.63 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MERZLICKER, CAREY, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 950 BENTLEY PARK CIRCLE	1		12 31 2017								
	O FALLON	State MO	Zip Code 63368-8022	Transaction ID : PR2703246948253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		300.00								
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir I	upation (for Individual) Fin	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$100.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia VENNERSTROM, EMILY, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 179 MEADOW LANE			12 31 / Y Y Y Y 2017								
	City LONG LAKE	State MN	Zip Code 55356-9493	Transaction ID : PR2703253748253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		64.41								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.99	P/R Deduction (\$21.47 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	522.30								
т	OTAL This Period (last page this line number or	lly)	· · · · · · · · · · · · · · · · · · ·									

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PAGE 308 OF

	2	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In	5									
UnitedHealth Group	o Incorporated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Las CRIPPIN, TODD, , ,	st, First, Middle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 1309 RUST			M M J D D Y Y Y Y 12 31 2017 Transaction ID : PR2703639548253 Amount of Each Receipt this Period							
City BALLWIN	State MO	Zip Code 63011-4266								
FEC ID number of contributi federal political committee.	ing C		68.43							
Name of Employer (for Indiv United HealthCare Services I	,	upation (for Individual) Ntwk Contrctng	Memo Item							
Receipt For: Primary Gene Other (specify) ▼		Year-to-Date ▼ 364.96	P/R Deduction (\$22.81 Bi-Weekly)							
Full Name of Individual (Las B. SABASTEANSKI, LIS	t, First, Middle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4307 FALL	1		12 31 2017							
City BROOKLYN PARK	State	Zip Code	Transaction ID : PR2703652048253							
FEC ID number of contributi	ing	55443-1889	Amount of Each Receipt this Period							
federal political committee.	C		72.99							
Name of Employer (for Indiv Optum Services, Inc	,	upation (for Individual) nan Capital Partner	Memo Item							
Receipt For:		Year-to-Date ▼								
Other (specify) ▼		364.95	P/R Deduction (\$24.33 Bi-Weekly)							
Full Name of Individual (Las C. ROLLINS, CARISSA	st, First, Middle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 6805 CHE			12 / D D / Y Y Y Y 12 31 2017							
City EDINA	State MN	Zip Code 55439-1158	Transaction ID : PR2704188948253							
FEC ID number of contributi federal political committee.			Amount of Each Receipt this Period							
Name of Employer (for Indiv United HealthCare Services	,	upation (for Individual) T	Memo Item							
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 4999.90	P/R Deduction (\$1666.58 Bi-Weekly)							
SUBTOTAL of Receipts This	Page (optional)		5141.32							
TOTAL This Period (last page	this line number only)									

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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(cł	neck only	y or	ne)	L					
11	EIVILLED RECEIPIS			× 11a		11b	11c	12					
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit coi	ntrib	outions 1	from such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini DELANY, ANDREW, , ,	,	rganization Name		Date of Receipt								
	Mailing Address 5166 MEADOWCREEK DRIV				^M 12	/	D 31) / Y	Y Y 2017	Y			
	City DUNWOODY	State GA	Zip Code 30338-3846		Transaction ID : PR2704196348253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			576.90								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90										
в.	Full Name of Individual (Last, First, Middle Ini HAYEK, ANDREW, , ,	tial) or Full O	organization Name		Date of	f Re	eceipt						
	Mailing Address 500 ADAMS AVENUE				M M 12	/	31) / Y	2017	Y			
	City GLENCOE	State IL	Zip Code 60022-1865	-					06344825	3			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)	_	P/R Deduction (\$1346.00 Bi-Weekly)								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2692.00										
с.	Full Name of Individual (Last, First, Middle Ini SHARFF, RICHARD, , ,	tial) or Full O	organization Name		Date of	f Re	eceipt						
	Mailing Address 508 RUMSON ROAD				^M 12	J.	31		2017				
	City BIRMINGHAM	State AL	Zip Code 35209-4312				-		06364825 iis Period	3			
	FEC ID number of contributing federal political committee.	С			Ľ.		,	. ,	576.	90			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	1	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	3845.	30			
Г	OTAL This Period (last page this line number	only)		-	Γ.								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13] 11 14	-	11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of s	oliciting	g contribu	itions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) FELLENBAUM, DANIEL, , ,	or Full O	Organ	ization Name		ate of	f Re	ecei	ipt					
	Mailing Address 9125 FRIARS ROAD	1] [
	City BETHESDA	State MD		Zip Code 20817-3329		Transaction ID : PR2705065948253								
	BEINESDA			20617-3329	_ A	_ Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			136.86									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) s Assc Dir	Memo Item									
	Receipt For:		-		_									
	Primary General Other (specify) ▼	Aggregate	Tea	r-to-Date ▼ 364.96	P/	R Ded	uctio	on	(\$45.6	2 Bi-W	eekly)			
В.	Full Name of Individual (Last, First, Middle Initial) BUNTEN, BRIAN, , ,	or Full O	Drgan	ization Name		ate of								
	Mailing Address 401 TATLOW DR				12 31 Y Y Y Y Y 12 31 2017									
	City COLUMBIA	State MO		Zip Code 65203-6130				-			07054825 nis Perioc			
	FEC ID number of contributing federal political committee.	С				156.42								
	Name of Employer (for Individual) United HealthCare Services Inc		cupat Govt	ion (for Individual) Affs		Memo Item								
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 364.98	P/R Deduction (\$52.14 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) AGEN RYAN, BARBARA, , ,	or Full O	Drgan	ization Name		ate of	f Re	ecei	ipt					
	Mailing Address 180 HIGH PARK LANE #433				1	^M 12	/	Γ	D D D 31	/ Y	2017	Ŷ		
	City	State		Zip Code		Trans	acti	ion	n ID : F	PR2705	9874482	53		
	SILVER SPRING	MD		20910-3198	A	mount	t of	Ea	ich Re	ceipt th	nis Perioo	l		
	FEC ID number of contributing federal political committee.	С				_		y		y	833	31		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		М	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	1		r-to-Date ▼ 2499.93										
s	UBTOTAL of Receipts This Page (optional)										1126	59		
т	OTAL This Period (last page this line number only	y)		····· •	Ī			-						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mide A. MULDOON, ALLISON, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2500 CLARENDON BLV APT 435			12 / D D / Y Y Y Y 12 31 2017							
City ARLINGTON	State VA	Zip Code 22201-3828	Transaction ID : PR2706452748253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		136.86							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Assc Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.96	P/R Deduction (\$45.62 Bi-Weekly)							
Full Name of Individual (Last, First, Mide MADRID, MERLE, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 514 SOUTH 3RD STRE			12 / D D / Y Y Y Y Y 12 31 2017							
City COLUMBUS	State OH	Zip Code 43215-5756	Transaction ID : PR2740510348253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		288.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 672.00	P/R Deduction (\$96.00 Bi-Weekly)							
Full Name of Individual (Last, First, Mide DRENNAN, KEVIN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1 CREAMERY RD		Zin Orde	12 / D D / Y Y Y Y 31 2017							
City HAMILTON	State NJ	Zip Code 08620-9800	Transaction ID : PR2740511248253 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		549.99							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.98	P/R Deduction (\$183.33 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		974.85							
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	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g contri	ibutio	ons		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia DAVIS, MICHAEL, , ,	l) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 533 TENNIS AVENUE				12 31 Y Y Y Y 2017								
	City AMBLER	State PA	Zip Code 19002-6016		Transaction ID : PR2740516848253 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			219.00								
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) ager, Analytics Svcs		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00] 「	P/R Ded	uctio	on (\$73.	00 Bi-We	∋ekly)				
в.	Full Name of Individual (Last, First, Middle Initia MATHIS, BRIAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 4632 RESERVOIR ROAD NW	Otata	7. 0.1		^M 12	/	D D D 31	/ Y	2017]		
	City WASHINGTON	State DC	Zip Code 20007-1917					PR27407 eceipt th					
	FEC ID number of contributing federal political committee.	С				-			50.00)			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Bus Dev		P/R Deduction (\$250.00 Bi-Weekly)								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P									
<u></u> с.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address				MM	/	D D	/ Y	Y	Y Y	1		
	City	State	Zip Code		Amount	t of	Each R	eceipt th	nis Per	iod			
	FEC ID number of contributing federal political committee.	С					y .	9					
	Name of Employer (for Individual)	Occu	pation (for Individual)		М	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V]									
s	UBTOTAL of Receipts This Page (optional)			•					96	69.00	,		
Т	OTAL This Period (last page this line number on	ly)		•			- -		28252	23.06	;		

SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 313 OF 396			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck on 21b 28a	22 🗶 23 🗌 26 🗌 27			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Group	o PA	C)			
Full Name (Last, First, Middle Initial) A. Kevin McCarthy for Congress								
Mailing Address PO Box 12667		1			12 13 2017			
City Bakersfield Purpose of Disbursement	State CA	Zip Code 93389-2667			FEC Identification Number			
Contribution				11	C C00420935 Transaction ID : 41650269			
McCarthy, Kevin, , Rep.,	nent For: 2 Primary	2018 General		gory/ pe	Amount of Each Disbursement this Period			
State: CA District: 23	Other (spec	cify) ▼			Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Scott Peters for Congress Mailing Address PO Box 22074					Date of Disbursement			
City San Diego Purpose of Disbursement Contribution	0	11	FEC Identification Number					
Senate X	nent For: 2 Primary Other (spec	General		gory/ pe	Transaction ID : 41650271 Amount of Each Disbursement this Period 2000.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Guthrie For Congress					Date of Disbursement			
Mailing Address PO Box 9639					12 13 2017			
City Bowling Green Purpose of Disbursement Contribution Candidate Name Guthrie, S., Brett, Rep.,	State KY	Zip Code 42102-9639		11 gory/ pe	FEC Identification Number C C00445023 Transaction ID : 41650272 Amount of Each Disbursement this Period			
	nent For: 2 Primary Other (spec	General		pe	2500.00 Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)					9500.00			

S	CHEDULE B (FEC Form 3X)			F		E NUMBER: PAGE 314 OF 396			
ITEMIZED DISBURSEMENTS		Use sepa for each		heck or	/ one)				
			Summary Page		21				
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may	not be sold or us ress of any politic	ed by al con	any pe nmittee	rson for the purpose of soliciting contributions to solicit contributions from such committee.			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			`					
	UnitedHealth Group Incorporated	PAC (Ur	meanealth (rouد	рРА	0)			
Α.	Full Name (Last, First, Middle Initial) Shaheen for Senate	Date of Disbursement							
	Mailing Address 105 N State St		1			12 13 2017			
	City Concord	State NH	Zip Code 03301			FEC Identification Number			
	Purpose of Disbursement Contribution		03301	C)11	C C00457325			
	Candidate Name				egory/	Transaction ID : 41650273 Amount of Each Disbursement this Period			
	Shaheen, Jeanne, , Sen.,				ype				
	Office Sought: House Disburse X Senate X President X	ment For: 2 Primary Other (spe	General			Contribution Memo Item			
	State: NH District:								
B.	Full Name (Last, First, Middle Initial) Collins For Congress	Date of Disbursement							
	Mailing Address PO Box 386	12 13 2017							
	City State Zip Code Clarence NY 14031					FEC Identification Number			
	Purpose of Disbursement	_	C C00520379						
	Contribution Candidate Name	011	Transaction ID : 41650274						
	Collins, Christopher, , Rep.,				Category/ Type	Amount of Each Disbursement this Period			
		ment For:	2018		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00			
	Senate x	-	General			Contribution			
	State: NY District: 27	Other (spe	сіту)			Memo Item			
<u>с</u> .	Full Name (Last, First, Middle Initial)					Date of Disbursement			
	Mailing Address PO Box 1091					M M / D D / Y Y Y Y 12 13 2017			
	City	State	Zip Code			FEC Identification Number			
	Hood River Purpose of Disbursement Contribution	OR	97031			C C00333427			
	Candidate Name			Cate)11 egory/	Transaction ID : 41650275 Amount of Each Disbursement this Period			
	Walden, Greg, , , Office Sought: x House Disburse	ment For:	2018	1	уре	2500.00			
	Senate X President	Primary Other (spe	General			Contribution			
_	State: OR District: 02	· · ·				Memo Item			
s	UBTOTAL of Disbursements This Page (optional).				····· ►	6000.00			
т	OTAL This Period (last page this line number only	/)			••••• •	,			

SCHEDULE B (FEC Form 3X)		proto cohodula(-)				NUMBER: PAGE 315 OF 396
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				only 21b	y one) 22 🕱 23 26 27
	Detailed	Summary Page			28a	28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)		1. II. II.	_	_		
UnitedHealth Group Incorporated	PAC (Ui	nitedHealth (Grou	p P	AC	;)
Full Name (Last, First, Middle Initial) A. Bill Flores for Congress						Date of Disbursement
Mailing Address PO Box 6207						12 13 2017
City	State	Zip Code				FEC Identification Number
Bryan Purpose of Disbursement	ТХ	77805			-	C C00472241
Contribution			0	11		Transaction ID : 41650276
Candidate Name				egory	1	Amount of Each Disbursement this Period
Flores, Bill, , Rep.,	mont Far	0040	Ту	ype		2500.00
Office Sought: X House Disburse	ement For: Primary	2018 General				
President	Other (spe					Contribution Memo Item
State: TX District: 17	J					
Full Name (Last, First, Middle Initial)						Data of Distances and
B. Hurd For Congress						Date of Disbursement
Mailing Address PO Box 761029						12 13 2017
City	State	Zip Code				FEC Identification Number
San Antonio Purpose of Disbursement	ТХ	78245				
Contribution		0	011	C C00545467		
Candidate Name			Cate	egory	/	Transaction ID : 41650277 Amount of Each Disbursement this Period
Hurd, William, , Rep.,			Ту	ype		
	ement For:					2500.00
President x	Primary Other (spe	General				Contribution
State: TX District: 23		,,,				Memo Item
Full Name (Last, First, Middle Initial)						Date of Disbursement
	AO					M M / D D / Y Y Y Y
Mailing Address 1409 ASHLEY RIVER RD						12 13 2017
City	State	Zip Code				FEC Identification Number
CHARLESTON Purpose of Disbursement	SC	29407			-	C C00495887
Contribution			0	11		Transaction ID : 41650278
Candidate Name			Cate	egory	/	Amount of Each Disbursement this Period
TOMORROW IS MEANINGFUL				ype ́		
Office Sought: House Disburse	ement For: Primary	Gonoral				2500.00
President	Other (spe	General				Contribution
State: District:		····)) •				Memo Item
SUBTOTAL of Disbursements This Page (optional)						7500.00
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	CHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)	FOR LINE (check only	-				
	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	iroup PAC)				
Α.	Full Name (Last, First, Middle Initial) Tom O'Halleran For Congress Mailing Address PO Box 63992				Date of Disbursement				
		State	Zip Code		FEC Identification Number				
	Phoenix Purpose of Disbursement Contribution	AZ	85082	011	C C00582890 Transaction ID : 41652874				
	Candidate Name O'Halleran, Tom, , Rep., Office Sought: x House Disburser	ment For: 2	018	Category/ Type	Amount of Each Disbursement this Period				
	State: AZ District: 01	Primary Other (spec	General ify) ▼		Contribution Memo Item				
в.									
	Mailing Address 410 1st St SE, Suite 310 City	State	Zip Code		12 15 2017				
	Washington Purpose of Disbursement Contribution	DC	20003	011	FEC Identification Number C C00384057 Transaction ID : 41652876				
	••	ment For: 2		Category/ Type	Amount of Each Disbursement this Period				
	State: CA District: 38	Primary Other (spec	ify) General		Contribution Memo Item				
C.	Full Name (Last, First, Middle Initial) Jim Costa for Congress				Date of Disbursement				
	Mailing Address 2037 W Bullard Avenue, #355				12 15 2017				
	City Fresno Purpose of Disbursement	State CA	Zip Code 93711-1200		FEC Identification Number				
	Contribution Candidate Name Costa, James 'Jim', Manuel, Rep.,			011 Category/ Type	C C00391029 Transaction ID : 41652877 Amount of Each Disbursement this Period				
	•	ment For: 2 Primary Other (spec	General		2500.00 Contribution Memo Item				
s	UBTOTAL of Disbursements This Page (optional)			····· >	6000.00				
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SCHEDULE B (FEC Form 3X)				F	OR LI	INE N	NUMBER: PAGE 317 OF 396				
IT	EMIZED DISBURSEMENTS	for each	(C	heck	only only only only only only only only	one) 22 🗶 23 🗌 26 🗌 27					
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	y information copied from such Reports and State for commercial purposes, other than using the na										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_	_						
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	ip P.	AC)					
A.	Full Name (Last, First, Middle Initial) Swalwell for Congress		Date of Disbursement								
	Mailing Address PO Box 2847		1				12 15 2017				
	City Dublin	State	Zip Code				FEC Identification Number				
	Purpose of Disbursement Contribution	CA 94568		(011		C C00502294				
	Candidate Name			Cat	egory	/	Transaction ID: 41652878 Amount of Each Disbursement this Period				
	Swalwell, Eric, Michael, Rep.,				ype	,					
	Office Sought: House Disburse Senate President State: CA District: 15	ement For: 2 Primary Other (spec	General				Contribution Memo Item				
	Full Name (Last, First, Middle Initial)										
в.	Ted Lieu For Congress						Date of Disbursement				
	Mailing Address 16633 Ventura Blvd #1008						12 15 2017				
	City Encino	State CA	Zip Code 91436				FEC Identification Number				
	Purpose of Disbursement		-	_		C C00556506					
	Contribution			(011		Transaction ID : 41652879				
	Candidate Name				egory	/	Amount of Each Disbursement this Period				
	Lieu, Ted, , , Office Sought: x House Disburse	ement For: 2	2018	I	ype		2500.00				
	Senate	1	General				Contribution				
	State: CA District: 33	Other (spec	cify)				Memo Item				
_	Full Name (Last, First, Middle Initial)						Date of Disbursement				
0.	Friends of Cheri Bustos										
	Mailing Address 1050 17th St NW, Ste 590						12 15 2017				
	City Washington	State DC	Zip Code 20036				FEC Identification Number				
	Purpose of Disbursement Contribution				011	٦	C C00498568				
	Candidate Name				egory	/	Transaction ID : 41652882 Amount of Each Disbursement this Period				
	Bustos, Cheri, , Rep.,			Т	ype		1500.00				
	Sonoto	ement For: 2 Primary	2018 General								
	State: IL District: 17	Other (spec					Contribution Memo Item				
s	UBTOTAL of Disbursements This Page (optional).				·····)		6500.00				
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SCHEDULE B (FEC Form 3X)		parate schedule(s)				NUMBER: PAGE 318 OF 396	
ITEMIZED DISBURSEMENTS	for each	(C		only 21b	/ one) 22 🕱 23 🗌 26 🗌 27		
	Detailed	Summary Page			28a	28b 28c 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)			_	_			
UnitedHealth Group Incorporated	PAC (U	nitedHealth	Grou	p F		;)	
Full Name (Last, First, Middle Initial) A. Friends of Cheri Bustos						Date of Disbursement	
Mailing Address 1050 17th St NW, Ste 590						12 15 2017	
City Washington	State DC	Zip Code 20036				FEC Identification Number	
Purpose of Disbursement Contribution						C C00498568	
Candidate Name)11 eqor	,,	Transaction ID : 41652883 Amount of Each Disbursement this Period	
Bustos, Cheri, , Rep.,				egory ype	"		
	ement For:					3500.00	
Senate President	Other (spe	General				Contribution	
State: IL District: 17	Other (spe	ecny) 🔻				Memo Item	
Full Name (Last, First, Middle Initial)							
B. Tammy For Illinois						Date of Disbursement	
Mailing Address, DO D., 19755	12 15 2017						
Mailing Address PO Box 10793						12 15 2017	
City Chicago	State IL	Zip Code 60610				FEC Identification Number	
Purpose of Disbursement	_	_		C C00574889			
Contribution							
Candidate Name				egory	//	Transaction ID : 41652884 Amount of Each Disbursement this Period	
Duckworth, L Tammy, , , Office Sought: House Disburs	ement For:	Туре			2500.00		
<u> </u>	Primary	General				Contribution	
President	Other (spe	ecify)				Memo Item	
State: IL District:							
Full Name (Last, First, Middle Initial) C. Joe Kennedy For Congress						Date of Disbursement	
Mailing Address PO Box 590464						12 15 2017	
City Newton	State MA	Zip Code 02459				FEC Identification Number	
Purpose of Disbursement Contribution	-			-		С С00512970	
Candidate Name			0)11		Transaction ID : 41652885	
Kennedy, Joseph, , Rep.,				egory ype	//	Amount of Each Disbursement this Period	
	ement For:	2018		770		1000.00	
Senate		General				Contribution	
President	Other (spe	ecify) 🔻				Memo Item	
State: MA District: 04						<u> </u>	
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S	CHEDULE B (FEC Form 3X)			F			NUMBER:			P	AGE	319 OF 39
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck	c only	/ one)					
			Summary Page			21b 28a	22 28b	X 23		26		27 30b
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_							
	UnitedHealth Group Incorporated I	PAC (Ur	itedHealth G	3rou	p F	PAC)						
Α.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Com		Date of Disbursement									
	Mailing Address 76 Magnolia Terrace						12		15		2	017
	City Springfield	State MA				FEC Id	entificat	ion	Numbe	er		
	Purpose of Disbursement Contribution			C)11		U	C00226	1	2 D:416	5299	
	Candidate Name Neal, Richard, E., Rep.,				egory ype	y/						t this Period
		ment For: ; Primary Other (spe	General							Contribu	-	2500.00
	State: MA District: 01 Full Name (Last, First, Middle Initial)						IVIE	mo Iten	n			
В.	Hoyer for Congress									ment	V	Y Y
	Mailing Address 700 13th Street NW, Suite 600		12		15			017				
	Washington	State Zip Code DC 20005							ion	Numbe	er	_
	Purpose of Disbursement Contribution		011		Tra		on I	D : 416				
	Hoyer, Steny, Hamilton, Rep.,	mant Fam			egory ype	y/	Amount	of Ead	sh l	Jisburse		t this Period 5000.00
	Senate X		General					-9-	C	Contribu	1.0	5000.00
	State: MD District: 05	Other (spe	сіту)				Me	mo Iten	n			
C.	Full Name (Last, First, Middle Initial) Frelinghuysen For Congress						Date of	Disbur	ser	nent		
	Mailing Address 19 Cattano Avenue						12 / D D / Y Y Y Y Y 15 / 2017					
	City Morristown	State NJ	Zip Code 07960				FEC Ide	entificat	ion	Numbe	er	
	Purpose of Disbursement Contribution			C)11		•	C00299	1	- 1	5200	
	Candidate Name Frelinghuysen, Rodney, , Rep.,	egory ype	y/			saction ID: 41652888 f Each Disbursement this Period						
	Office Sought: House Disburse Senate President	ment For: ; Primary Other (spe	General		51		Me	mo Iten		Contribu		2500.00
Г	State: NJ District: 11						_		-		-	
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	CHEDULE B (FEC Form 3X)		arato sobodulo/o)				NUMBER: PAGE 320 OF 396				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	heck	c only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the purpose of soliciting contributions				
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	рF	PAC)				
Α.	Full Name (Last, First, Middle Initial) Josh Gottheimer For Congress						Date of Disbursement				
	Mailing Address PO Box 584						12 15 2017				
	City	State	Zip Code				FEC Identification Number				
	Ridgewood Purpose of Disbursement	NJ	07451								
	Contribution			0)11		C C00573949				
	Candidate Name			Cate	egor	v/	Transaction ID : 41652889 Amount of Each Disbursement this Period				
	Gottheimer, Josh, , Rep.,				ype	<i>,</i> '					
		ment For: 2					1000.00				
	Senate x President	Primary Other (spe	General				Contribution				
	State: NJ District: 05	Other (spe	City) 🔻				Memo Item				
	Full Name (Last, First, Middle Initial)										
Β.	Crowley for Congress						Date of Disbursement				
	Mailing Address 80-22 Northern Blvd		1				12 15 2017				
	City	State NY	Zip Code 11373				FEC Identification Number				
	Jackson Heights Purpose of Disbursement	_	C C00338954								
	Contribution			C	011	11	Transaction ID : 41652890				
	Candidate Name			Cate	egor	y/	Amount of Each Disbursement this Period				
	Crowley, Joseph, , Rep.,			T	уре						
		ment For: ;					1000.00				
	President	Primary Other (spe	General				Contribution				
	State: NY District: 14		ony)				Memo Item				
~	Full Name (Last, First, Middle Initial)						Date of Disbursement				
0.	Suozzi For Congress										
	Mailing Address PO Box 669						12 15 2017				
	City	State	Zip Code				FEC Identification Number				
	Glen Cove Purpose of Disbursement	NY	11542				C C00607200				
	Contribution			0)11						
	Candidate Name			Cate	egor	v/	Transaction ID : 41652892 Amount of Each Disbursement this Period				
	Suozzi, Thomas, , Rep.,				ype	<i>J</i> .					
		ment For: 2					1000.00				
	Senate x	Primary Other (spec	General				Contribution				
	State: NY District: 03	Other (spe	uny) ▼				Memo Item				
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	SCHEDULE B (FEC Form 3X)						NUMBER: PAGE 321 OF 396				
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(C		21b	7 one) 22 X 23 26 27 23 26 27				
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	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)			_		_					
\square	UnitedHealth Group Incorporated	PAC (Ur	itedHealth (Grou	p P	PAC	·)				
Α.	Full Name (Last, First, Middle Initial) Tom Reed for Congress	Date of Disbursement									
	Mailing Address PO Box 10847						12 15 2017				
	City	State	Zip Code				FEC Identification Number				
	Rochester Purpose of Disbursement	NY	14610				C 000464022				
	Contribution			0	11		C C00464032				
	Candidate Name			Cate	egory	//	Transaction ID : 41652893 Amount of Each Disbursement this Period				
	Reed, Thomas, W., Rep., II				ype						
		ement For:					2500.00				
	Senate x	Primary Other (spe	General cifv) ▼				Contribution				
	State: NY District: 23		<i>J</i> / ▼				Memo Item				
	Full Name (Last, First, Middle Initial)										
Β.	Wenstrup For Congress						Date of Disbursement				
	Mailing Address DO D										
	Mailing Address PO Box 9551		12 15 2017								
	City	_		FEC Identification Number							
	Cincinnati Purpose of Disbursement	_	_		C C00497818						
	Contribution		C	011		Transaction ID : 41656141					
	Candidate Name				egory	//	Amount of Each Disbursement this Period				
	Wenstrup, Brad, , Rep.,	mont Far		Ty	ype		1000.00				
	Office Sought: 🗶 House Disburse	ement For:	2018 General				Contribution				
	President	Other (spe									
	State: OH District: 02	· · · ·					Memo Item				
~	Full Name (Last, First, Middle Initial)										
U.	Brady For Congress						Date of Disbursement				
	Mailing Address PO Box 8277						12 D D / Y Y Y Y 12 15 2017				
	City	State	Zip Code				FEC Identification Number				
	The Woodlands Purpose of Disbursement	ТХ	77387				C C00311043				
	Contribution			0	11		C C00311043 Transaction ID : 41656155				
	Candidate Name			Cate	egory	//	Amount of Each Disbursement this Period				
	Brady, Kevin, Patrick, Rep.,				ype		5000.00				
	Senete	ement For: 2	2018 General				5000.00				
	President	Other (spe					Contribution				
	State: TX District: 08		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Memo Item				
							8500.00				
s	UBTOTAL of Disbursements This Page (optional).						6300.00				
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IT	EMIZED DISBURSEMENTS	Use sepa for each	(C		only 21b		
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	y information copied from such Reports and State for commercial purposes, other than using the na						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)	// .		_	_		
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth (Grou	p F	PAC)
Α.	Full Name (Last, First, Middle Initial) Friends Of Don Beyer						Date of Disbursement
	Mailing Address 1751 Potomac Greens Drive						12 15 2017
	City	State	Zip Code				FEC Identification Number
	Alexandria Purpose of Disbursement	VA	22314				
	Contribution			0	011		C C00555888
	Candidate Name			Cate	ador	v/	Transaction ID : 41656163 Amount of Each Disbursement this Period
	Beyer, Donald, , Rep.,				ype	,	
		ement For:					1000.00
	Senate ×	_	General				Contribution
	State: VA District: 08	Other (spe	ciiy) 🔻				Memo Item
	Full Name (Last, First, Middle Initial)						
В.	People For Derek Kilmer						Date of Disbursement
			M M / D D / Y Y Y Y				
	Mailing Address PO Box 1381						12 15 2017
	City	State WA	Zip Code 98402				FEC Identification Number
	Tacoma Purpose of Disbursement			0 000544000			
	Contribution			C	011		C C00514893
	Candidate Name			Cate	egor	v/	Transaction ID : 41656169 Amount of Each Disbursement this Period
	Kilmer, Derek, , Rep.,				ype	<i>y.</i>	
		ement For:					1500.00
		Primary	General				Contribution
	State: WA District: 06	Other (spe	спу)				Memo Item
_	Full Name (Last, First, Middle Initial)						
C.	Kind for Congress Committee						Date of Disbursement
	Mailing Address 205 5th Ave S Room 411						12 / D D / Y Y Y Y 12 15 2017
	City	State	Zip Code				FEC Identification Number
	La Crosse Purpose of Disbursement	WI	54601				C C00312017
	Contribution			0	11		Transaction ID : 41656182
	Candidate Name			Cate	egor	v/	Amount of Each Disbursement this Period
	Kind, Ronald, James, Rep.,				ype		
		ement For: 2					2500.00
	Senate x	Primary Other (spe	General				Contribution
	State: WI District: 03		City) V				Memo Item
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IT	EMIZED DISBURSEMENTS			c only 21b	one) 22 🗶 23 26 27			
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\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	p F	PAC)		
Α.	Full Name (Last, First, Middle Initial) 21st Century Majority Fund	Date of Disbursement						
	Mailing Address PO Box 20475		12 15 Y Y Y Y Y 12 15 2017					
	City Atlanta	State GA	Zip Code 30325				FEC Identification Number	
	Purpose of Disbursement Contribution	٦	C C00361956 Transaction ID : 41656214					
	Candidate Name			Cate		y/	Amount of Each Disbursement this Period	
	21st Century Majority Fund Office Sought: House Disburse	ement For:		Ľ	ype		2500.00	
	Senate President	Primary Other (spec	General				Contribution	
_	State: District:		(), (), (), (), (), (), (), (), (), (),				Memo Item	
_	Full Name (Last, First, Middle Initial)							
в.	Hoosiers First PAC						Date of Disbursement	
	Mailing Address 115 W Washington St Suite 1165		12 15 2017					
	City Indianapolis		FEC Identification Number					
	Purpose of Disbursement Contribution	C	011	٦	C C00492082 Transaction ID : 41656215			
	Candidate Name			Cate	egor	y/	Amount of Each Disbursement this Period	
	Hoosiers First PAC	mant Fam		Ţ	ype		1500.00	
	Office Sought: House Disburse	ment For: Primary	General				Contribution	
	President	Other (spec					Memo Item	
	State: District:	_						
C.	Full Name (Last, First, Middle Initial) Continuing America's Strength and	d Securit	y PAC				Date of Disbursement	
	Mailing Address P.O. Box 80505						12 / D D / Y Y Y Y 15 / 2017	
	City Boton Bourgo	State LA	Zip Code 70898				FEC Identification Number	
	Baton Rouge Purpose of Disbursement Contribution		10090				C C00480228	
	Candidate Name			Cate)11 egor	y/	Transaction ID : 41656216 Amount of Each Disbursement this Period	
	Continuing America's Strength an Office Sought: House Disburse	ment For:		<u> </u>	уре		2500.00	
	Senate	Primary	General				Contribution	
	President	Other (spec	cify) 🔻				Memo Item	
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Т	OTAL This Period (last page this line number only	/)						

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 324 OF 396	
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 28a	ly one) 22 X 23 26 27	
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or use ress of any politic	ed by any per al committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.	
\square	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PA	C)	
	Full Name (Last, First, Middle Initial)	Date of Disbursement				
	Mailing Address PO BOX 752				12 / D D / Y Y Y Y 12 15 2017	
	City LONG LAKE	State MN	Zip Code 55356		FEC Identification Number	
	Purpose of Disbursement Contribution	C C00484667				
	Candidate Name	Category/ Type	Transaction ID : 41656217 Amount of Each Disbursement this Period			
		ement For: Primary Other (spe	General		2500.00 Contribution	
	State: District:		city) 🔻		Memo Item	
В.	Full Name (Last, First, Middle Initial) First in Freedom PAC		Date of Disbursement			
	Mailing Address 824 S Milledge Ave Ste 101	State	Zip Code		12 15 2017	
	City Athens Purpose of Disbursement		FEC Identification Number			
	Contribution		011	C C00540146 Transaction ID : 41656218		
	First in Freedom PAC			Category/ Type	Amount of Each Disbursement this Period	
		ement For:		71	2500.00	
	Senate President	Primary Other (spe	General (Contribution	
	State: District:		.,		Memo Item	
	Full Name (Last, First, Middle Initial) Granite Values PAC				Date of Disbursement	
	Mailing Address 105 N State St				12 15 2017	
	City Concord	State NH	Zip Code 03301		FEC Identification Number	
	Purpose of Disbursement Contribution			011	C C00629311 Transaction ID : 41656219	
	Candidate Name Granite Values PAC			Category/ Type	Amount of Each Disbursement this Period	
		ement For:	Ganaral		1000.00	
	State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item	
s	UBTOTAL of Disbursements This Page (optional).			····· ►	6000.00	
т	OTAL This Period (last page this line number only	y)		••••••	, ,	

SC	HEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 325 OF 396
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	r information copied from such Reports and State or commercial purposes, other than using the na				
\ I	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	
-	Full Name (Last, First, Middle Initial) Reasonable Independent Constructive	Date of Disbursement			
1	Mailing Address PO Box 744				12 15 2017
	City Vineola	State NY	Zip Code 11501		FEC Identification Number
	Purpose of Disbursement Contribution			011	C C00572040
	Candidate Name Reasonable Independent Constructive and Effe	ective PAC	(RICE PAC)	Category/ Type	Transaction ID : 41656220 Amount of Each Disbursement this Period
Ō	Senate	ment For: Primary	General	Type	1000.00 Contribution
ę	State: District:	Other (spe	cify) 🔻		Memo Item
B.	Full Name (Last, First, Middle Initial) Tenn Political Action Committee Ir Mailing Address 228 South Washington Street, Su	NPAC)		Date of Disbursement	
	City Alexandria		FEC Identification Number		
	Purpose of Disbursement Contribution	011	C C00388421 Transaction ID : 41656223		
	Candidate Name Tenn Political Action Committee Ir			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate	ment For: Primary	General	Туре	2500.00 Contribution
ę	State: District:	Other (spe	cify)		Memo Item
-	Full Name (Last, First, Middle Initial)				Date of Disbursement
ſ	Mailing Address PO Box 1387				12 15 2017
	City Charleston	State WV	Zip Code 25325		FEC Identification Number
Ī	Purpose of Disbursement Contribution			011	C C00484402 Transaction ID : 41656227
	Candidate Name Country Roads PAC			Category/ Type	Amount of Each Disbursement this Period
Ō	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼		5000.00 Contribution Memo Item
	State: District:				
	IBTOTAL of Disbursements This Page (optional).				8500.00

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 326 OF 396		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Froup PAC)		
Full Name (Last, First, Middle Initial) A. Bera for Congress Mailing Address PO Box 582496				Date of Disbursement		
City Elk Grove	State CA	Zip Code 95758		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			011	C C00461061 Transaction ID : 41719731		
Bera, Amerish, , Rep.,	ment For: 2	2018	Category/ Type	Amount of Each Disbursement this Period 2500.00		
State: CA District: 07	Primary Other (spec	¥ General cify) ▼		Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Susan Davis for Congress Mailing Address PO Box 84049		Date of Disbursement				
San Diego Purpose of Disbursement Contribution Candidate Name Davis, Susan, A., Rep.,	State CA ment For: 2	Zip Code 92138-4049	011 Category/ Type	FEC Identification Number C C00344671 Transaction ID : 41719732 Amount of Each Disbursement this Period 1000.00		
••	Primary Other (spec	General		Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Tony Cardenas for Congress				Date of Disbursement		
Mailing Address 410 1st St, SE Suite 310				12 22 2017		
City Washington Purpose of Disbursement Contribution	State DC	Zip Code 20003	011	FEC Identification Number		
Candidate Name Cardenas, Tony, , Rep., Office Sought: x House Disburse	ment For: 2	2018	Category/ Type	Transaction ID : 41719733 Amount of Each Disbursement this Period 2500.00		
Senate President State: CA District: 29	Primary Other (spec	General		Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional)			F	6000.00		

S	CHEDULE B (FEC Form 3X)			F	OR L		NUMBER: PAGE 327 OF 396			
ITEMIZED DISBURSEMENTS		Use sepa for each			only	one)				
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	ny information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			~	_		N N			
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (rou	рн	AC))			
Α.	Full Name (Last, First, Middle Initial) Charlie Crist For Congress Mailing Address PO Box 1547		Date of Disbursement							
	City St. Detershurg	State FL	Zip Code 33731				FEC Identification Number			
	St. Petersburg Purpose of Disbursement		33731	_		_	С соо590067			
	Contribution			C)11		Transaction ID : 41719734			
	Candidate Name			Cate	egory	y/	Amount of Each Disbursement this Period			
	Crist, Charlie, , Rep.,			T	ype	, 	0500.00			
	Office Sought: Senate President State: FL Disburse President T Disburse Senate President T State: T Disburse Senate President State: T State: T		Contribution Memo Item							
	Full Name (Last, First, Middle Initial)									
Β.	Val Demings For Congress						Date of Disbursement			
	Mailing Address PO Box 536926		12 / D D / Y Y Y Y 22 2017							
	City	State FL	Zip Code				FEC Identification Number			
	Orlando Purpose of Disbursement									
	Contribution	(011		C C00590489					
	Candidate Name				egory		Transaction ID: 41719735 Amount of Each Disbursement this Period			
	Demings, Valdez, , ,				ype	y/	Amount of Each Disbursement this renou			
	Office Sought: 🗙 House Disburse	ment For:	2018				1500.00			
		Primary	General				Contribution			
	State: FL District: 10	Other (spe	cify)				Memo Item			
_	Full Name (Last, First, Middle Initial)									
C.	Young For Iowa, Inc.						Date of Disbursement			
	Mailing Address PO Box 162		12 / D D / Y Y Y Y 12 22 2017							
	City	State	Zip Code				FEC Identification Number			
	Van Meter Purpose of Disbursement	IA	50261	_	_		C C00545616			
	Contribution			C)11		Transaction ID : 41719736			
	Candidate Name	y/	Amount of Each Disbursement this Period							
	Young, David, , Rep.,		2500.00							
	Consta	ice Sought: X House Disbursement For: 2018 Senate V Primary General					2500.00			
	President	Other (spe					Contribution			
	State: IA District: 03	. (<i>,</i> , ,				Memo Item			
s	UBTOTAL of Disbursements This Page (optional).					•	6500.00			
т	OTAL This Period (last page this line number only	/)								

	CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 328 OF 396				
ITEMIZED DISBURSEMENTS		for each	(C	heck	c only 21b						
			Summary Page		\mid	210 28a	22 X 23 26 27 28b 28c 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the purpose of soliciting contributions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_							
\angle	UnitedHealth Group Incorporated	PAC (Ur	itedHealth (Grou	p F	PAC)				
Α.	Full Name (Last, First, Middle Initial) Lahood For Congress						Date of Disbursement				
	Mailing Address P.O. Box 10735						12 22 2017				
	City	State	Zip Code				FEC Identification Number				
	Peoria Purpose of Disbursement	IL	61612								
	Contribution			0	011		C C00575050				
	Candidate Name						Transaction ID : 41719737 Amount of Each Disbursement this Period				
	Lahood, Darin, , Rep.,			Cate Ty	egor ype	y/					
		ement For:	2018				1500.00				
	Senate x	-	General				Contribution				
	President	Other (spe	cify) 🔻				Memo Item				
	State: IL District: 18										
B	Full Name (Last, First, Middle Initial) Mike Bost For Congress Committe	20					Date of Disbursement				
υ.	Wike Bost For Congress Committee	ee									
	Mailing Address PO Box 1212	12 22 2017									
	City	State IL		FEC Identification Number							
	Murphysboro Purpose of Disbursement										
	Contribution	C	011		C C00546499						
	Candidate Name			la de	-		Transaction ID : 41719738 Amount of Each Disbursement this Period				
	Bost, Michael, , Rep.,				egor ype	y/	Amount of Each Disbursement this Period				
	Office Sought: 🗶 House Disburse	ement For:	2018				1000.00				
		Primary	General				Contribution				
	President	Other (spe	cify)				Memo Item				
	State: IL District: 12 Full Name (Last, First, Middle Initial)										
C.	Roskam for Congress Committee						Date of Disbursement				
	Mailing Address PO Box 713						12 / D D / Y Y Y Y 12 22 2017				
	City	State	Zip Code				FEC Identification Number				
	Wheaton Purpose of Disbursement	IL	60187				0 000440000				
	Contribution			0)11		C C00410969				
	Candidate Name			Cate	egor	v/	Transaction ID : 41719739 Amount of Each Disbursement this Period				
	Roskam, Peter, , Rep.,	y'									
	Office Sought: 🗶 House Disburse			5000.00							
	Senate x	Primary	General				Contribution				
	State: IL District: 06	Other (spe	city) 🔻				Memo Item				
	State: IL District: 06										
s	UBTOTAL of Disbursements This Page (optional).						7500.00				
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FC	DR L		NUMBER: PAGE 329 OF 396				
ITEMIZED DISBURSEMENTS	for each	(cl		only 21b	r one) 22 🗶 23 26 27					
	Detailed	Summary Page			28a	28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na										
			_	_						
UnitedHealth Group Incorporated	PAC (Ur	itedHealth (rou	рΡ	AC)					
Full Name (Last, First, Middle Initial) A. Schneider For Congress						Date of Disbursement				
Mailing Address PO Box 1318						12 22 2017				
City Deerfield	State IL	Zip Code 60015				FEC Identification Number				
Purpose of Disbursement Contribution			0	11		C C00495952				
Candidate Name				egory	/	Transaction ID : 41719740 Amount of Each Disbursement this Period				
Schneider, Brad, , Rep.,				ype	, 					
Office Sought: X House Disburse Senate X President	ement For: Primary Other (spe	General				2500.00 Contribution				
State: IL District: 10						Memo Item				
Full Name (Last, First, Middle Initial) B. Yoder for Congress, Inc				Date of Disbursement						
Mailing Address PO Box 26742		12 22 2017								
City Overland Park			FEC Identification Number							
Purpose of Disbursement Contribution	Purpose of Disbursement									
Candidate Name			Cate	gory	/	Transaction ID : 41719741 Amount of Each Disbursement this Period				
Yoder, Kevin, , Rep.,			Ту	/pe		2500.00				
Office Sought: X House Disburse	ement For: Primary	2018 General				Contribution				
State: KS District: 03	Other (spe					Memo Item				
Full Name (Last, First, Middle Initial)						Date of Disbursement				
C. Andy Barr for Congress, Inc.										
Mailing Address PO Box 2059						12 22 2017				
City Lexington	State KY	Zip Code 40588				FEC Identification Number				
Purpose of Disbursement Contribution	1		0	11	٦	C C00467571 Transaction ID : 41719742				
Candidate Name Barr, Garland, Andy, Rep.,										
	ement For:		ype		2500.00					
Senate x President	Primary Other (spe	General cify) ▼				Contribution Memo Item				
State: KY District: 06						land				
SUBTOTAL of Disbursements This Page (optional)						7500.00				
TOTAL This Period (last page this line number only	y)									

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 330 OF 396			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b	one) 22 X 23 26 27			
	y information copied from such Reports and State for commercial purposes, other than using the na				on for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC)			
Α.	Full Name (Last, First, Middle Initial) Van Hollen For Senate				Date of Disbursement			
	Mailing Address 10605 Concord St Suite 202				12 22 2017			
	City	State	Zip Code		FEC Identification Number			
	Kensington Purpose of Disbursement	MD	20895		0 000570750			
	Contribution			011	C C00573758			
	Candidate Name			Category/	Transaction ID: 41719743 Amount of Each Disbursement this Period			
	Van Hollen, Chris, , ,			Туре				
		ement For:			2500.00			
	X Senate X President	Primary Other (spe	General		Contribution			
	State: MD District:	Other (spe	city) 🔻		Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	Poliquin For Congress				Date of Disbursement			
	Mailing Address PO Box 50	12 22 2017						
	City		FEC Identification Number					
	Oakland Purpose of Disbursement							
	Contribution	011	C C00518654					
	Candidate Name			Category/	Transaction ID : 41719744 Amount of Each Disbursement this Period			
	Poliquin, Bruce, , Rep.,			Туре				
	••	ement For:			2000.00			
		Primary	General		Contribution			
	State: ME District: 02	Other (spe	сіту)		Memo Item			
C	Full Name (Last, First, Middle Initial)				Date of Disbursement			
0.	Jason Lewis For Congress, Inc.							
	Mailing Address 13800 Nicollet Blvd. PO Box 3055				12 22 2017			
	City Burnsville	State MN	Zip Code 55337		FEC Identification Number			
	Purpose of Disbursement Contribution			011	C C00589234 Transaction ID : 41719745			
	Candidate Name	Category/	Amount of Each Disbursement this Period					
	Lewis, Jason, , Rep.,			Туре	1000.00			
		ement For: 2	2018 General		1000.00			
	President	Other (spe						
	State: MN District: 02		5, ¥		Memo Item			
s	UBTOTAL of Disbursements This Page (optional).			····· b	5500.00			
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S	CHEDULE B (FEC Form 3X)		F	FOR LINE NUMBER: PAGE 331 OF 39						331 OF 396			
IT	EMIZED DISBURSEMENTS	Use sepa for each	(cl	heck	c only 21b								
			Summary Page		\mid	210 28a	22 28b	×	23 28c	┝	20	\vdash	30b
	y information copied from such Reports and State for commercial purposes, other than using the nar					perso	n for the		pose		solicit		ontributions
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_									
Ľ	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	3rou	ip F	'AC)							
A.	Full Name (Last, First, Middle Initial) Blaine for Congress				Date of Disbursement								
	Mailing Address PO Box 98						12 / D D / Y Y Y Y 12 22 2017						
	City St Elizabeth	State MO	Zip Code 65075				FEC lo	denti	ficatio	n I	Numb	ər	
	Purpose of Disbursement Contribution			C)11		С	1)4586				
	Candidate Name			Cate	egor	v/) : 417 isburs		6 t this Period
	Luetkemeyer, Blaine, , Rep.,				ype								
	Senate x President	ment For: 2 Primary Other (spec	General				M	emo	Item	Сс	ontribu		1000.00
	State: MO District: 03												
В.	Full Name (Last, First, Middle Initial) People For Ben Mailing Address PO Box 31129								Date of Disbursement				
	City State Zip Code												
	Santa Fe	NM 87594					FEC lo	denti	ficatio	n I	Numb	ər	
	Purpose of Disbursement Contribution	(011		С	1	4436						
	Candidate Name		y/	Transaction ID : 41719747 Amount of Each Disbursement this Period									
	Lujan, Ben, , Mr.,			ype	<i>J</i> .								
	Office Sought: X House Disburse Senate X	ment For: 2 Primary	2018 General						,	C	ontribu	-	2500.00
	State: NM District: 03	Other (spec	cify)				M	emo	Item	00			
— C.	Full Name (Last, First, Middle Initial)						Date of Disbursement						
	Mailing Address PO Box 906						M N	/	D 2	22	/		017
		State	Zip Code										
	Marietta	OH	45750				FEC lo	denti	ficatio	n I	Numb	ər	
	Purpose of Disbursement Contribution			C)11		C	1	04768): 417	1074	• •
	Candidate Name Johnson, William, Leslie, Rep.,					y/						-	t this Period
	· · · · · · · · · · · · · · · · · · ·	ment For: 2	2018		ype								2500.00
	Senate x President	Primary Other (spec	General cify) ▼				Contribution Memo Item						
_	State: OH District: 06							91110	item				
s	UBTOTAL of Disbursements This Page (optional).					•			-		-,		6000.00
т	OTAL This Period (last page this line number only)							,		,		

SCHEDULE B (FEC Form 3X)			FOR LINE					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	rone) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nat	ments may i me and addi	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	iroup PAC)				
Full Name (Last, First, Middle Initial) A. Hawkeye PAC, The				Date of Disbursement				
Mailing Address PO Box 156				12 22 2017				
City Des Moines Purpose of Disbursement	State IA	Zip Code 50301		FEC Identification Number				
Contribution Candidate Name			011 Category/	C C00379479 Transaction ID : 41719749 Amount of Each Disbursement this Period				
Senate President	ment For: Primary Other (spec	General cify) ▼	Туре	5000.00 Contribution Memo Item				
State: District: Full Name (Last, First, Middle Initial) B. Freedom Fund Mailing Address 701 8th Street NW, Suite 500		Date of Disbursement						
City Washington Purpose of Disbursement Contribution	011	FEC Identification Number C C00390674 Transaction ID : 41719750						
Candidate Name Freedom Fund Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General	Category/ Type	Amount of Each Disbursement this Period 5000.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Oorah! PAC				Date of Disbursement				
Mailing Address P.O. Box 1053				12 22 2017				
City Bloomington Purpose of Disbursement Contribution Candidate Name Oorah! PAC	Bloomington IN 47402 Purpose of Disbursement Contribution IN 47402 Candidate Name Cat							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		5000.00 Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional).			····· ►	15000.00				
TOTAL This Period (last page this line number only	/)		••••••	144000.00				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 333 OF 396
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or us ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)	// .			,
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group PAC)
Α.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Roman Pro	ezioso			Date of Disbursement
	Mailing Address 1806 Dogwood Drive				12 01 2017
	City	State WV	Zip Code		FEC Identification Number
	Fairmont Purpose of Disbursement	VVV	26554		
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 41615686 Amount of Each Disbursement this Period
	Prezioso, Roman, , WV Sen., Jr.			Туре	
	Office Sought: House Disburse Senate President Image: Constraint of the second s	ement For: Primary Other (spe	General cify) ▼		250.00 Contribution Memo Item
	State: District:				
B.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Tim Miley				Date of Disbursement
	Mailing Address 229 West Main St Ste 400		12 01 2017		
	City Clarksburg	State WV	Zip Code 26301		FEC Identification Number
	Purpose of Disbursement Contribution	011	C		
	Candidate Name			Category/	Transaction ID : 41615688 Amount of Each Disbursement this Period
	Miley, Timothy, , WV Del.,			Туре	
		ement For:			250.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	city)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Friends of Ryan Ferns Committee				Date of Disbursement
	Mailing Address 37 Jenna Way Drive				12 / D D / Y Y Y Y 12 01 2017
	City Wheeling	State WV	Zip Code 26003		FEC Identification Number
	Purpose of Disbursement Contribution			011	С
	Candidate Name			Category/	Transaction ID : 41615689 Amount of Each Disbursement this Period
	Ferns, Ryan, , WV Sen.,	Type			
	Office Sought: House Disburse		500.00		
	Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
	State: District:	۔ 			
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SCHEDULE B (FEC Form 3X)			FC)r i inf	E NUMBER: PAGE 334 OF 396				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		neck on	v one)				
		Summary Page		21b 28a					
Any information copied from such Reports and State or for commercial purposes, other than using the na				any per	rson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	p PA	C)				
Full Name (Last, First, Middle Initial) A. Laura Cox for State Senate					Date of Disbursement				
Mailing Address PO Box 531392					12 / D D / Y Y Y Y 12 08 2017				
City	State	Zip Code			FEC Identification Number				
Livonia Purpose of Disbursement	MI	48153							
Contribution			0.	11	C				
Candidate Name			Cate	gory/	Transaction ID : 41633749 Amount of Each Disbursement this Period				
Cox, Laura, , ,				vpe	500.00				
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼			Contribution Memo Item				
State: District:	1								
Full Name (Last, First, Middle Initial) B. Committee to Elect Tim Armstead Mailing Address 20 Pine Cone Lane			Date of Disbursement						
City Elkview	State WV	Zip Code 25071			FEC Identification Number				
Purpose of Disbursement Contribution			0	11	Transaction ID : 41656230				
Candidate Name			Cate	gory/	Amount of Each Disbursement this Period				
Armstead, Timothy, , WV Del.,			Ту	pe	500.00				
Office Sought: House Disburse Senate	ment For: Primary	General			500.00				
President	Other (spe				Contribution				
State: District:									
Full Name (Last, First, Middle Initial) C. Gaunch for Senate Committee					Date of Disbursement				
Mailing Address 524 Woodbridge Drive					12 15 7 Y Y Y Y Y 12 15 2017				
City Charleston	State WV	Zip Code 25311			FEC Identification Number				
Purpose of Disbursement Contribution			0,	11	C Transaction ID : 41656231				
Candidate Name Gaunch, Charles, , WV Sen.,				gory/ pe	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		-	-	250.00				
Senate President	Primary Other (spe	General cify) ▼			Contribution				
State: District:]				Memo Item				
SUBTOTAL of Disbursements This Page (optional).				•••• •	1250.00				
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ITEMIZED DISBURSEMENTS		Use sepa for each	(C		conly one) 21b 22 23 26 27	
		Detailed	Summary Page			210 22 23 20 27 28a 28b 28c x 29 30b
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\backslash	NAME OF COMMITTEE (In Full)	// .		_	_	
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Srou	р Р.	PAC)
	Full Name (Last, First, Middle Initial) Citizens for Wiemann					Date of Disbursement
	Mailing Address 92 Myrtle Wood Court					12 21 <u>YYYYY</u>
	City	State	Zip Code			FEC Identification Number
	O'Fallon Purpose of Disbursement	MO	63368			
	Contribution			0	011	
	Candidate Name			Cate	egory	Transaction ID : 41713833 // Amount of Each Disbursement this Period
	Wiemann, John, , MO Rep.,	_			ype	
	Senate	ement For: Primary	General			Contribution
	State: District:	Other (spec	cify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.	Citizens to Elect Mike Kehoe	Date of Disbursement				
	Mailing Address PO Box 105527	12 21 2017				
	City Jefferson City	State MO	Zip Code 65110		FEC Identification Number	
	Purpose of Disbursement Contribution)11	С		
	Candidate Name				egory/	Transaction ID : 41713834
	Kehoe, Mike, , ,				ype	Amount of Each Disbuisement this renou
		ement For:				1500.00
	President	Primary	General			Contribution
	State: District:	Other (spec	Siry)			Memo Item
-	Full Name (Last, First, Middle Initial)					Date of Disbursement
C.	Dr Dan Brown For Senate					
	Mailing Address PO Box 934					12 21 2017
	City Rolla	State MO	Zip Code 65402			FEC Identification Number
	Purpose of Disbursement Contribution)11	C
	Candidate Name	y/ Amount of Each Disbursement this Period				
	Brown, Dan, , MO Sen.,	2600.00				
	fice Sought: House Disbursement For: Senate Primary Genera					
	President	Other (spec				Contribution Memo Item
	State: District:					
s	JBTOTAL of Disbursements This Page (optional).)	6200.00
т	OTAL This Period (last page this line number only	/))	•

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 336 OF 396			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-			
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial) A. Engler for Missouri				Date of Disbursement			
Mailing Address 108 W Columbia St				12 21 2017			
Farmington	State MO	Zip Code 63640		FEC Identification Number			
Purpose of Disbursement Contribution			011	C Transaction ID : 41713837			
Candidate Name Engler, Kevin, , ,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Fitzpatrick for House Mailing Address PO BOX 701		Date of Disbursement					
City Shell Knob Purpose of Disbursement		FEC Identification Number					
Contribution Candidate Name Fitzpatrick, Scott, , MO Rep., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General cify)	011 Category/ Type	Transaction ID : 41713838 Amount of Each Disbursement this Period 2600.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Friends of Caleb Rowden				Date of Disbursement			
Mailing Address PO Box 7088				12 / D D / Y Y Y Y 12 21 2017			
City Columbia Purpose of Disbursement Contribution	State MO	Zip Code 65205	011	FEC Identification Number			
Candidate Name Rowden, Caleb, , MO Sen., Office Sought: House Disburse	Category/ Type	Amount of Each Disbursement this Period 2600.00					
Senate President State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional)			F	7200.00			

SCHEDULE B (FEC Form 3X)			FOR L	INE NUMBER: PAGE 337 OF 396		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		only one) 21b 22 23 26 27 28a 28b 28c x 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the nar				person for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Foup F	AC)		
Full Name (Last, First, Middle Initial) A. Friends of Elijah Haahr				Date of Disbursement		
Mailing Address PO Box 14506				12 21 2017		
City Springfield Purpose of Disbursement	State MO	Zip Code 65814		FEC Identification Number		
Contribution Candidate Name			011 Category	Transaction ID : 41713840		
Haahr, Elijah, , MO Rep., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼	Туре	Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Friends of Mark Ellebracht Mailing Address 529 Thornton St.				Date of Disbursement		
City Liberty Purpose of Disbursement Contribution	Zip Code 64068	011	FEC Identification Number C Transaction ID : 41713841			
Candidate Name Ellebracht, Mark, , MO Rep., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Gify)	Category Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Friends of Mike Cunningham 16	Full Name (Last, First, Middle Initial)					
Mailing Address 515 Landslide Rd.				12 21 2017		
Rogersville Purpose of Disbursement Contribution Candidate Name	State MO	Zip Code 65742	011 Category	FEC Identification Number C Transaction ID : 41713842 Amount of Each Disbursement this Period		
Cunningham, Mike, , MO Sen., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional)						

SCHEDULE B (FEC Form 3X)			FC	DR LI	NE	NUMBER: PAGE 338 OF 396				
ITEMIZED DISBURSEMENTS			(cł		only 21b	y one) 22 23 26 27				
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Any information copied from such Reports and Sta or for commercial purposes, other than using the n										
NAME OF COMMITTEE (In Full)	// .		_	_						
UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	Grou	р Р.		<i>;</i>)				
Full Name (Last, First, Middle Initial) A. Friends of Rob Vescovo						Date of Disbursement				
Mailing Address 2731 Riebold Drive						12 / D D / Y Y Y Y 12 21 2017				
City Arnold	State MO	Zip Code 63010				FEC Identification Number				
Purpose of Disbursement Contribution			0	11	1	C Transaction ID : 41713843				
Candidate Name				gory	/	Amount of Each Disbursement this Period				
Vescovo, Robert, , MO Rep., Office Sought: House Disburg	sement For:		Ty	/pe	_	2600.00				
Senate President	Primary Other (spe	General Gerify)				Contribution Memo Item				
State: District: Full Name (Last, First, Middle Initial)										
B. Friends of Todd Richardson						Date of Disbursement				
Mailing Address PO Box 1738	12 21 2017									
City Columbia	State MO	Zip Code 65205		FEC Identification Number						
Purpose of Disbursement Contribution			0	011	1	C Transaction ID : 41713845				
Candidate Name Dichardson, Todd				gory	/	Amount of Each Disbursement this Period				
Richardson, Todd, , , Office Sought: House Disburs	sement For:		Ty	/pe	_	200.00				
Senate	Primary	General				Contribution				
State: District:	Other (spe	ecify)				Memo Item				
Full Name (Last, First, Middle Initial) C. Onder for Missouri										
Mailing Address 2090 Key Harbour Drive										
City Lake Saint Louis	State MO	Zip Code 63367				FEC Identification Number				
Purpose of Disbursement Contribution			0,	11	1	C Transaction ID : 41713846				
Candidate Name Onder, Bob, , MO Sen.,	Category/									
	sement For:					2000.00				
State: District:	Primary Other (spe	General cify) ▼				Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)			·····)		4800.00				
TOTAL This Period (last page this line number or	ıly))		, ,				

SC	CHEDULE B (FEC Form 3X)			FC	DR L	INE	NUMBER: PAGE 339 OF 396				
IT	EMIZED DISBURSEMENTS	Use sepa for each	(cl		only 21b	y one) 22 23 26 27					
		Detailed	Summary Page			210 28a	22 23 20 27 28b 28c x 29 30b				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_						
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	рР	PAC	3)				
Α.	Full Name (Last, First, Middle Initial) Sater for Senate						Date of Disbursement				
	Mailing Address 1735 Cedar		12 / 21 / Y Y Y Y 12 2017								
	City	State	Zip Code				FEC Identification Number				
	Cassville Purpose of Disbursement	MO	65625								
	Contribution	0	11		С						
	Candidate Name			Cate	gory	/	Transaction ID : 41713850 Amount of Each Disbursement this Period				
	Sater, David, , MO Sen.,				/pe						
	Office Sought: House Disburse Senate	ment For:	Conorol				2600.00				
	President	Primary Other (spe	cify)				Contribution				
	State: District:		(iii) V				Memo Item				
	Full Name (Last, First, Middle Initial)										
Β.	Scott Sifton for Missouri				Date of Disbursement						
	Mailing Address PO Box 4396		12 21 2017								
	City	ity State Zip Code									
	St. Louis Purpose of Disbursement		FEC Identification Number								
	Contribution	0	11		С						
	Candidate Name			Cate	tegory/	/	Transaction ID : 41713851 Amount of Each Disbursement this Period				
	Sifton, Scott, , MO Sen.,				/pe	1					
	°	ment For:					1000.00				
	President	Primary Other (spe	General				Contribution				
	State: District:		city)				Memo Item				
_	Full Name (Last, First, Middle Initial)										
C.	Walters 2018						Date of Disbursement				
	Mailing Address P.O. Box 411						12 / 21 / Y Y Y Y 12 21 2017				
	City	State	Zip Code				FEC Identification Number				
	Cedar Grove Purpose of Disbursement	WV	25039				0				
	Contribution			0	11						
	Candidate Name			Cate	gory	//	Transaction ID : 41713855 Amount of Each Disbursement this Period				
	Walters, Ron, , WV Del.,				/pe						
		ment For:	General				250.00				
	President	Primary Other (spe				Contribution					
	State: District:		(iii) V				Memo Item				
							3850.00				
	UBTOTAL of Disbursements This Page (optional).										
Т	OTAL This Period (last page this line number only	/)									

S	CHEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 340 OF 396				
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck only	-				
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	ny information copied from such Reports and State for commercial purposes, other than using the nar									
\backslash	NAME OF COMMITTEE (In Full)			_						
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	irou	p PAC	;)				
Α.	Full Name (Last, First, Middle Initial) PA House Republican Campaign (Committe	ee			Date of Disbursement				
	Mailing Address 500 N Third St. 4th Floor PO Box 11787					12 21 Y Y Y Y 12 21 2017				
		State PA	Zip Code 17108			FEC Identification Number				
	Harrisburg Purpose of Disbursement		17108	_	_	С				
	Contribution			0	11	Transaction ID : 41713856				
	Candidate Name				egory/ ype	Amount of Each Disbursement this Period				
		ment For:				1500.00				
	Senate President	Primary Other (spec	General			Contribution				
	State: District:	Other (Spec	Siry) V			Memo Item				
	Full Name (Last, First, Middle Initial)									
Β.	West Virginia Republican Legislati	Date of Disbursement								
	Mailing Address 5 Edgewood St	12 / D D / Y Y Y Y 12 21 2017								
		State	Zip Code			FEC Identification Number				
	Wheeling Purpose of Disbursement	WV	26003	_		С				
	Contribution	011				Transaction ID : 41713857				
	Candidate Name				egory/ ype	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:		13	ype	750.00				
	Senate	Primary				Contribution				
	State: District:	Other (spec	cify)			Memo Item				
-	Full Name (Last, First, Middle Initial)									
C.	WV Republican Senatorial Commi	ttee				Date of Disbursement				
	Mailing Address P.O. Box 11316					12 / 21 / Y Y Y Y 12 21 2017				
	5	State WV	Zip Code			FEC Identification Number				
	Charleston Purpose of Disbursement	VVV	25339	_	_	С				
	Contribution Candidate Name	egory/	Transaction ID : 41713859 Amount of Each Disbursement this Period							
	Office Sought: House Disburse		T	уре	1000.00					
	Senate					Contribution				
	President	Other (spec	cify) 🔻			Memo Item				
_	State: District:									
s	CUBTOTAL of Disbursements This Page (optional).				····· >	3250.00				
т	OTAL This Period (last page this line number only)			····· Þ					

SCHEDULE B (FEC Form 3X)			FOR LINE						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may i me and addi	not be sold or use ress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		itadi laalth (N N N N N N N N N N N N N N N N N N N					
UnitedHealth Group Incorporated	PAC (UN		Broup PAC)					
Full Name (Last, First, Middle Initial) A. Andy Wells For NC Senate				Date of Disbursement					
Mailing Address PO Box 729	Mailing Address PO Box 729								
City Hickory	State NC	Zip Code 28603-0729		FEC Identification Number					
Purpose of Disbursement Contribution	Purpose of Disbursement								
Candidate Name			Category/	Transaction ID : 41724908 Amount of Each Disbursement this Period					
Wells, Andy, , NC Sen., Office Sought: House Disburse	ement For:		Туре	1000.00					
Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item					
State: District:									
Full Name (Last, First, Middle Initial) B. Bishop for Senate	Date of Disbursement								
Mailing Address 2216 Whilden Ct	12 29 2017								
City Charlotte		FEC Identification Number							
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 41724917					
Bishop, James, Daniel, ,			Category/ Type	Amount of Each Disbursement this Period					
	ment For:	I		1000.00					
Senate President	Primary Other (spec	General		Contribution					
State: District:		511y)		Memo Item					
Full Name (Last, First, Middle Initial) C. Brent Jackson for NC Senate				Date of Disbursement					
Mailing Address 2924 Ernest Williams Road	Mailing Address 2924 Ernest Williams Road								
City Autryville	State NC	Zip Code 28318		FEC Identification Number					
Purpose of Disbursement Contribution			011	C Transaction ID : 41724920					
Candidate Name Jackson, Brent, , NC Sen.,									
Office Sought: House Disburse	ment For: Primary	Gaparal		1000.00					
State: District:	Other (spec	General cify) ▼		Contribution Memo Item					
SUBTOTAL of Disbursements This Page (optional).				3000.00					
TOTAL This Period (last page this line number only				· · · · · · · · · · · · · · · · · · ·					

SC	CHEDULE B (FEC Form 3X)					NUMBER: PAGE 342 OF 396
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(che	eck only 21b 28a	22 23 26 27 28b 28c x 29 30b
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may r me and addr	not be sold or use ress of any politica	ed by a al comn	ny perso nittee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Group	PAC)
Α.	Full Name (Last, First, Middle Initial) Bumgardner for NC House					Date of Disbursement
	Mailing Address PO Box 550072	12 D D / Y Y Y Y 12 29 2017				
	City Gastonia Purpose of Disbursement	State NC	Zip Code 28055			FEC Identification Number
	Contribution Candidate Name	1	Transaction ID : 41724934 Amount of Each Disbursement this Period			
	Bumgardner, Dana, , NC Rep., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Categ Typ		Contribution Memo Item
	Full Name (Last, First, Middle Initial) Chuck Edwards for NC Senate Co Mailing Address 337 N Main St	ommittee				Date of Disbursement
	City Hendersonville Purpose of Disbursement Contribution	1	FEC Identification Number			
	Candidate Name Edwards, Chuck, , Mr., Office Sought: Benate President State: District:	ment For: Primary Other (spec	General Gify)	Categ Typ		Amount of Each Disbursement this Period 1000.00 Contribution Memo Item
C.	Full Name (Last, First, Middle Initial) Citizens for Dan Blue					Date of Disbursement
	Mailing Address PO Box 287					12 29 2017
	City Raleigh Purpose of Disbursement Contribution Candidate Name Blue, Dan, , NC Sen.,	Zip Code 27602	01 Categ Typ	jory/	FEC Identification Number C Transaction ID : 41724942 Amount of Each Disbursement this Period	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼			1000.00 Contribution Memo Item
⊢	UBTOTAL of Disbursements This Page (optional)					3500.00

S	CHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 343 OF 396
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 28a	ly one) 22 23 26 27
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politica	ed by any per al committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)				2)
\backslash	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Froup PAG	J)
Α.	Full Name (Last, First, Middle Initial) Citizens To Elect Kathy Harrington	Date of Disbursement			
	Mailing Address 3324 Lincoln Lane				12 29 2017
	5	State NC	Zip Code		FEC Identification Number
	Gastonia Purpose of Disbursement	NC	28056		C
	Contribution			011	Transaction ID : 41724949
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Harrington, Kathy, , NC Sen.,	mant Fam		Туре	1000.00
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item
	State: District:				
B.	Full Name (Last, First, Middle Initial) Committee to Elect Donny Lamber Mailing Address 4627 South Main Street		Date of Disbursement		
	City Winston-Salem	State NC	Zip Code 27127		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 41724950
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Lambeth, Donny, C., NC Rep.,			Туре	4000.00
	Office Sought: House Disburse Senate	ment For:	General		1000.00
	State: District:	Primary Other (spec			Contribution Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Darren Jackson for NC House				Date of Disbursement
	Mailing Address PO Box 10082				12 29 2017
	City Raleigh	State NC	Zip Code 27605		FEC Identification Number
	Purpose of Disbursement Contribution			011	C
	Candidate Name Jackson, Darren, , NC Rep.,	Category/ Type	Transaction ID : 41724951 Amount of Each Disbursement this Period		
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
_	State: District:				
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S	CHEDULE B (FEC Form 3X)			F	OR L	INE I	NUMBER:			F	AGE	344 OF 396
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		Detailed	Summary Page			28a	28b	28	L	x 29		30b
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\square	NAME OF COMMITTEE (In Full)			_	_							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Brou	ip P)					
Α.	Full Name (Last, First, Middle Initial) David Lewis for NC House						Date of	Disbur	sen	nent		
	Mailing Address PO Box 1826		12 / D D / Y Y Y Y 29 2017									
	City Dunn	State NC	Zip Code 28335				FEC Id	entificat	ion	Numb	er	
	Purpose of Disbursement Contribution)11		С								
	Candidate Name Lewis, David, , NC Rep.,				egory	/		of Ead				2 t this Period
		ement For: Primary	General	•	ype			-				1000.00
	State: District:	Other (spe					Me	mo Iter	-	ontribu	ition	
_	Full Name (Last, First, Middle Initial)											
в.	DOLLAR FOR HOUSE	LAR FOR HOUSE						ⁱ Disbur	sen	_	Y	Y Y
	Mailing Address PO BOX 1352		12 29 2017									
	City Cary	State Zip Code NC 27512						entificat	ion	Numb	er	
	Purpose of Disbursement Contribution		(011		С	nsactio	n li	D · 417	2495	3	
	Candidate Name			tegory/	/						t this Period	
	Dollar, Nelson, , NC Rep., Office Sought: House Disburse	ement For:	ent For:				· · ·					1000.00
	Senate	Primary	General					-	С	Contrib		- 49
	State: District:	Other (spe	cify)				Me	mo Iter	n			
с.	Full Name (Last, First, Middle Initial) Friends of Tim Moore						Date of Disbursement					
	Mailing Address 305 E King St						12 29 2017					
	City	State	Zip Code			_	FEC Id	entificat	tion	Numb	er	
	Kings Mountain Purpose of Disbursement Contribution	NC	28086	_	_	-	С					
	Candidate Name			<u> </u>)11 egory	/		nsactions of Each			-	3 t this Period
	Moore, Timothy, K., NC Rep., Office Sought: House Disburse	ement For:		Ţ	ype			_	1			1600.00
	Senate	General								.4:	1000.00	
	State: District:	Primary Other (spe					Ме	mo Iter		Contrib	ution	
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SCHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 345 OF 396				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	rone) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial) A. Friends of Trudy Wade				Date of Disbursement				
Mailing Address 4205 Rose Lake Drive				12 29 2017				
Greensboro Purpose of Disbursement	State NC	Zip Code 27407		FEC Identification Number				
Contribution Candidate Name Wade, Trudy, , NC Sen.,			011 Category/ Type	Transaction ID : 41724974 Amount of Each Disbursement this Period				
	ment For: Primary Other (spec	General cify) ▼	1990	Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Gunn for NC Senate Mailing Address PO Box 308				Date of Disbursement				
Burlington Purpose of Disbursement Contribution	State NC	Zip Code 27216-0308	011	FEC Identification Number				
Candidate Name Gunn, Rick, , NC Sen., Jr. Office Sought: Senate President State: District:	ment For: Primary Other (spec	General cify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Harry Brown for NC Senate	Full Name (Last, First, Middle Initial)							
Mailing Address PO Box 520				12 / D D / Y Y Y Y 12 29 2017				
City Jacksonville Purpose of Disbursement Contribution Candidate Name Brown, Harry, , NC Sen.,	State NC	Zip Code 28540	011 Category/ Type	FEC Identification Number C Transaction ID : 41724976 Amount of Each Disbursement this Period				
	ment For: Primary Other (spec	General cify) ▼	Туре	2000.00 Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)				4000.00				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 346 OF 396				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-				
	y information copied from such Reports and State for commercial purposes, other than using the na								
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth 0	Group PAC)				
	Full Name (Last, First, Middle Initial)	,		•	,				
Α.	Jason Saine Committee				Date of Disbursement				
	Mailing Address 417 East Main Street Suite 103				12 29 2017				
	City Lincolnton	State NC	Zip Code 28092		FEC Identification Number				
	Purpose of Disbursement Contribution	011	С						
	Candidate Name			Category/	Transaction ID: 41724977 Amount of Each Disbursement this Period				
	Saine, Jason, , NC Rep., Office Sought: House Disburse	ement For:		Туре	1000.00				
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item				
	State: District: Full Name (Last, First, Middle Initial)								
В.	John Bell Committee		Date of Disbursement						
	Mailing Address 501 Holland Hill Dr		12 / 29 / Y Y Y Y 12 29 2017						
	City Goldsboro		FEC Identification Number						
	Purpose of Disbursement Contribution	011	C Transaction ID : 41724978						
	Candidate Name Bell, John, , NC Rep., IV			Category/ Type	Amount of Each Disbursement this Period				
		ement For:		туре	2000.00				
	Senate President	Primary Other (spec	General		Contribution				
_	State: District:		siry)		Memo Item				
C.	Full Name (Last, First, Middle Initial) JOHN SZOKA FOR NC HOUSE				Date of Disbursement				
	Mailing Address PO Box 87485				12 / D D / Y Y Y Y 29 / 2017				
	City Fayetteville	State NC	Zip Code 28304		FEC Identification Number				
	Purpose of Disbursement Contribution			011	С				
	Candidate Name Szoka, John, , NC Rep.,	Category/	Transaction ID : 41724979 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	Туре	1000.00						
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item				
	State: District:								
s	UBTOTAL of Disbursements This Page (optional).			••••••	4000.00				
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SCHEDULE B (FEC Form 3X)		urato cohodula(a)	FOR LINE					
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Froup PAC)				
Full Name (Last, First, Middle Initial) A. JON HARDISTER FOR NC HOUS								
Mailing Address PO BOX 4113	Mailing Address PO BOX 4113							
Greensboro	State NC	Zip Code 27404		FEC Identification Number				
Purpose of Disbursement Contribution			011	C Transaction ID : 41724980				
Hardister, Jon, , NC Rep., Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period 1500.00				
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Josh Dobson for NC House Comm Mailing Address 649 South Creek Rd	nittee			Date of Disbursement				
City Nebo		FEC Identification Number						
Purpose of Disbursement Contribution Candidate Name Dobson, Josh, , NC Rep.,	011 Category/ Type	C Transaction ID : 41725002 Amount of Each Disbursement this Period						
	ment For: Primary Other (spec	General Cify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Joyce Krawiec for NC Senate				Date of Disbursement				
Mailing Address 7030 Interlaken Drive				12 / D D / Y Y Y Y 29 2017				
Kernersville Purpose of Disbursement	State NC	Zip Code 27284	011	FEC Identification Number				
Candidate Name Krawiec, Joyce, , NC Sen.,								
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)				4500.00				
TOTAL This Period (last page this line number only))		····· •					

SCHEDULE B (FEC Form 3X)			FC	DR LI	NE	NUMBER: PAGE 348 OF 396				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			neck	only	/ one)				
		Summary Page			21b 28a	22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na						on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)		_			_					
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	irou	p P	AC)				
Full Name (Last, First, Middle Initial) A. Justin Burr for NC House						Date of Disbursement				
Mailing Address PO Box 1966						12 / D D / Y Y Y Y 29 / 2017				
City Albemarle	State NC	Zip Code 28002				FEC Identification Number				
Purpose of Disbursement Contribution			0	11	1	C Transaction ID : 41725004				
Candidate Name Burr, Justin, , NC Rep.,				gory. /pe		Amount of Each Disbursement this Period				
	ement For: Primary Other (spec	General				1000.00 Contribution				
State: District:						Memo Item				
 Full Name (Last, First, Middle Initial) B. Malone for NC House 						Date of Disbursement				
Mailing Address PO Box 967	12 29 2017									
City Wake Forest Purpose of Disbursement										
Contribution			0	011		C Transaction ID : 41725011 Amount of Each Disbursement this Period				
Malone, Chris, , NC Rep., III				gory. pe	,					
Office Sought: House Disburse	ement For: Primary	General				2000.00 Contribution				
State: District:	Other (spec	cify)				Memo Item				
Full Name (Last, First, Middle Initial) C. McGrady Campaign Committee										
Mailing Address P.O. Box 723										
City Hendersonville	State NC	Zip Code 28793				FEC Identification Number				
Purpose of Disbursement Contribution Candidate Name	Purpose of Disbursement Contribution									
McGrady, Chuck, , NC Rep.,				egory. vpe	′	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼				Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional).				1	•	4000.00				
TOTAL This Period (last page this line number only					_					

S	CHEDULE B (FEC Form 3X)			FC	DR LINE	NUMBER: PAGE 349 OF 396					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page			neck only 21b 28a						
	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	p PAC	;)					
Α.	Full Name (Last, First, Middle Initial) Newton for Senate		Date of Disbursement								
	Mailing Address PO Box 145					12 29 2017					
	City	State	Zip Code			FEC Identification Number					
	Mount Pleasant	NC	28124								
	Purpose of Disbursement Contribution			0	11	С					
	Candidate Name			Cata		Transaction ID : 41725021 Amount of Each Disbursement this Period					
	Newton, Paul, , Mr,				gory/ pe	Amount of Each Dispursement this Penod					
		ment For:		,	1	1500.00					
	Senate	Primary	General			Contribution					
	President	Other (spec	cify) 🔻			Memo Item					
	State: District:										
В.	Full Name (Last, First, Middle Initial) Paul Lowe for NC Senate Commit	Date of Disbursement									
	Mailing Address PO Box 20262	12 29 2017									
	City Winston-Salem		FEC Identification Number								
	Purpose of Disbursement Contribution		0	11	C Transaction ID : 41725023						
	Candidate Name Lowe, Paul, , NC Sen., Jr.	Category Type			• •	Amount of Each Disbursement this Period					
					he	1000.00					
	Senate	Primary			Contribution						
	President	Other (spec	cify)			Memo Item					
	State: District:										
C.	Full Name (Last, First, Middle Initial) Phil Berger Committee					Date of Disbursement					
	Mailing Address PO Box 1309					12 29 2017					
	City	State	Zip Code			FEC Identification Number					
	Eden Purpose of Disbursement	NC	27289	_	_	С					
	Contribution			0	11	Transaction ID : 41725024					
	Candidate Name	Amount of Each Disbursement this Period									
	Berger, Philip, , NC Sen., Office Sought: House Disburse	IY	rpe	1600.00							
	Senate										
	President	Primary Other (spec	General cify) ▼			Contribution					
	State: District:					Memo Item					
⊢	UBTOTAL of Disbursements This Page (optional).					4100.00					

SCHEDULE B (FEC Form 3X)			F	FOR LINE NUMBER: PAGE 35							350 OF	396				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck		ly one)									
			Summary Page			210 28a	22 28b	\vdash	23 28c		26 29	$\mid \mid$	27 30b			
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			ч. на на н	`												
UnitedHealth Group Incorpor	rated F	AC (Un	itedHealth C	rouخ	p P	AC))									
Full Name (Last, First, Middle Initial) A. Rabon for Senate										ement						
Mailing Address 404 West Brunswick Stree	Mailing Address 404 West Brunswick Street									12 / D D / Y Y Y Y 12 29 2017						
City Southport	S	State NC	Zip Code 28461				FEC I	denti	ficatio	n Nur	nber					
Purpose of Disbursement Contribution				0	11	٦	С			ID . A	4705	024				
Candidate Name					egory	/			action Each				this Peric	bd		
Rabon, Bill, , NC Sen., Office Sought: House I	Disbursen	nent For:		- IY	ype							1	000.00	٦.		
Senate President		Primary Other (spec	General cify) ▼					emo		Contr	butio	n				
State: District:								cino	nom							
Full Name (Last, First, Middle Initial) B. Ralph Hise for NC Senate									sburse		_					
Mailing Address PO Box 86								VI /	D 2	29	Y		17			
City Spruce Pine	Spruce Pine NC 28777							denti	ficatio	n Nur	nber					
Contribution							С	ansa	ction	ID : 4	1725	033				
Candidate Name Hise, Ralph, , NC Sen., Jr.			Category/ Type									this Peric	bd			
Office Sought: House I	Disbursen							,		_	2	300.00				
Senate President		Primary Other (spec				Contribution										
State: District:			,,				M	emo	Item							
Full Name (Last, First, Middle Initial) C. William Brisson for NC Hous	е						Date	of Di	sburse	ement						
Mailing Address PO Box 531							M 12		D 2	9 /	Y	ү 20	17 ^Y			
City Dublin	S	State NC	Zip Code 28332				FEC I	denti	ficatio	n Nur	nber					
Purpose of Disbursement Contribution	[0	11		С									
Candidate Name Brisson, William, , NC Rep.,							Transaction ID : 41725037 Amount of Each Disbursement this Period					bd				
· · · · · · · · · · · · · · · · · · ·												1	000.00			
Senate President		Primary Other (spec	General cify) ▼				Contribution Memo Item									
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TOTAL This Period (last page this line num	ber only)								,		,	_				

S	CHEDULE B (FEC Form 3X)		F	OR I	LINE	NUMBER: PAGE 351 OF 396						
IT	EMIZED DISBURSEMENTS	Use sepa for each	(c	heck	only 21b	y one) 22 23 26 27						
			Detailed Summary Page			210 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$					
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\backslash	NAME OF COMMITTEE (In Full)		_			_						
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	рF	PAC	.)					
A.	Full Name (Last, First, Middle Initial) Friends of Janet Howell		Date of Disbursement									
	Mailing Address PO BOX 2608		12 29 2017									
	City RESTON	State VA					FEC Identification Number					
	Purpose of Disbursement Contribution	VA	0)11		С						
	Candidate Name			Cate	egor	v/	Transaction ID : 41725038 Amount of Each Disbursement this Period					
	Howell, Janet, , VA Sen.,				ype		1500.00					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				Contribution Memo Item					
	State: District:											
В.	Full Name (Last, First, Middle Initial) Friends of Kathy Byron						Date of Disbursement					
	Mailing Address PO Box 900	12 29 2017										
	City Forest			FEC Identification Number								
	Purpose of Disbursement Contribution						C Transaction ID : 41725039					
	Candidate Name		Category/ Type			Amount of Each Disbursement this Period						
	Byron, Kathy, , VA Del., Office Sought: House Disburse	ement For:				1000.00						
	Senate	Primary				Contribution						
	State: District:	Other (spec	Cify)				Memo Item					
<u> </u>	Full Name (Last, First, Middle Initial)						Date of Disbursement					
	Mailing Address PO Box 1205						12 29 2017					
	City Colonial Heights	State VA	Zip Code 23834				FEC Identification Number					
	Purpose of Disbursement Contribution			0)11	٦	С					
	Candidate Name Cox, Kirkland, , Delegate,	y/	Transaction ID : 41725040 Amount of Each Disbursement this Period									
	· · · · · · · · · · · · · · · · · · ·	ement For:		1	ype		2000.00					
	Senate	Primary	General				Contribution					
	State: District:											
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 352 OF 396				
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a					
Any information copied from such Reports and State or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	iroup PAC)				
Full Name (Last, First, Middle Initial) A. Friends of S. Chris Jones								
Mailing Address Post Office Box 5058				12 / D D / Y Y Y Y Y 12 29 2017				
Suffolk	State VA	Zip Code 23435		FEC Identification Number				
Purpose of Disbursement Contribution			011	C Transaction ID : 41725047				
Candidate Name Jones, S. Chris, , VA Del.,			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec		Contribution Memo Item					
Full Name (Last, First, Middle Initial) B. Friends of Scott Garrett Mailing Address 2255 Langhorne Road				Date of Disbursement				
4 City		FEC Identification Number						
Lynchburg Purpose of Disbursement Contribution	011	C Transaction ID : 41725048						
Candidate Name Garrett, T. Scott, , VA Del., Office Sought: Senate President State: District:	ment For: Primary Other (spec	General	Category/ Type	Amount of Each Disbursement this Period 500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Friends of Siobhan Dunnavant				Date of Disbursement				
Mailing Address PO Box 70849				12 29 2017				
City Henrico Purpose of Disbursement Contribution	State VA	Zip Code 23255	011	FEC Identification Number				
Candidate Name Dunnavant, Siobhan, , VA Sen., Office Sought: House Disburse	Category/ Type	Transaction ID : 41725050 Amount of Each Disbursement this Period						
Senate President State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)			····· ►	2500.00				
TOTAL This Period (last page this line number only	·)		······ >	, ,				

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 353 OF 396							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a								
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	ments may r ne and addr	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	iroup PAC)							
Full Name (Last, First, Middle Initial) A. Friends of Steve Newman for Sena	Full Name (Last, First, Middle Initial) Friends of Steve Newman for Senate										
Mailing Address PO Box 480	12 29 2017										
City Forest Purpose of Disbursement	State VA	Zip Code 24551		FEC Identification Number							
Contribution Candidate Name Nowman, Stophon, VA Son			011 Category/	Transaction ID : 41725051 Amount of Each Disbursement this Period							
Newman, Stephen, , VA Sen., Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	Contribution Memo Item							
Full Name (Last, First, Middle Initial) B. Friends of Tim Hugo Mailing Address PO Box 893	Friends of Tim Hugo										
Centreville Purpose of Disbursement Contribution Candidate Name	State VA	Zip Code 20122	011 Category/	FEC Identification Number C Transaction ID : 41725053 Amount of Each Disbursement this Period							
Hugo, Timothy, , VA Del., Office Sought: House Senate President State: District:	House Disbursement For: Senate Primary Ge President Other (specify)		Туре	1000.00 Contribution Memo Item							
Full Name (Last, First, Middle Initial) C. Friends of Tommy Norment				Date of Disbursement							
Mailing Address PO Box 6205				12 29 2017							
City Williamsburg Purpose of Disbursement Contribution	State VA	Zip Code 23188	011	FEC Identification Number							
Candidate Name Norment, Thomas, K., VA Sen., Jr Office Sought: House Disburser Senate President		General	Category/ Type	Transaction ID : 41725071 Amount of Each Disbursement this Period 2000.00 Contribution Memo Item							
State: District:											
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				4000.00							

S	CHEDULE B (FEC Form 3X)	11				NUMBER: PAGE 354 OF 396						
IT	EMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page			/ one) 22 23 26 27 28b 28c x 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the nar											
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	from		<u>`)</u>						
	· ·											
Α.	Full Name (Last, First, Middle Initial) Hanger Campaign Committee					Date of Disbursement						
	Mailing Address PO Box 2	12 29 2017										
	City Mount Solon	State VA	Zip Code 22843			FEC Identification Number						
	Purpose of Disbursement Contribution		22040	0,	11	C Transaction ID : 41725072						
	Candidate Name				gory/	Amount of Each Disbursement this Period						
	Hanger, Emmett, , VA Sen., Jr.	ment For: Primary	General	Ту	pe	1000.00						
	State: District:	Other (spec				Contribution Memo Item						
В.	Full Name (Last, First, Middle Initial)	Date of Disbursement										
	Mailing Address 3273 Manville Road	12 / D D / Y Y Y Y 12 29 2017										
	Gate City	State VA	Zip Code 24251			FEC Identification Number						
	Purpose of Disbursement Contribution				011	C Transaction ID : 41725073						
	Kilgore, Terry, G., VA Del.,	ment For:		gory/ /pe	Amount of Each Disbursement this Period 2000.00							
	Senate President	Primary Other (spec			Contribution							
	State: District:					Memo Item						
C.	Full Name (Last, First, Middle Initial) Locke for State Senate					Date of Disbursement						
	Mailing Address PO Box 9048					12 / 29 / Y Y Y 12 29 2017						
	City Hampton	State VA	Zip Code 23670			FEC Identification Number						
	Purpose of Disbursement Contribution			0 [,]	11	C Transaction ID : 41725074						
	Candidate Name Locke, Mamie, , VA Sen., PhD				gory/	Amount of Each Disbursement this Period						
		ment For: Primary Other (spec	General		<u> </u>	1000.00 Contribution						
	State: District:											
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use sep	arate schedule(s)	FOR LINE (check only								
		category of the Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b							
Any information copied from such Reports and Sta or for commercial purposes, other than using the n											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	l PAC (Ur	nitedHealth G	roup PAC)							
Full Name (Last, First, Middle Initial) A. McDougle for Virginia Mailing Address, P.O. Box 187											
City		12 29 2017 FEC Identification Number									
Mechanicsville Purpose of Disbursement Contribution	VA	23111	011	C							
Candidate Name McDougle, Ryan, , VA Sen., Office Sought: House Disburg	sement For:		Category/ Type	Transaction ID : 41725075 Amount of Each Disbursement this Period 1000.00							
State: District:	Primary Other (spe	General ecify) ▼		Contribution Memo Item							
Full Name (Last, First, Middle Initial) B. Robert D. 'Bobby' Orrock for Hou Mailing Address PO Box 458	ise Comn	nittee		Date of Disbursement							
City Thornburg Purpose of Disbursement Contribution	State VA	Zip Code 22565		FEC Identification Number							
Candidate Name Orrock, Robert, , VA Del., Sr.	sement For: Primary Other (spe	General ccify)	011 Category/ Type	Transaction ID : 41725076 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item							
Full Name (Last, First, Middle Initial) C. Saslaw For State Senate				Date of Disbursement							
Mailing Address PO Box 1254				12 29 2017							
City SPRINGFIELD Purpose of Disbursement Contribution	State VA	Zip Code 22151	011	FEC Identification Number							
Candidate Name Saslaw, Richard, , VA Sen., Office Sought: House Disburs Senate	sement For: Primary	General ccify) ▼	Category/ Type 100 Contribution Memo Item								

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 356 OF 396					
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Group PAC)					
Full Name (Last, First, Middle Initial) A. Landes for Delegate	Landes for Delegate								
Mailing Address PO Box 12		1		12 29 2017					
Verona	State VA	Zip Code 24482		FEC Identification Number					
Purpose of Disbursement Contribution			011	C Transaction ID : 41725078					
Candidate Name Landes, R. Steven, , VA Del.,			Category/ Type	Amount of Each Disbursement this Period					
	nent For: Primary Other (spec		Contribution Memo Item						
Full Name (Last, First, Middle Initial) B. TOSCANO FOR DELEGATE				Date of Disbursement					
Mailing Address 211 High Street	12 29 2017								
City Charlottesville Purpose of Disbursement		FEC Identification Number							
Contribution Candidate Name Toscano, David, , VA Del.,			011 Category/ Type	Transaction ID : 41725079 Amount of Each Disbursement this Period					
Office Sought: House Disbursen	nent For: Primary Other (spec	General ify)		1000.00 Contribution Memo Item					
Full Name (Last, First, Middle Initial) C. Florida Democratic Legislative Can									
Mailing Address P.O. Box 1701				12 / D D / Y Y Y Y 29 / 2017					
City Tallahassee Purpose of Disbursement Contribution	State FL	Zip Code 32302	011	FEC Identification Number					
Candidate Name	Category/ Type	Transaction ID : 41725080 Amount of Each Disbursement this Period 5000.00 Contribution Memo Item							
Office Sought: House Disbursen Senate President District:									
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				6500.00					

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SCH	IEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 357 OF 396			
	MIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b			
	nformation copied from such Reports and State commercial purposes, other than using the na							
	ME OF COMMITTEE (In Full)	PAC (Ur	nitedHealth (Group PAC)			
	Il Name (Last, First, Middle Initial)				,			
	lorida Democratic Party	Date of Disbursement						
Ma	ailing Address 214 South Bronough Street				12 29 20 <u>1</u> 7			
Cit Ta	ly Ilahassee	State FL	Zip Code 32301		FEC Identification Number			
	rpose of Disbursement ontribution			011	C			
Ca	Indidate Name			Category/ Type	Transaction ID : 41725081 Amount of Each Disbursement this Period			
Of	fice Sought: House Disburse Senate President	ment For: Primary Other (spe	General General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00 Contribution			
	ate: District:		•••		Memo Item			
B. R	Il Name (Last, First, Middle Initial) Republican Party of Florida	Date of Disbursement						
Ma	ailing Address 420 East Jefferson Street	12 29 2017						
	llahassee	State FL	Zip Code 32301		FEC Identification Number			
C	rpose of Disbursement contribution - House		011	C Transaction ID : 41725082				
Ca	indidate Name			Category/ Type	Amount of Each Disbursement this Period			
Of	fice Sought: House Disburse Senate President	ment For: Primary Other (spe	General		5000.00 Contribution - House			
	ate: District:	1			Memo Item			
-	Il Name (Last, First, Middle Initial) irginia Senate Republican Caucu	ıs, Inc.			Date of Disbursement			
Ma	ailing Address PO Box 1697				12 29 2017			
Pu	y Iliamsburg rpose of Disbursement ontribution	State VA	Zip Code 23187		FEC Identification Number			
-	Indidate Name		011 Category/ Type	Transaction ID : 41725083 Amount of Each Disbursement this Period				
	fice Sought: House Disburse Senate President district:	ment For: Primary Other (spe	General cify) ▼		5000.00 Contribution Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 358 OF 396					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	ly one)					
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC)					
Full Name (Last, First, Middle Initial) A. Conservative Principles for Florida	Full Name (Last, First, Middle Initial) Conservative Principles for Florida								
Mailing Address 2600 South Douglas Rd Suite 900				12 / D D / Y Y Y Y 12 29 2017					
City	State	Zip Code		FEC Identification Number					
Coral Gables Purpose of Disbursement Contribution	FL	33134	011	C					
Candidate Name			Category/ Type	Transaction ID : 41725084 Amount of Each Disbursement this Period					
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		5000.00 Contribution					
State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item					
Full Name (Last, First, Middle Initial) B. Conservatives for Principled Lead Mailing Address 8489 Cabin Hill Rd.	lership			Date of Disbursement					
City Tallahassee	State FL	Zip Code 32311		FEC Identification Number					
Purpose of Disbursement Contribution	''	32311	011	C Transaction ID : 41725085					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburst Senate President	ement For: Primary Other (spe	General		5000.00 Contribution					
State: District:				Memo Item					
Full Name (Last, First, Middle Initial) C. Fight Back Florida				Date of Disbursement					
Mailing Address 2929 Southwest 3 Avenue Suite 220				12 / D D / Y Y Y Y 12 29 2017					
City Miami	State FL	Zip Code 33129		FEC Identification Number					
Purpose of Disbursement Contribution Candidate Name	011	C Transaction ID : 41725086 Amount of Each Dichurcomant this Pariod							
	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼		2500.00 Contribution Memo Item					
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SCHEDULE B (FEC Form 3X)					OR L	INE N	NUMBER: PAGE 359 OF 396						
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			Summary Page			21b 28a	22 28b	\mid	23 28c	× 29		27 30b	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	ed by al con	any nmitt	perso ee to	n for the solicit co	purp ntribi	ose c utions	of solic	iting c such c	ontributions committee.	
\backslash	NAME OF COMMITTEE (In Full)		v u v v -		_								
Ĺ	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	irou	р Р 	νAC)							
Α.	Full Name (Last, First, Middle Initial) First Coast Conservatives				Date of	_							
	Mailing Address 115 East Park Avenue Suite 1						12	/	D 29			2017	
	City	State					FEC Id	entifi	icatior	n Numl	oer		
	Tallahassee Purpose of Disbursement Contribution	FL	32301	0)11		С						
	Candidate Name			egory	y/				ID : 41725087 Disbursement this Period				
	Office Sought: House Disburse Senate President		5000.00 Contribution Memo Item										
	State: District:								item				
в.	Full Name (Last, First, Middle Initial) Florida Standing United PC Mailing Address 120 S. Monroe St.								burse	D /		2017	
			12			5							
	City Tallahassee				FEC Id	entifi	icatior	n Numl	oer				
	Purpose of Disbursement Contribution	32301	011 Category/			C Transaction ID : 41725089							
	Candidate Name					Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General	Туре						Contrib		5000.00	
	State: District:						Me	mo	ltem				
C.	Full Name (Last, First, Middle Initial) Floridians for Economic Freedom						Date of Disbursement						
	Mailing Address 115 East Park Avenue, Suite 1						12	/	2			2017	
	City Tallahassee	State FL	Zip Code 32301				FEC Id	entifi	icatior	n Numl	oer		
	Purpose of Disbursement Contribution	<u> </u>		0)11	٦	С		ation	ID : 44	72500		
	Candidate Name			egory ype	y/	Transaction ID : 41725090 Amount of Each Disbursement this Period					1		
	Office Sought: House Disburse				5000.00					J.			
	State: District:		Contribution Memo Item										
								_	_		_		-
s	UBTOTAL of Disbursements This Page (optional)							_	7		,	15000.00	ł
Т	OTAL This Period (last page this line number only	/)							,		,		

SCHEDULE B (FEC Form 3X)						NUMBER: PAGE 360 OF 396						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				only 21b	y one) 22 23 26 27						
		Detailed Summary Page			21D 28a	22 23 20 27 28b 28c x 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na						son for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)		_			_							
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	rou	p P		;)						
Full Name (Last, First, Middle Initial) A. Friends of Dana Young	Date of Disbursement											
Mailing Address 610 South Boulevard						12 29 2017						
City	State FL	Zip Code 33606				FEC Identification Number						
Tampa Purpose of Disbursement Contribution	011					С						
Candidate Name			Cate Ty	egory /pe	Transaction ID : 41725091 Amount of Each Disbursement this Period							
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼				5000.00 Contribution						
State: District:						Memo Item						
Full Name (Last, First, Middle Initial) B. Innovate Florida						Date of Disbursement						
Mailing Address 610 S. Boulevard												
City Tampa	State FL	Zip Code 33606				FEC Identification Number						
Purpose of Disbursement Contribution				11	1	C Transaction ID : 41725092						
Candidate Name		Category/ Type		/	Amount of Each Disbursement this Period							
Senate	ement For: Primary				5000.00 Contribution							
State: District:	Other (spec	спу)				Memo Item						
Full Name (Last, First, Middle Initial) C. Jobs for Florida						Date of Disbursement						
Mailing Address 8489 Cabin Hill Road						12 29 2017						
City Tallahassee	State FL	Zip Code 32311				FEC Identification Number						
Purpose of Disbursement Contribution			0	11]	C Transaction ID : 41725093						
Candidate Name	Candidate Name Category/ Type											
Senate President			Contribution Memo Item									
State: District:						L.						
SUBTOTAL of Disbursements This Page (optional).						15000.00						
TOTAL This Period (last page this line number only	/)											

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	B (FEC Form 3X)	Use sep	arate schedule(s)	FOR LINE (check only	
	SBURSEMENTS		category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
or for commercial	purposes, other than using the na				on for the purpose of soliciting contributions solicit contributions from such committee.
	MITTEE (In Full) Ith Group Incorporated	PAC (Ur	nitedHealth C	Group PAC)
-	t, First, Middle Initial) D for Broward				Date of Disbursement
Mailing Address	610 South Boulevard				12 29 2017
City Tampa Purpose of Dist	pursement	State FL	Zip Code 33606		FEC Identification Number
Contribution Candidate Nam				011 Category/	Transaction ID : 41725094 Amount of Each Disbursement this Period
Office Sought:	House Disburs Senate President	ement For: Primary Other (spe	General Gerify) ▼	Туре	2500.00 Contribution Memo Item
B. Trusted Le	District: t, First, Middle Initial) eadership Political Com	mittee			Date of Disbursement
City Tallahassee					FEC Identification Number
Contribution		0 Cate Ty			C Transaction ID : 41725095 Amount of Each Disbursement this Period
Office Sought: State:	House Disburs Senate President District:	ement For: Primary Other (spe	General Gerify)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00 Contribution Memo Item
Full Name (Las C. Watchdog	t, First, Middle Initial) PAC				Date of Disbursement
Mailing Address	877 Executive Center Drive W. Suite 100				12 / 29 / Y Y Y Y 12 29
Contribution	City State St. Petersburg FL Purpose of Disbursement			011	FEC Identification Number
Candidate Nam		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: State:	House Disburs Senate Image: Construct of the second secon	ement For: Primary Other (spe	General ecify) ▼		Contribution Memo Item
SUBTOTAL of Di	sbursements This Page (optional))			12500.00
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S	CHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 362 OF 396		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(ch	neck only 21b	/ one) 22 23 26 27		
		Detailed	Summary Page		28a	28b 28c 🗙 29 30b		
	ny information copied from such Reports and State for commercial purposes, other than using the na							
\backslash	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group	o PAC	5)		
Α.	Full Name (Last, First, Middle Initial) Working for Florida's Families					Date of Disbursement		
	Mailing Address 115 East Park Avenue Suite 1					12 29 2017		
	City	State	Zip Code			FEC Identification Number		
	Tallahassee Purpose of Disbursement	FL	32301					
	Contribution			01	11	C		
	Candidate Name				gory/ pe	Transaction ID : 41725097 Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		Ty	he	5000.00		
	Senate President	Primary Other (spec	General			Contribution		
	State: District:		(,)) v			Memo Item		
	Full Name (Last, First, Middle Initial)							
В.	House Republican Campaign Con	nmittee				Date of Disbursement		
	Mailing Address PO Box 71596	ing Address PO Box 71596				12 29 2017		
	City	State VA	Zip Code			FEC Identification Number		
	Henrico Purpose of Disbursement Contribution	VA	23255			С		
	Candidate Name	ta Nama			11 gory/	Transaction ID : 41725098 Amount of Each Disbursement this Period		
					pe	5000.00		
	Office Sought: House Disburse	ment For: Primary	General			5000.00		
	President	Other (spec				Contribution		
_	State: District:	1				Memo Item		
C.	Full Name (Last, First, Middle Initial) Bob Worsley for State Senate					Date of Disbursement		
	Mailing Address 63 E Main St					12 / D D / Y Y Y Y 12 29 2017		
	Apt 102 City	State	Zip Code			FEC Identification Number		
	Mesa Purpose of Disbursement	AZ	85201					
	Contribution				11	C Transaction ID : 41725204		
	Candidate Name					Amount of Each Disbursement this Period		
	Worsley, Bob, , AZ Sen., Office Sought: House Disburse	-			pe	2500.00		
	Senate	Primary	General			Contribution		
	President	Other (spec	cify) 🔻			Memo Item		
_	State: District:					-		
s	UBTOTAL of Disbursements This Page (optional).				····· Þ	12500.00		
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SCHEDULE B (FEC Form 3X)			FOR LI	NE NUMBER: PAGE 363 OF 396
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the		only one) 1b 22 23 26 27
	Detailed	Summary Page		Ba 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by any p al committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			_	
UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PA	AC)
Full Name (Last, First, Middle Initial) A. Boyer for Senate				Date of Disbursement
Mailing Address PO Box 87197				12 / D D / Y Y Y Y 29 2017
City Phoenix	State AZ	Zip Code 85080		FEC Identification Number
Purpose of Disbursement Contribution			011	C Transaction ID : 41725205
Candidate Name			Category/	Amount of Each Disbursement this Period
Boyer, Paul, , , Office Sought: House Disburse	ement For:		Туре	3000.00
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
State: District:	-			
Full Name (Last, First, Middle Initial) B. Dr Friese for House 2018				Date of Disbursement
Mailing Address PO Box 64925				12 29 2017
City Tucson	State AZ	Zip Code 85728		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name				C Transaction ID : 41725206
Friese, Randall, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period
	ement For:			4000.00
Senate President	Primary Other (spe	General		Contribution
State: District:		city)		Memo Item
Full Name (Last, First, Middle Initial) C. Elect Karen Fann LD1 Senate				Date of Disbursement
Mailing Address 5691 Hole in One Dr				12 / D D / Y Y Y Y 29 / 2017
City Prescott	State AZ	Zip Code 86301		FEC Identification Number
Purpose of Disbursement Contribution	on Name Karen, , ,		011	C Transaction ID : 41725207
Candidate Name Fann, Karen, , ,			Category/ Type	Amount of Each Disbursement this Period
			Type	2000.00
Senate President	Primary Other (spe	General cify) ▼		Contribution
State: District:				Memo Item
SUBTOTAL of Disbursements This Page (optional).				9000.00
TOTAL This Period (last page this line number only	/)			

SCH	EDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 364 OF 396
ITEN	NIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
	formation copied from such Reports and State commercial purposes, other than using the na				
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC	2)
/	I Name (Last, First, Middle Initial)	(,
-	riends of Reginald Bolding				Date of Disbursement
Ма	iling Address 6345 W Harwell Road				12 29 2017
City	y /een	State AZ	Zip Code 85339		FEC Identification Number
	rpose of Disbursement ontribution			011	C Transaction ID : 41725208
	ndidate Name Diding, Reginald, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ement For: Primary Other (spec	General cify) ▼	<u> </u>	2000.00 Contribution
Sta Ful	te: District:		<i>.,</i> ,		Memo Item
B. Jo	ohn Allen for LD 15 House 2018				Date of Disbursement
Ma	iling Address 5661 E Presidio Road			12 29 2017	
	ottsdale	State AZ	Zip Code 85254		FEC Identification Number
С	rpose of Disbursement ontribution ndidate Name				C Transaction ID : 41725209
А	llen, John, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period
Off	Senate	Primary	General		2000.00 Contribution
Sta	te: District:	Other (spe	city)		Memo Item
	I Name (Last, First, Middle Initial) ate Brophy McGee AZ - Senate				Date of Disbursement
Ма	iling Address 42 E Butler Dr				12 D D / Y Y Y Y 29 2017
City	y penix	State AZ	Zip Code 85020		FEC Identification Number
	rpose of Disbursement ontribution				C Transaction ID : 41725210
	ndidate Name IcGee, Kate, Brophy, ,		Category/ Type	Amount of Each Disbursement this Period	
	Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
Sta	te: District:				
SUB	TOTAL of Disbursements This Page (optional).			····· •	5000.00
тот	AL This Period (last page this line number only	/)		····· ►	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 365 OF 396
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may name and add	not be sold or use dress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (U	nitedHealth G	Froup PAC)
Full Name (Last, First, Middle Initial) A. Kavanagh for State Representati	ve 2018			Date of Disbursement
Mailing Address 16038 E Seminole Ln				12 29 2017
City Fountain Hills Purpose of Disbursement	State AZ	Zip Code 85268		FEC Identification Number
Contribution			011	C Transaction ID : 41725223
Kavanagh, John, , ,	sement For:		Category/ Type	Amount of Each Disbursement this Period 2000.00
State: District:	Primary Other (spe	General ecify) ▼		Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Kelli Butler for Arizona Mailing Address 5926 N. 33rd St				Date of Disbursement
City Paradise Valley Purpose of Disbursement	State AZ	Zip Code 85253		FEC Identification Number
Contribution Candidate Name Butler, Kelli, , AZ Rep.,			011 Category/ Type	Transaction ID : 41725225 Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President State: District:	sement For: Primary Other (spe	General Gerify)		Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Lela Alston AZ Senate 2018				Date of Disbursement
Mailing Address 69 West Willetta Street Apt 1				12 29 2017
City Phoenix Purpose of Disbursement	State AZ	Zip Code 85003		FEC Identification Number
Contribution Candidate Name Alston, Lela, , AZ Rep.,	Contribution Candidate Name			C Transaction ID : 41725226 Amount of Each Disbursement this Period
Office Sought: House Disburs	sement For: Primary Other (spe	General ecify) ▼		Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional	l)		····· ►	3500.00
TOTAL This Period (last page this line number or	ıly)		····· ►	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 366 OF 396	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and S or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (Ur	nitedHealth C	Group PAC	·)	
Full Name (Last, First, Middle Initial) A. Mark for AZ	Date of Disbursement				
Mailing Address 3217 E Shea Blvd				12 29 2017	
City Phoenix	State AZ	Zip Code 85028		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 41725227	
Brnovich, Mark, , Aty Gen,	ursement For:		Category/ Type	Amount of Each Disbursement this Period 1000.00	
Senate President State: District:	Other (spe	General		Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. Committee to Elect Robert Meza 1	for State Ho	ouse of Repre	sentatives	Date of Disbursement	
Mailing Address 1021 S Greenfield Rd Unit 1193					
City Mesa Purpose of Disbursement	State AZ	Zip Code 85206		FEC Identification Number	
Contribution Candidate Name Meza, Robert, , ,			011 Category/ Type	Transaction ID : 41725228 Amount of Each Disbursement this Period	
Senate President	Ursement For: Primary Other (spe	General General		2000.00 Contribution Memo Item	
State: District: Full Name (Last, First, Middle Initial) C. Miranda for Senate				Date of Disbursement	
Mailing Address 1833 W Alta Vista Road				12 / D D / Y Y Y Y 29 / 2017	
City Phoenix	State AZ	Zip Code 85041		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name Miranda, Catherine, , AZ Sen.,				Transaction ID : 41725229 Amount of Each Disbursement this Period	
	Ursement For: Primary Other (spe	General cify) ▼	Туре	1500.00 Contribution Memo Item	
SUBTOTAL of Disbursements This Page (option	nal)		····· ►	4500.00	
TOTAL This Period (last page this line number	only)		••••••		

SCHEDULE B (FEC Form 3X)	11		FOR LINE	NUMBER: PAGE 367 OF 396
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a	/ one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and States or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	roup PAC	5)
Full Name (Last, First, Middle Initial) A. Norgaard4AZ		Date of Disbursement		
Mailing Address 15839 S 10th Pl		1		12 29 2017
City Phoenix Purpose of Disbursement	State AZ	Zip Code 85048		FEC Identification Number
Contribution Candidate Name			011 Category/	C Transaction ID : 41725230 Amount of Each Disbursement this Period
Norgaard, Jill, , AZ Rep., Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General Gify) ▼	Туре	Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Pratt for Arizona Senate 2018 Mailing Address PO Box 10526				Date of Disbursement
City Casa Grande Purpose of Disbursement Contribution	State AZ	Zip Code 85130	011	FEC Identification Number
Candidate Name Pratt, Frank, , , Office Sought: Senate President State: District:	ment For: Primary Other (spec	General	Category/ Type	Transaction ID : 41725231 Amount of Each Disbursement this Period 4000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Re-Elect Debbie Lesko for Senate				Date of Disbursement
Mailing Address PO Box 5292				12 29 2017
City Peoria Purpose of Disbursement Contribution	Peoria AZ 85385 Purpose of Disbursement			
Candidate Name Lesko, Debbie, , ,	Candidate Name Lesko, Debbie, , ,			
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				9000.00

SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the Detailed Summary Page		E NUMBER: PAGE 368 OF 396		
ITEMIZED DISBURSEMENTS	for each			r one) 22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)		
Full Name (Last, First, Middle Initial) A. Regina E. Cobb 2018	Date of Disbursement					
Mailing Address 921 Crestwood Ln				12 29 2017		
City Kingman	State AZ	Zip Code 86409		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 41725328		
Cobb, Regina, , AZ Rep.,	ement For:		Category/ Type	Amount of Each Disbursement this Period 3000.00		
State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Sean Bowie for State Senate Mailing Address PO Box 50802				Date of Disbursement		
City Phoenix	State AZ	Zip Code 85076		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 41725331		
Bowie, Sean, , AZ Sen.,	ement For: Primary Other (spe	General Cify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Shope for House				Date of Disbursement		
Mailing Address PO Box 1230				12 29 Y Y Y Y 12 29		
City Coolidge Purpose of Disbursement Contribution	State AZ	Zip Code 85128	011	FEC Identification Number		
Candidate Name Shope, T.J., , AZ Rep.,	Candidate Name Shope, T.J., , AZ Rep.,					
State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional)			····· ►	7000.00		
TOTAL This Period (last page this line number onl	y)		••••••			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)				IE NUMBER: PAGE 369 OF 396		
		for each	for each category of the Detailed Summary Page		eck only 21b 28a	/ one) 22 23 26 27 28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		vitedHealth (2rour		`)		
	· ·					, , , , , , , , , , , , , , , , , , ,		
Α.	Full Name (Last, First, Middle Initial) Syms for Arizona					Date of Disbursement		
	Mailing Address 6032 E Lincoln Drive		1			12 29 2017		
	City Paradise Valley	State AZ	Zip Code 85253			FEC Identification Number		
	Purpose of Disbursement Contribution	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	03233	0,	11			
	Candidate Name			Cate	gory/	Transaction ID : 41725333 Amount of Each Disbursement this Period		
	Syms, Maria, , AZ Rep.,			Ту	pe	1000.00		
	Senate President	ement For: Primary Other (spec	General cify) ▼			Contribution Memo Item		
	State: District: Full Name (Last, First, Middle Initial)					Date of Disbursement		
р.	VOTE Heather Carter Senate							
	Mailing Address 29455 N Cave Creek St 118 #299					12 29 2017		
	City Cave Creek	State AZ	Zip Code 85331			FEC Identification Number		
	Purpose of Disbursement Contribution			011		C Transaction ID : 41725334		
	Carter, Heather, , ,			Category/ Type		Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ement For:				1000.00		
	Senate President	Primary Other (spe	cify) General					
	State: District:	1				Memo Item		
C.	Full Name (Last, First, Middle Initial) Vote Livingston LD22 Senate 201	8				Date of Disbursement		
	Mailing Address 9559 W Menadota Dr					12 29 2017		
	City Peoria	State AZ	Zip Code 85382			FEC Identification Number		
	Purpose of Disbursement Contribution				11	C Transaction ID : 41725343		
	Candidate Name Livingston, David, , ,				gory/ pe	Amount of Each Disbursement this Period		
				Ty	he	2000.00		
	State:	Primary Other (spe	General cify) ▼			Contribution Memo Item		
	State: District:							
s	UBTOTAL of Disbursements This Page (optional).				····· >	4000.00		
т	OTAL This Period (last page this line number only	/)			····· Þ			

SCHEDULE B (FEC Form 3X)				FOR LIN		NUMBER: PAGE 370 OF 396		
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(che	eck only	/ one) 22 23 26 27		
		Detailed	Detailed Summary Page		28a	28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		· · · · · · ·	-	- / /			
Ĺ	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup	PAC	·)		
A.	Full Name (Last, First, Middle Initial) Vote Mesnard					Date of Disbursement		
	Mailing Address 1427 W Homestead Ct					12 29 2017		
	City	State AZ	Zip Code			FEC Identification Number		
	Chandler Purpose of Disbursement	AZ	85286			С		
	Contribution			011	1	Transaction ID : 41725345		
	Candidate Name			Categ		Amount of Each Disbursement this Period		
	Mesnard, JD, , , Office Sought: House Disburse	ement For:		Тур	e	3500.00		
	Senate	Primary	General			Contribution		
	State: District:	Other (spe	cify) 🔻			Memo Item		
	Full Name (Last, First, Middle Initial)							
В.	Weninger for AZ					Date of Disbursement		
	Mailing Address 1360 W Camellia Ct					12 D D / Y Y Y Y 29 2017		
	City Chandler	State AZ	Zip Code 85286			FEC Identification Number		
	Purpose of Disbursement Contribution			011		С		
	Candidate Name			Category/ Type		Transaction ID : 41725362 Amount of Each Disbursement this Period		
	Weninger, Jeff, , ,							
	Office Sought: House Disburse Senate	ement For:	General			2000.00		
	President	Primary Other (spe				Contribution		
_	State: District:					Memo Item		
C.	Full Name (Last, First, Middle Initial) Eric Holcomb for Indiana					Date of Disbursement		
	Mailing Address 101 W. Ohio Street, Suite 2200					12 29 2017		
	City	State	Zip Code			FEC Identification Number		
	Indianapolis IN 46204 Purpose of Disbursement					С		
	Contribution 011					Transaction ID : 41725363		
	Candidate Name Holcomb, Eric, , Gov.,					Amount of Each Disbursement this Period		
		ement For:	Тур		5000.00			
	Senate	Primary	General			Contribution		
	State: District:	Other (spe	cify) 🔻			Memo Item		
Г								
s	UBTOTAL of Disbursements This Page (optional).				··· >	10500.00		
т	OTAL This Period (last page this line number only	/)			🕨	, ,		

SCHEDULE B (FEC Form 3X)	[FOR LIN	E NUMBER: PAGE 371 OF 396
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check of 21 28	b 22 23 26 27
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may r me and addr	not be sold or used ress of any politica	d by any pe Il committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				C)
UnitedHealth Group Incorporated		illeurrealth G		
Full Name (Last, First, Middle Initial) A. Chris Fugate for State Representa	Date of Disbursement			
Mailing Address PO Box 202		1		12 29 2017
City Chavies	State KY	Zip Code 41727		FEC Identification Number
Purpose of Disbursement Contribution		41727	011	C
Candidate Name			Category/	Transaction ID : 41725364 Amount of Each Disbursement this Period
Fugate, Chris, , KY Rep., Office Sought: House Disburse	ment For:		Туре	2000.00
Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial) B. D.J. Johnson for State Representa Mailing Address 1333 West 12th Street	ative			Date of Disbursement
			12 23 2011	
City Owensboro Purpose of Disbursement	State KY	Zip Code 42301		FEC Identification Number
Contribution		011		Transaction ID : 41725365 Amount of Each Disbursement this Period
Johnson, D.J., , KY Rep.,			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:	Coporal		2000.00
State: District:	Primary Other (spec	Cify) General		Contribution Memo Item
Full Name (Last, First, Middle Initial)				
C. House Republican Caucus Campa	aign Corr	mittee		Date of Disbursement
Mailing Address PO Box 1068				12 29 2017
5	State	Zip Code		FEC Identification Number
Frankfort Purpose of Disbursement Contribution	KY	40602	011	C
Candidate Name			Category/ Type	Transaction ID : 41725366 Amount of Each Disbursement this Period
Office Sought: House Disburse	ment For:		71	5000.00
State	Primary Other (spec	General cify) ▼		Contribution Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional).			•••••	9000.00
TOTAL This Period (last page this line number only)		•••••	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	iroup PAC)	
Full Name (Last, First, Middle Initial)					
A. John Blanton for State Representa	ative			Date of Disbursement	
Mailing Address 1700 Coon Creed Rd	04-4-	Zia Ocala		12 29 2017	
Salyerville	State KY	Zip Code 41465		FEC Identification Number	
Purpose of Disbursement Contribution			011		
Candidate Name			Category/	Transaction ID: 41725367 Amount of Each Disbursement this Period	
Blanton, John, , KY Rep., Office Sought: House Disburser	ment For:		Туре	2000.00	
Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item	
Full Name (Last, First, Middle Initial)	3. Larry Brown for State Representative				
Prestonburg	State KY	Zip Code 41653		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name	.t		011	C Transaction ID : 41725368 Amount of Each Disbursement this Period	
Brown, Larry, , KY Rep., Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General Cify)	Category/ Type	2000.00 Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Matt Bevin for Kentucky				Date of Disbursement	
Mailing Address PO Box 43674				12 / D D / Y Y Y Y 29 2017	
City Middletown	State KY	Zip Code 40253		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name Bevin, Matt, , Gov.,			011 Category/ Type	C Transaction ID : 41725369 Amount of Each Disbursement this Period	
	ment For: Primary Other (spec	General cify) ▼	Туре	2000.00 Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional)				6000.00	
TOTAL This Period (last page this line number only))		•••••• •		

SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 373 OF 396
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check on 21b 28a	22 23 26 27
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	PAC (Un	itedHealth G	iroup PA	C)
Full Name (Last, First, Middle Initial)				
A. Prunty for State Representative				Date of Disbursement
Mailing Address PO Box 411				12 29 2017
City Greenville	State KY	Zip Code 42345		FEC Identification Number
Purpose of Disbursement Contribution			011	С
Candidate Name			Category/	Transaction ID : 41725370 Amount of Each Disbursement this Period
Prunty, Melinda, , KY Rep., Office Sought: House Disburser	ment For:		Туре	2000.00
State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Robert 'Robby' Mills for State Sena Mailing Address 2392 Cobblestone Drive	ate			Date of Disbursement
Henderson	State KY	Zip Code 42420		FEC Identification Number
Purpose of Disbursement Contribution Candidate Name			011	Transaction ID : 41725372 Amount of Each Disbursement this Period
Mills, Robby, , KY Rep., Office Sought: House Disburser	ment For:		Category/ Type	
Senate President	Primary Other (spec	General Gify)		Contribution
State: District:				Memo Item
Full Name (Last, First, Middle Initial) C. Senate Republican Caucus Campa	aign Cor	nmittee		Date of Disbursement
Mailing Address P.O. Box 1068				12 29 2017
City Frankfort	State KY	Zip Code 40602		FEC Identification Number
Purpose of Disbursement Contribution			011	C Transaction ID : 41725373
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Senate President	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item
State: District:				
SUBTOTAL of Disbursements This Page (optional)			····· •	9000.00
TOTAL This Period (last page this line number only))		•••••• •	, ,

SCHEDULE B (FEC Form 3X)			FOR L	LINE NUMBER: PAGE 374 OF 3
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check	k only one)
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Any information copied from such Reports and State or for commercial purposes, other than using the na				person for the purpose of soliciting contributions
			_	
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Foup F	PAC)
Full Name (Last, First, Middle Initial) A. Committee to Elect Stephen Dwig	lht			Date of Disbursement
Mailing Address 4832 Cypress Lake Drive				12 29 2017
City	State	Zip Code		FEC Identification Number
Lake Charles Purpose of Disbursement	LA	70611		
Contribution			011	
Candidate Name			Category	Transaction ID : 41725374 Amount of Each Disbursement this Period
Dwight, Stephen, , LA Rep.,			Туре	,
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
State: District:				
Full Name (Last, First, Middle Initial) B. Friends of Rick Ward Mailing Address 3741 La. Hwy 1 South				Date of Disbursement
City Port Allen	State LA	Zip Code 70767		FEC Identification Number
Purpose of Disbursement Contribution			011	Transaction ID : 41725375
Candidate Name Ward, Richard, J., LA Sen., III			Category	y/ Amount of Each Disbursement this Period
	ement For:		Туре	1000.00
Senate	Primary	General		Contribution
State: District:	Other (spe	cify)		Memo Item
Full Name (Last, First, Middle Initial)				
C. John Bel Edwards for Louisiana L	eadershi	IP PAC		Date of Disbursement
Mailing Address 125 E Pine Street				12 / D D / Y Y Y Y 29 / 2017
City	State	Zip Code		FEC Identification Number
Ponchatoula Purpose of Disbursement Contribution	LA	70454		C
Candidate Name			011 Category Type	Transaction ID : 41725376 ry/ Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	I	- 1	5000.00
Senate	Primary	General		Contribution
State: District:	Other (spe	ecity) 🔻		Memo Item
SUBTOTAL of Disbursements This Page (optional)				▶ 6500.00
TOTAL This Period (last page this line number onl	y)			•

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 375 OF 396
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)
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				N N
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)
Full Name (Last, First, Middle Initial) A. Kirk Talbot Campaign				Date of Disbursement
Mailing Address 9523 Jefferson Highway, Suite B				12 29 2017
City	State	Zip Code		FEC Identification Number
River Ridge Purpose of Disbursement	LA	70123		0
Contribution			011	С
Candidate Name			Category/	Transaction ID : 41725377 Amount of Each Disbursement this Period
Talbot, Kirk, , LA Rep.,			Type	Amount of Each Disbursement this renou
Office Sought: House Disburse	ement For:			1000.00
Senate	Primary	General		Contribution
State: District:	Other (spe	ecity) 🔻		Memo Item
Full Name (Last, First, Middle Initial)				
B. Paula Davis Campaign Fund				Date of Disbursement
Mailing Address 2644 Fairway Drive				12 29 2017
City	State	Zip Code		FEC Identification Number
Baton Rouge Purpose of Disbursement	LA	70809		0
Contribution			011	С
Candidate Name			Category/	Transaction ID : 41725378 Amount of Each Disbursement this Period
Davis, Paula, , LA Rep.,			Туре	
	ement For:			500.00
Senate President	Primary Other (spe	General		Contribution
State: District:	Other (spe	city)		Memo Item
Full Name (Last, First, Middle Initial)				
C. Ronnie Johns for Senate				Date of Disbursement
Mailing Address 3701 Maplewood Drive				12 / D D / Y Y Y Y 29 / 2017
City	State	Zip Code		FEC Identification Number
Sulphur Purpose of Disbursement	LA	70663-6301		
Contribution			011	С
Candidate Name			Category/	Transaction ID : 41725379 Amount of Each Disbursement this Period
Johns, Ronnie, , LA Sen.,			Type	
	ement For:			1000.00
Senate	Primary	General		Contribution
State: District:	Other (spe	ecity) 🔻		Memo Item
SUBTOTAL of Disbursements This Page (optional)			••••••	2500.00
TOTAL This Period (last page this line number only	y)		····· ►	

Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 23 26 27 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. 28b 28 28 29 30b NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Name (Last, First, Middle Initial) Date of Disbursement A. Sharon Hewitt Campaign Fund Date of Disbursement Date of Disbursement 20 2017 City State Zip Code 70461 70461 FC Identification Number Purpose of Disbursement Ontribution 011 Transaction ID : 41725380 Amount of Each Disbursement this Period Candidate Name Disbursement For: Senate Disbursement For: 1000.00 Contribution State: District: Disbursement For: Category/ Type 1000.00 Contribution Full Name (Last, First, Middle Initial) President Other (specify) ▼ Memo Item Memo Item	SCHEDU	JLE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 376 OF 396
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) Full Name (Last, First, Middle Initial) A. Sharon Hewitt Campaign Fund Mailing Address 105 Ayshire Court City Silded Purpose of Disbursement Candidate Name President President State: Disbursement Contribution Office Sought: House Disbursement For: Office Sought: House Disbursement Eor: Office Sought: House Disbursement Eor: Office Sought: House Disbursement Eor: City State: Disbursement Eor: Office Sought: House Disbursement Eor: Office Sought: House Disbursement Eor: Office Sought: House		D DISBURSEMENTS	for each	category of the	21b	22 23 26 27
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. Sharon Hewitt Campaign Fund Mailing Address 105 Ayshire Court City Sildal Purpose of Disbursement Contribution Candidate Name Hewitt, Sharon, , LA Sen., Office Sought: President Disbursement For: Office Sought: President Disbursement For: Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Committee to Elect Aaron Miller Mailing Address: Mailing Address: State: Disbursement Contribution Candidate Name Mailing Address: Mailing Address: State: Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement For: Office Sought: House Disbursement for: Office Sought: </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
A. Sharon Hewitt Campaign Fund Date of Disbursement Mailing Address 105 Ayshire Court IIII City State Sidell LA Purpose of Disbursement 011 Candidate Name 011 Hewitt, Sharon, , LA Sen., 011 Office Sought House President Disbursement For: Disbursement 0000 State: Disbursement For: Disbursement 0000 State: Disbursement For: Disbursement 0000 Mailing Address 606 Cherry Street 011 City State: Disbursement For: Mailing Address 606 Cherry Street 011 City State Zip Code Mailing Address 606 Cherry Street 011 City State: Disbursement For: Purpose of Disbursement 011 Contribution 011 State: Disbursement For: Purpose of Disbursement 011 Category/ 7207 State: Disbursement For: President <		. ,	PAC (Ur	nitedHealth G	Group PAC	
City State Zip Code Very Sidel LA Zip Code Purpose of Disbursement Contribution 011 Catagory/ Catagory Transaction ID : 41725380 Amount of Each Disbursement this Period Other (specify) ▼ Contribution 011 Catagory Transaction ID : 41725380 Amount of Each Disbursement His Period Contribution State Disbursement For: State: Disbursement Office Sought: House Mailing Address 606 Cherry Street City State State: Disbursement Contribution 011 Candidate Name Miller, Miller, Aaron, , MI Rep., Other (specify) Office Sought: House Disbursement For: State: Disbursement Ror State: <						
Sidell LA 70461 Purpose of Disbursement Contribution 011 Candidate Name 011 Category/ Hewitt, Sharon, LA Sen., 011 Office Sought: House Disbursement For: Office Sought: House Disbursement For: State: District: Other (specify) ▼ Full Name (Last, First, Middle Initia) Date of Disbursement B. Committee to Elect Aaron Miller Date of Disbursement Mailing Address 606 Cherry Street City State Purpose of Disbursement 011 Candidate Name Disbursement For: Purpose of Disbursement 011 Candidate Name Disbursement For: Office Sought: House Disbursement Disbursement For: Prepsident Disbursement For: State: Disbursement Office Sought: House Disbursement 0ther (specify) Full Name (Last, First, Middle Initia) Date of Disbursement Contribution Miller, Address 4906 Rasmusen Rd Mailing Address 4906 Rasmusen Rd Miller, Add	Mailing A	ddress 105 Ayshire Court				
Contribution 011 Candidate Name Transaction D: 41725380 Hewvitt, Sharon, , LA Sen., Disbursement For: Office Sought: House State: Disbursement For: District: Other (specify) Full Name (Last, First, Middle Initial) B. Committee to Elect Aaron Miller Mailing Address 606 Cherry Street 12 City State State: Disbursement For: Office Sought: House Mailing Address 606 Cherry Street 12 City State State: Disbursement For: Office Sought: House Disbursement For: Senate President Disbursement For: Office Sought: House Disbursement For: Senate Disbursement For: Senate Disbursement For: State State: Disbursement For: Office Sought: House President Other (specify) Mailing Address 4906 Rasmusen Rd Transaction ID: 4173050 City State Zip Code	Slidell			· ·		FEC Identification Number
Category/ Type Amount of Each Disbursement this Period Office Sought: House President Disbursement For: Disbursement For: Disbursement Contribution Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement Mailing Address 606 Cherry Street Image: Contribution Contribution Category/ Type Transaction ID : 41733049 Amount of Each Disbursement Category/ Sturgis State Zip Code MI Category/ Type Office Sought: House President Disbursement For: Senate Contribution State: Disbursement For: Senate Disbursement For: Senate Senate President Disbursement For: Senate Disbursement For: Senate Senate President Disbursement For: State: Senate Disbursement For: Senate Senate President Disbursement For: State: Senate Disbursement For: Senate State Zip Code Mi Mailing Address 4906 Rasmussen Rd Mill Qit Zate of Disbursement Transaction ID : 41733050 Amount of Each Disbursement this Period Categoryt Type Office Sought: House Disbursement For: Contribution Cotherit	Contribu	ition			011	
State District: Contribution Full Name (Last, First, Middle Initial) B. Committee to Elect Aaron Miller Date of Disbursement Mailing Address 606 Cherry Street 29 ' 2017 City State Zip Code Sturgis Mil 49091 Purpose of Disbursement 011 Contribution 011 Candidate Name Disbursement For: State: District: State: Disbursement For: State: District: Full Name (Last, First, Middle Initial) Other (specify) State: Distreement Office Sought: House Mailing Address 4906 Rasmussen Rd Miller, Amme City State Zip Code Ludington Miller Mailing Address 4906 Rasmussen Rd City State Zip Code Mailing Address 4906 Rasmussen Rd Other (specify) v Office Sought: House Di	Hewitt	, Sharon, , LA Sen.,				Amount of Each Disbursement this Period
B. Committee to Elect Aaron Miller Date of Disbursement Mailing Address 606 Cherry Street 12 29 2017 City State Zip Code 49091 FEC Identification Number Purpose of Disbursement Ontribution 011 Transaction ID: 41733049 Candidate Name Disbursement For: 500.00 500.00 Office Sought: House Disbursement For: 500.00 State: Disbursement Contribution Other (specify) Memo Item Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement C. Committee to Elect Curt Vanderwall Date of Disbursement Date of Disbursement Mailing Address 4906 Rasmussen Rd City State Zip Code City State Zip Code FEC Identification Number VanderWall, Curt, , MI Rep., Office Sought: House Disbursement For: Candidate Name Category/ Transaction ID: 41733050 Amount of Each Disbursement Contribution Transaction ID: 41733050 Candidate Name Office Sought: House Disbursement For: Senate President		Senate President	Primary			Contribution
Sturgis MI 49091 Purpose of Disbursement Contribution 011 Category/ Type 011 Category/ Type Office Sought: House Disbursement For: 500.00 Office Sought: President Other (specify) General Other (specify) Other (specify) Memo Item Full Name (Last, First, Middle Initial) C Committee to Elect Curt Vanderwall Mailing Address 4906 Rasmussen Rd Zip Code Mi 49431 City State Zip Code 49431 Purpose of Disbursement contribution 011 Category/ Type FEC Identification Number City State Zip Code 49431 FEC Identification Number VanderWall, Curt, , MI Rep., Disbursement For: 500.00 Office Sought: House Disbursement For:	B. Comn	nittee to Elect Aaron Miller				M M / D D / Y Y Y
Contribution 011 Candidate Name 011 Miller, Aaron, , MI Rep., Disbursement For: Office Sought: House President Disbursement For: State: District: Full Name (Last, First, Middle Initial) C. Committee to Elect Curt Vanderwall Mailing Address 4906 Rasmussen Rd City State Ludington Mil Purpose of Disbursement Other (specify) VanderWall, Curt, , MI Rep., Disbursement For: Office Sought: House Disbursement Disbursement For: Contribution Other (specify) Candidate Name Other (specify) VanderWall, Curt, , MI Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item	Sturgis Purpose			· · ·		
C. Committee to Elect Curt Vanderwall Date of Disbursement Mailing Address 4906 Rasmussen Rd Image: City City State Zip Code Ludington Mil 49431 Purpose of Disbursement Ol11 Candidate Name Ol11 VanderWall, Curt, , MI Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify) Memo Item	Candidate Miller, Office So	e Name Aaron, , MI Rep., bught: House Disburs Senate President	Primary		Category/	Transaction ID : 41733049 Amount of Each Disbursement this Period 500.00 Contribution
Mailing Address 4906 Rasmussen Rd 12 29 2017 City State Zip Code 49431 Ludington MI 49431 FEC Identification Number Purpose of Disbursement 011 Candidate Name 011 Category/ Candidate Name Disbursement For: Category/ Transaction ID : 41733050 Office Sought: House Disbursement For: 500.00 Office Sought: President Primary General Contribution Other (specify) Minut of text of the moment for: Memo Item			all			
Ludington MI 49431 Purpose of Disbursement Contribution 011 011 Candidate Name 011 Category/ Type VanderWall, Curt, , MI Rep., Disbursement For: Office Sought: House Disbursement For: Senate Primary General Other (specify) Minut of Each Disbursement this Period	Mailing A	ddress 4906 Rasmussen Rd				
VanderWall, Curt, , MI Rep., Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Other (specify)	Ludingtor Purpose Contribu	of Disbursement Ition		· ·	011	C Transaction ID : 41733050
	Vande	erWall, Curt, , MI Rep., pught: House Disburs Senate	Primary			500.00 Contribution
	Office So State: Full Nam C. Comm Mailing A City Ludingtor Purpose Contribu Candidate Vande Office So	Address 4906 Rasmussen Rd	Primary Other (spe vall State MI ement For: Primary	cify) Zip Code 49431	011 Category/	Contribution Memo Item Date of Disbursement 12 29 2017 FEC Identification Number C Transaction ID : 41733050 Amount of Each Disbursement this Peri 500.00 Contribution
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		Detailed	Summary Page			28a	28b 28c		30b
	ny information copied from such Reports and State for commercial purposes, other than using the na								
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		ча. на на с			• ~ `			
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Fou	р Р.	AC)			
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Kevin Hertel						Date of Disburs	sement	
	Mailing Address 22848 Poplar Beach Street						12 / D	29	2017
	City St. Clair Shores	State MI	Zip Code 48081				FEC Identificati	on Numbe	r
	Purpose of Disbursement		40001	_	-		С		
	Contribution			01	11		Transactio	n ID : 417	33052
	Candidate Name			Cate		/			ement this Period
	Hertel, Kevin, , , Office Sought: House Disburse			Ту	pe				500.00
	Office Sought: House Disburse	ement For: Primary	General						300.00
	State: District:	Other (spe					Memo Item	Contribut	ion
_	Full Name (Last, First, Middle Initial)								
В.	Curtis Hertel Jr For Senate						Date of Disburs	sement	Y Y Y Y
	Mailing Address PO Box 16037						12	29	2017
	City Lansing	State MI	Zip Code 48901				FEC Identificati	on Numbe	r
	Purpose of Disbursement Contribution			0	11	1	С		
	Candidate Name			Cate	gory	,	Transactio Amount of Eac		ement this Period
	Hertel, Curtis, , , Jr				vpe				
		ement For:							500.00
	Senate President	Primary Other (spe	General				-	Contribu	tion
	State: District:	Other (spec	Siry)				Memo Item	I	
С.	Full Name (Last, First, Middle Initial)						Date of Disburs	ement	
0.	Durhal for Michigan							D /	Y Y Y Y
	Mailing Address 4055 Leslie St						12	29	2017
	City Detroit	State MI	Zip Code 48238				FEC Identificati	on Numbe	r
	Purpose of Disbursement Contribution		40200				С		
	Candidate Name			Cate	11 gory/ pe	,	Transaction Amount of Eac		33055 ement this Period
	Office Sought: House Disburse	ement For:		,		\neg			500.00
	Senate	Primary	General					Contribu	tion
	President District:	Other (spe	cify) 🔻				Memo Item	l	
_	State: District:								
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т	OTAL This Period (last page this line number only	/))				

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IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(cl		only 21b	/ one) 22 23 26 27
		Detailed	Summary Page			28a	28b 28c x 29 30b
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_	_		
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Srou	р Р 		.)
Α.	Full Name (Last, First, Middle Initial) Friends of Brian Elder						Date of Disbursement
	Mailing Address PO Box 66						12 / D D / Y Y Y Y 12 29 2017
	City Bay City	State MI	Zip Code 48707				FEC Identification Number
	Purpose of Disbursement Contribution			0	11	٦	C Transaction ID : 41733056
	Candidate Name				egory	/	Amount of Each Disbursement this Period
	Elder, Brian, , MI Rep., Office Sought: House Disburse	ment For:		IJ	ype		500.00
	Senate President	Primary Other (spec	General cify) ▼				Contribution Memo Item
	State: District:						
В.	Full Name (Last, First, Middle Initial) Friends of Daniela Garcia						Date of Disbursement
	Mailing Address 22 E 29th Street						12 29 2017
	City Holland	State MI	Zip Code 49423				FEC Identification Number
	Purpose of Disbursement Contribution			0	011		C Transaction ID : 41733061
	Candidate Name Garcia, Daniela, , MI Rep.,				egory /pe	/	Amount of Each Disbursement this Period
		ment For:		(1	ype		500.00
	Senate	Primary	General				Contribution
	State: District:	Other (spec	cify)				Memo Item
C.	Full Name (Last, First, Middle Initial) Greig Women in Leadership Fund						Date of Disbursement
	Mailing Address PO Box 13244						12 / D D / Y Y Y Y 2017
	-	State	Zip Code				FEC Identification Number
	Lansing Purpose of Disbursement Contribution	MI	48901	0	11		С
	Candidate Name			Cate	egory	/	Transaction ID : 41733074 Amount of Each Disbursement this Period
		ment For:					500.00
	President	Primary Other (spec	General				Contribution
	State: District:		- J/ -				Memo Item
s	UBTOTAL of Disbursements This Page (optional).						1500.00
т	OTAL This Period (last page this line number only	·)					, ,

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 379 OF 396
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
	y information copied from such Reports and State for commercial purposes, other than using the na				
\setminus	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated				·)
A.	Full Name (Last, First, Middle Initial) Jim Stamas for State Senate				Date of Disbursement
	Mailing Address 5915 Eastman Ave Suite 100		1		12 29 2017
	City Midland	State MI	Zip Code 48640		FEC Identification Number
	Purpose of Disbursement Contribution			011	
	Candidate Name			Category/	Transaction ID: 41733090 Amount of Each Disbursement this Period
	Stamas, Jim, , MI Sen., Office Sought: House Disburse	ement For:		Туре	750.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
	State: District: Full Name (Last, First, Middle Initial)				
В.	Lee Chatfield for State Represent	ative			Date of Disbursement
	Mailing Address 2481 US 31 North				12 29 2017
	City Levering	State MI	Zip Code 49755		FEC Identification Number
	Purpose of Disbursement Contribution	l		011	C Transaction ID : 41733141
	Candidate Name Chatfield, Lee, , MI Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ement For:		iyhe	500.00
	Senate President	Primary Other (spec	General		Contribution
_	State: District:	Other (spec	ury)		Memo Item
с.	Full Name (Last, First, Middle Initial) Margaret O'Brien for State Senate	•			Date of Disbursement
	Mailing Address PO Box 2318				12 / D D / Y Y Y Y 29 / 2017
	City Portage	State MI	Zip Code 49081		FEC Identification Number
	Purpose of Disbursement Contribution	I		011	C Transaction ID : 41733157
	Candidate Name O'Brien, Margaret, , MI Sen.,			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ement For:			500.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution
	State: District:		(iii) V		Memo Item
s	UBTOTAL of Disbursements This Page (optional).			····· •	1750.00
Т	OTAL This Period (last page this line number only	/)		••••••	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 380 OF 396
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat	ments may r me and addr	not be sold or use ress of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup PAC)
Full Name (Last, First, Middle Initial) A. Brian Calley for Governor				Date of Disbursement
Mailing Address PO Box 16094				12 29 2017
City Lansing Purpose of Disbursement	State MI	Zip Code 48901		FEC Identification Number
Contribution Candidate Name Calley, Brian, , Lt Gov.,			011 Category/	Transaction ID : 41733173 Amount of Each Disbursement this Period
	ment For: Primary Other (spec	General cify) ▼	Туре	1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Bill Schuette for Governor Mailing Address P.O. Box 12307				Date of Disbursement
Lansing Purpose of Disbursement	State MI	Zip Code 48901		FEC Identification Number
Contribution Candidate Name Schuette, Bill, , , Office Sought: House Disburse Senate	ment For: Primary	General	011 Category/ Type	Transaction ID : 41733179 Amount of Each Disbursement this Period 2500.00 Contribution
State: District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial) C. Alferman For Missouri				Date of Disbursement
Mailing Address PO Box 84				12 29 2017
City Washington Purpose of Disbursement Contribution	State MO	Zip Code 63090	011	FEC Identification Number C Transaction ID : 41733203
Senate	ment For: Primary	General	Category/ Type	Amount of Each Disbursement this Period 2600.00 Contribution
State: District:	Other (spec	CITY) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional).				6100.00
TOTAL This Period (last page this line number only	")		••••••	

SCHEDULE B (FEC Form 3X)			F	OR L	INE	NUMBER: PAGE 381 OF 396
ITEMIZED DISBL	JRSEMENTS		arate schedule(s) category of the		heck	only	y one)
			Summary Page			21b 28a	22 23 26 27 28b 28c X 29 30b
							son for the purpose of soliciting contributions of solicitic contributions from such committee.
	, ,						
	Group Incorporated	PAC (Ur	nitedHealth G	Grou	p F	PAC	;)
Full Name (Last, First A. Committee To	, Middle Initial) Elect David Wood	Represer	ntative				Date of Disbursement
Mailing Address 2049	2 Estates Lane						12 29 2017
City		State	Zip Code				FEC Identification Number
Versailles Purpose of Disbursem	ent	MO	65084				0
Contribution				0	011		
Candidate Name				Cate	egory	v/	Transaction ID : 41733204 Amount of Each Disbursement this Period
Wood, David, ,	•				ype	<i>.</i>	
Office Sought:		ement For:					1500.00
	Senate President	Primary Other (spe	General				Contribution
State: Dis	trict:		city) V				Memo Item
Full Name (Last, First	, Middle Initial)						
B. Friends of Kip	Kendrick						Date of Disbursement
Mailing Address 1400) Forum Blvd Ste 1C Box 24	3					12 29 2017
City Columbia		State MO	Zip Code 65203				FEC Identification Number
Purpose of Disbursem Contribution	ent		05203				С
Candidate Name				C)11		Transaction ID : 41733205
Kendrick, Kip,	MO Rep				egory ype	y/	Amount of Each Disbursement this Period
Office Sought:		ement For:		• • •	ypo		1000.00
	Senate	Primary	General				Contribution
	President	Other (spe	cify)				Memo Item
	trict:						
Full Name (Last, First C. Rizzo for Misso							Date of Disbursement
Mailing Address 1629	South Drumm Ave						12 / D D / Y Y Y Y 12 29 2017
City		State MO	Zip Code				FEC Identification Number
Independence Purpose of Disbursem	ient	MO	64055		_		С
Contribution				0	11		Transaction ID : 41733206
Candidate Name				Cate	egory	y/	Amount of Each Disbursement this Period
Rizzo, John, ,					ype		1000.00
Office Sought:	House Disburse	ement For: Primary	Gonoral				1000.00
	President	Other (spe	General cifv) ▼				Contribution
State: Dis	trict:		ony) v				Memo Item
	mente This Dans (3500.00
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SC	CHEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER:		PA	GE 382 OF 396
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	- I	heck	only 21b		23	26	27
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	y information copied from such Reports and State for commercial purposes, other than using the na									
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_					
	UnitedHealth Group Incorporated	PAC (Ur	litedHealth G	irou	рΡ	AC)				
Δ	Full Name (Last, First, Middle Initial)						Date of Dis	hurso	mont	
	Wieland Now							D		Y Y Y
	Mailing Address 1015 Castleman Dr						12	29		2017
	City Imperial	State MO	Zip Code 63052				FEC Identif	ication	Numbe	r
	Purpose of Disbursement		03032	_	-		С			
	Contribution			0	11			ction	ID : 4173	3207
	Candidate Name Wieland, Paul, , MO Sen.,				egory /pe	/	Amount of	Each I	Disburse	ment this Period
		ment For:		13	ype					2000.00
	Senate	Primary	General				_	, (Contributi	on
	State: District:	Other (spe	city) 🔻				Memo	Item		
	Full Name (Last, First, Middle Initial)									
В.	Troy Balderson for State Senator						Date of Dis	sburser	ment	
	Mailing Address 601 Underwood St PO Box 69						12 /	D 29		2017
	City	State	Zip Code				FEC Identif	ication	Numbe	r
	Zanesville Purpose of Disbursement	ОН	43702			_	С			
	Contribution			0	011			ction I	D : 4173	3208
	Candidate Name				gory	/				ment this Period
	Balderson, Troy, , OH Sen., Office Sought: House Disburse	ment For:		IJ	/pe					500.00
	Senate	Primary	General					(Contribut	ion
	State: District:	Other (spe	cify)				Memo	Item		
	Full Name (Last, First, Middle Initial)									
C.	Citizens for Kevin Bacon						Date of Dis	sburser	ment	
	Mailing Address 260 North Cassady Ave						12 /	29		2017
	City	State	Zip Code				FEC Identif	ication	Numbe	r
	Columbus Purpose of Disbursement	OH	43209					loadon	Hambo	
	Contribution			0	11		С	otion	ID : 4173	2200
	Candidate Name				gory	/				ment this Period
	Bacon, Kevin, , OH Rep., Office Sought: House Disburse	ment For:		Ту	pe					500.00
	Senate	Primary	General						Contribut	1 1 49 1
	President	Other (spe	cify) 🔻				Memo		Sonnibut	
_	State: District:									
s	UBTOTAL of Disbursements This Page (optional).							,	-	3000.00
Т	OTAL This Period (last page this line number only	<i>ı</i>)						,		

SCHEDULE B (FEC Form 3X)			FC	DR LINE	NUMBER: PAGE 383 OF 396
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cł	neck only 21b 28a	y one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or used ress of any political	d by a I com	any pers imittee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
UnitedHealth Group Incorporated	PAC (Un	litedHealth G	rou	ρ ΡΑΟ	,)
Full Name (Last, First, Middle Initial) A. Citizens for Lehner					Date of Disbursement
Mailing Address 533 Lockerbie Lane					12 29 2017
City	State OH	Zip Code			FEC Identification Number
Kettering Purpose of Disbursement Contribution	OIT	45429	0	11	С
Candidate Name		L	Cate	gory/	Transaction ID : 41733210 Amount of Each Disbursement this Period
Lehner, Peggy, , OH Sen.,				vpe	500.00
Senate President	ement For: Primary Other (spe	General cify) ▼			Contribution Memo Item
State: District:	-				
Full Name (Last, First, Middle Initial)B. Citizens for Niraj Antani					Date of Disbursement
Mailing Address 8547 White Cedar Dr Unit 321					12 29 2017
City Miamisburg	State OH	Zip Code 45342			FEC Identification Number
Purpose of Disbursement Contribution			0	11	C Transaction ID : 41733212
Candidate Name Antani, Niraj, , OH Rep.,				egory/ /pe	Amount of Each Disbursement this Period
	ment For:		Ty	pe	750.00
Senate	Primary	General			Contribution
State: District:	Other (spe	cify)			Memo Item
Full Name (Last, First, Middle Initial) C. Citizens for Schuring Committee					Date of Disbursement
Mailing Address 330 Third St. NW					12 / D D / Y Y Y Y 12 29 2017
City Canton	State OH	Zip Code 44702			FEC Identification Number
Purpose of Disbursement Contribution		1	0	11	C
Candidate Name Schuring, Kirk, , OH Rep.,		L		egory/ /pe	Transaction ID : 41733213 Amount of Each Disbursement this Period
	ement For:	I			1250.00
State: District:	Primary Other (spe	General cify) ▼			Contribution Memo Item
State: District:					
SUBTOTAL of Disbursements This Page (optional).				••••• •	2500.00
TOTAL This Period (last page this line number only	/)			►	, ,

	OTT Category/ Type	22 23 26 27 28b 28c 29 30b son for the purpose of soliciting contributions posolicit contributions from such committee.
edHealth G	OTT Category/ Type	Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement FEC Identification Number C Transaction ID : 41733214 Amount of Each Disbursement this Period 500.00 Contribution Memo Item Date of Disbursement Date of Disbursement FEC Identification Number
ip Code 43206 General	011 Category/ Type	Date of Disbursement 12 29 2017 FEC Identification Number C Transaction ID : 41733214 Amount of Each Disbursement this Period 500.00 Contribution Memo Item Date of Disbursement 12 29 2017 FEC Identification Number
43206	Category/ Type	FEC Identification Number C Transaction ID : 41733214 Amount of Each Disbursement this Period 500.00 Contribution Memo Item Date of Disbursement 12 29 2017 FEC Identification Number
43206	Category/ Type	FEC Identification Number
43206	Category/ Type	C Transaction ID : 41733214 Amount of Each Disbursement this Period 500.00 Contribution Memo Item Date of Disbursement 12 29 2017 FEC Identification Number
p Code	Category/ Type	Transaction ID : 41733214 Amount of Each Disbursement this Period 500.00 Contribution Memo Item Date of Disbursement 12 P Y Y Y Y Y Contribution Memo Item Date of Disbursement Y <td< td=""></td<>
p Code	Type	500.00 Contribution Memo Item Date of Disbursement 12 29 FEC Identification Number
•		FEC Identification Number
•		
	011	
General	Category/ Type	Transaction ID : 41733215 Amount of Each Disbursement this Period 350.00 Contribution Memo Item
		Date of Disbursement
		12 29 2017
ip Code 45044	011	FEC Identification Number
General	Category/ Type	Transaction ID : 41733216 Amount of Each Disbursement this Period 500.00 Contribution Memo Item
	o Code I5044	D Code 15044 011 Category/ Type General

S	CHEDULE B (FEC Form 3X)			FC	DR LI	NE	NUMBER: PAGE 385 OF 396				
IT	EMIZED DISBURSEMENTS	Use sepa for each			only 1b	7 one) 22 23 26 27					
		Detailed	Summary Page			8a	28b 28c x 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na						son for the purpose of soliciting contributions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		·,	~	-	. ~					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group	p P/	4C	;)				
A.	Full Name (Last, First, Middle Initial) Friends of Bill Reineke						Date of Disbursement				
	Mailing Address 122 SUNNY LANE						12 / D D / Y Y Y Y 12 29 2017				
	City	State	Zip Code				FEC Identification Number				
	Tiffin Purpose of Disbursement	OH	44883								
	Contribution			0	11	11	С				
	Candidate Name			Cate	gory/		Transaction ID : 41733218 Amount of Each Disbursement this Period				
	Reineke, Bill, , OH Rep., Jr.				pe						
		ement For:					750.00				
	Senate President	Primary Other (spec	General				Contribution				
	State: District:	Other (spec	city) 🔻				Memo Item				
	Full Name (Last, First, Middle Initial)										
В.	Friends of David Leland		Date of Disbursement								
	Mailing Address 367 EAST BROAD STREET, 100	12 29 2017									
	City	State OH	Zip Code				FEC Identification Number				
	Columbus OH 43215 Purpose of Disbursement						С				
	Contribution	011					Transaction ID : 41733219				
	Candidate Name			Cate	gory/		Amount of Each Disbursement this Period				
	Leland, David, , OH Rep.,			Ту	pe		250.00				
	Office Sought: House Disburse Senate	ment For:	General				350.00				
	President	Primary Other (spec					Contribution				
	State: District:						Memo Item				
	Full Name (Last, First, Middle Initial)										
C.	Friends of Lou Terhar						Date of Disbursement				
	Mailing Address 5595 Boomer Road		12 / D D / Y Y Y Y 12 29 2017								
	City	State	Zip Code				FEC Identification Number				
	Cincinnati Purpose of Disbursement	OH	45247								
	Contribution			04	11	11	С				
	Candidate Name	<u></u>	gory/		Transaction ID : 41733220 Amount of Each Disbursement this Period						
	Terhar, Louis, , OH Sen.,			pe							
	Office Sought: House Disbursement For:						500.00				
	President	Primary Other (spec	General				Contribution				
	State: District:	Other (spec	uiy) 🔻				Memo Item				
s	UBTOTAL of Disbursements This Page (optional).					•	1600.00				
т	OTAL This Period (last page this line number only	/))						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 386 OF 396		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	iroup PAC)		
Full Name (Last, First, Middle Initial) A. Friends of Nickie J Antonio				Date of Disbursement		
Mailing Address 1305 Belle Ave	M M / D D / Y Y Y Y 12 29 2017					
City Lakewood	State OH	Zip Code 44107		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 41733222		
Candidate Name Antonio, Nickie, , OH Rep., Office Sought: House Disburser	ment For:		Category/ Type	Amount of Each Disbursement this Period		
State: District:		Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Friends of Rogers Mailing Address 7290 SOUTHMEADOW DR		Date of Disbursement				
City Concord Purpose of Disbursement	Concord OH 44077					
Contribution Candidate Name Rogers, John, , OH Rep., Office Sought: House Senate President State: District:	General	011 Category/ Type	C Transaction ID : 41733223 Amount of Each Disbursement this Period 350.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Friends of Scott Lipps				Date of Disbursement		
Mailing Address 418 PARK AVENUE	Mailing Address 418 PARK AVENUE					
City Franklin Purpose of Disbursement Contribution Candidate Name	Franklin OH 45005 Purpose of Disbursement					
Lipps, Scott, , OH Rep., Office Sought: House Senate President State:	ment For: Primary Other (spec	General cify) ▼	Category/ Type	Amount of Each Disbursement this Period 750.00 Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				1450.00		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 387 OF 396			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
				,			
UnitedHealth Group Incorporated	PAC (Ur	litedHealth G	roup PAC)			
Full Name (Last, First, Middle Initial) A. LaRose for Ohio				Date of Disbursement			
Mailing Address 211 S. Fifth St.				12 29 2017			
City Columbus	State OH	Zip Code 43215		FEC Identification Number			
Purpose of Disbursement Contribution		43215	011	С			
Candidate Name			Category/	Transaction ID : 41733226 Amount of Each Disbursement this Period			
LaRose, Frank, , OH Sen.,			Туре	750.00			
Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item			
State: District: Full Name (Last, First, Middle Initial) B. O'Brien for Ohio (Sean) Mailing Address 545 E TOWN STREET		Date of Disbursement					
City Columbus Purpose of Disbursement		FEC Identification Number					
Contribution Candidate Name			011 Category/	Transaction ID : 41733228 Amount of Each Disbursement this Period			
O'Brien, Sean, , OH Sen., Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify)	Туре	350.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Oelslager for Ohio Committee				Date of Disbursement			
Mailing Address 6706 Lake Cable Ave. NW	Mailing Address 6706 Lake Cable Ave. NW						
City North Canton	State OH	Zip Code 44720		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	011 Category/	Transaction ID : 41733229 Amount of Each Disbursement this Period					
Oelslager, Scott, , OH Sen.,	Туре						
Office Sought: House Disburs Senate President District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional)			····· >	1600.00			
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S	CHEDULE B (FEC Form 3X)			FC	OR L	INE	NUMBER: PAGE 388 OF 396				
IT	EMIZED DISBURSEMENTS	Use sepa for each		heck	only	one)					
			Summary Page			21b 28a	22 23 26 27 28b 28c x 29 30b				
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by al com	any	perso	on for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)			_		_					
	UnitedHealth Group Incorporated	PAC (Un	hitedHealth G	Grou	p P	PAC	;)				
Α.	Full Name (Last, First, Middle Initial) Pelanda for Ohio						Date of Disbursement				
	Mailing Address 4679 WINTERSET DRIVE						12 / D D / Y Y Y Y Y 29 2017				
	City Columbus	State OH	Zip Code 43220				FEC Identification Number				
	Purpose of Disbursement Contribution		43220	0	11		С				
	Candidate Name						Transaction ID : 41733230 Amount of Each Disbursement this Period				
	Pelanda, Dorothy, , OH Rep.,				egory ype	//	Amount of Each Dispursement this Period				
		ment For:		-			500.00				
	Senate	Primary	General				Contribution				
	State: District:	Other (spe	cify) ▼				Memo Item				
	Full Name (Last, First, Middle Initial)										
Β.	Citizens for Tiffany						Date of Disbursement				
	Mailing Address PO Box 59	12 29 2017									
	City State Zip Code Merrill WI 54452						FEC Identification Number				
	Purpose of Disbursement Contribution 0										
	Candidate Name			Cate	egory	//	Transaction ID: 41733231 Amount of Each Disbursement this Period				
	Tiffany, Tom, , ,			Ту	ype						
		1	hent For:				500.00				
	Senate President	Primary Other (spe	General				Contribution				
	State: District:	Other (spec	city)				Memo Item				
C.	Full Name (Last, First, Middle Initial) Forward with Jocasta						Date of Disbursement				
							M M / D D / Y Y Y Y Y 12 20 2017				
	Mailing Address PO Box 1481		1				12 29 2017				
	City Milwaukee	State WI	Zip Code 53201				FEC Identification Number				
	Purpose of Disbursement	VVI	55201	_			С				
	Contribution			0	11		Transaction ID : 41733232				
	Candidate Name Catego						Amount of Each Disbursement this Period				
	Zamarripa, JoCasta, , WI Rep.,		ype		250.00						
	Office Sought: House Disbursement For:						250.00				
	President	Primary Other (spe	General				Contribution				
	State: District:		city) 🔻				Memo Item				
s	UBTOTAL of Disbursements This Page (optional).						1250.00				
т	OTAL This Period (last page this line number only	/)					, ,				

S	CHEDULE B (FEC Form 3X)			FC	DR LINE	E NUMBER: PAGE 389 OF 396			
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(cl	heck on 21t	one) 22 23 26 27			
		Detailed	Summary Page		28a	a 28b 28c x 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the na								
\backslash	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	p PA	C)			
A .	Full Name (Last, First, Middle Initial) Friends of Alberta Darling					Date of Disbursement			
	Mailing Address 1478 Noridge Trail	12 29 2017							
	City	State	Zip Code						
	Port Washington	WI	53074			FEC Identification Number			
	Purpose of Disbursement Contribution			0	11				
	Candidate Name			Cate	egory/	Transaction ID : 41733236 Amount of Each Disbursement this Period			
	Darling, Alberta, , ,				/pe				
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			Contribution			
	State: District:	Other (sper	City) V			Memo Item			
В.	Full Name (Last, First, Middle Initial)	Date of Disbursement							
	Mailing Address PO Box 100813	12 29 2017							
	City Milwaukee		FEC Identification Number						
	Purpose of Disbursement Contribution				11	C Transaction ID : 41733237			
	Candidate Name				egory/	Amount of Each Disbursement this Period			
	Johnson, LaTonya, , WI Sen., Office Sought: House Disburse	ment For:		IJ	/pe	250.00			
	Senate	Primary	General			Contribution			
	State: District:	Other (spec	cify)			Memo Item			
_	Full Name (Last, First, Middle Initial)					Date of Disbursement			
0.	Friends of Scott Walker								
	Mailing Address PO Box 620437					12 29 2017			
	City Middleton	State WI	Zip Code 53562			FEC Identification Number			
	Purpose of Disbursement Contribution		0	11	C				
	Candidate Name Walker, Scott, , ,	egory/ /pe	Transaction ID : 41733238 Amount of Each Disbursement this Period						
		ment For:	(1	140	5000.00				
	Senate	Primary	General			Contribution			
	President	Other (spe	cify) 🔻			Memo Item			
	State: District:								
s	UBTOTAL of Disbursements This Page (optional).				►	5750.00			
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\backslash	UnitedHealth Group Incorporated	PAC (Un	litedHealth G	Froup PAG	U)			
Α.	Full Name (Last, First, Middle Initial) Shilling for Senate				Date of Disbursement			
	Mailing Address PO Box 1261				12 29 2017			
	City	State WI	Zip Code		FEC Identification Number			
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B.	Full Name (Last, First, Middle Initial) Steffen for Wisconsin	Date of Disbursement						
	Mailing Address PO Box 11492	12 29 2017						
	City Green Bay	State WI	Zip Code 54307		FEC Identification Number			
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	Contribution Candidate Name			011	Transaction ID : 41733243			
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	Mailing Address PO Box 552				12 29 2017			
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Mailing Address c/o Diane Wittman 113 W. Michigan Ave						12		2			2017	
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Full Name (Last, First, Middle Initial) A. Michigan Senate Democratic Fund					Date of Disbursement			
Mailing Address PO Box 11111					12 29 2017			
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Mailing Address P.O. Box 12023					12 29 2017			
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Mailing Address 105 E. High St.					12 29 2017			
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UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Froup PAC	·)			
Full Name (Last, First, Middle Initial) A. Committee to Elect a Republican	Senate			Date of Disbursement			
Mailing Address PO Box 2741	12 29 2017						
City	State	Zip Code					
Madison	WI	53701		FEC Identification Number			
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Mailing Address 148 East Johnson Street				12 29 2017			
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ITEMIZED DISBURSEMENTS		category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and or for commercial purposes, other than using th							
NAME OF COMMITTEE (In Full)		_	_				
UnitedHealth Group Incorporat	ted PAC (U	nitedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial) A. Alliance of Health Insurers PA	C			Date of Disbursement			
Mailing Address 10 East Doty St Suite 500				12 29 2017			
City	State	Zip Code		FEC Identification Number			
Madison Purpose of Disbursement	WI	53703		0			
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Full Name (Last, First, Middle Initial) B. Republican Assembly Campai Mailing Address 148 East Johnson		Date of Disbursement					
City Madison							
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Full Name (Last, First, Middle Initial) C. State Senate Democratic Com	mittee			Date of Disbursement			
Mailing Address PO Box 164				12 / D D / Y Y Y Y 12 29 2017			
City Madison Purpose of Disbursement Contribution	Madison WI 53701						
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