Image# 201902199145532297					PAGE 1 / 95
FEC AN	PORT OF F ND DISBURS Other Than An Author	SEMENT	S	Of	ffice Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type	12FE4M5	
UnitedHealth Group Incor	porated PAC (Unite	dHealth Grou	IP PAC)		
<u> </u>					
ADDRESS (number and street)	01 Pennsylvania Ave, NW				
Check if different	uite 200 				20004
2. FEC IDENTIFICATION NUMB	ER ▼ CITY	•	ST	TATE ▲	ZIP CODE ▲
C C00274431	3. IS ⁻ REI		NEW N) OR	AMEN (A)	DED
(Choose One) (a) Quarterly Reports:	b) Monthly Report Due On: Apr 20) (M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 Sep 20 Oct 20 ((M9) (M9) (Non-Election Year Only) (Non-Election Year Only) Year Only)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12F		General (120 Special (12S	
January 31 Year-End Report (YE)	Election	on/	D D / Y	Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (300	G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	on/	D D / Y	Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2019	through	01	/ D D / Y 31	2019
I certify that I have examined this Re D Type or Print Name of Treasurer	eport and to the best of m avis, Kelly, , ,	y knowledge and	belief it is true,	, correct and co	omplete.
Signature of Treasurer	ly, , ,	[Electronicall	y Filed] Dat	te 02/	19 / Y Y Y Y 19
NOTE: Submission of false, erroneous,	or incomplete information r	nay subject the per	son signing this	Report to the p	penalties of 52 U.S.C. § 3010
Office Use Only					FEC FORM 3X Rev. 05/2016

02/19/2019 16 : 52

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	eport Covering the Period: From: 01	M / D D / Y Y Y Y 01 2019 T	o: 01 / 01 / 10 0 / 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		940764.59
	(b) Cash on Hand at Beginning of Reporting Period	940764.59	
	(c) Total Receipts (from Line 19)	140360.90	140360.90
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	1081125.49	1081125.49
7.	Total Disbursements (from Line 31)	24000.00	24000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1057125.49	1057125.49
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From:	/ 01 / Y Y Y Y 2019 To:	01 / P P Y Y Y 01 31 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	102643.71	102643.71
(ii) Unitemized (iii) TOTAL (add	37717.19	37717.19
Lines 11(a)(i) and (ii)	140360.90	140360.90
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
 (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 	0.00	0.00
Totals to Line 33, page 5)	140360.90	140360.90
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures (Defundo, Debatos, etc.) 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal Candidates and Other 	0.00	0.00
Political Committees	0.00	0.00
(Dividends, Interest, etc.)18. Transfers from Non-Federal and Levin Funds(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),12, 13, 14, 15, 16, 17, and 18(c))	140360.90	140360.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	140360.90	140360.90

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar rear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) 	0.00	0.00
Transfers to Affiliated/Other Party Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	17500.00	17500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
 (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including Non-Federal Donations)	6500.00	6500.00
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24000.00	24000.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	24000.00	24000.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FFC	Form	3X	(Rev	05/2016)
1 20	1 01111	57	(110 .	05/2010	,

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)

				140360.90
	-7		-7	
				0.00
	-7-		-1	
				140360.90
	- 1	1	-1	
				0.00
	-7-		- 7	
	-7-		-7	0.00
				0.00
				0.00
the second se	-7-	_	- 7	

140360.90 0.00 140360.90 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date



SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 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 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 GAUDIO, JOSEPH, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4842 E MOUNTAIN VIEW	RD		01 / Y Y Y Y 01 31 2019						
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811853386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. WICHMANN, DAVID, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7000 ANTRIM ROAD			01 / Y Y Y Y 2019						
City EDINA	State MN	Zip Code 55439-1708	Transaction ID : PR1159814753386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc	Occ CE0	upation (for Individual) O	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MEAD, BRUCE, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1232 GRAY BRANCH RD			01 / D D / Y Y Y Y 2019						
City MCKINNEY	State TX	Zip Code 75071-6495	Transaction ID : PR1159816153386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP I	upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			1153.80						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

IT.			Use separate schedule(s)	(ch	(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page				11b	11c	12	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the						pose of	soliciting	contribu	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)							
A.	Full Name of Individual (Last, First, Middle Initia PENSHORN, JOHN, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 120 BLACK OAKS LANE				01	/	31	/ Y	y y 2019	Y	
	City WAYZATA	State MN	Zip Code 55391-1363						3 1695338 is Period		
	FEC ID number of contributing federal political committee.	С							384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	SVP	upation (for Individual) P UnitedHlth Group		M	emo	tem				
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60				P/R Deduction (\$192.30 Bi-Weekly)					
B.	Full Name of Individual (Last, First, Middle Initia KALLMEYER, PAUL, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 468 HERALD DR	State	Zip Code		01	/	31		2019		
	AMBLER	C C C C C C C C C C C C C C C C C C C			Transaction ID : PR1159817453386 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.				230.76						
	Name of Employer (for Individual) United HealthCare Services Inc				M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76] 「	P/R Ded	uctio	on (\$115	5.38 Bi-W	/eekly)		
с.	Full Name of Individual (Last, First, Middle Initia MIGLIORI, RICHARD, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address PO BOX 72				01	1	31	/ Y	үүү 2019	Y	
	City WAYZATA	State MN	Zip Code 55391-0072						82745338 is Period		
	FEC ID number of contributing federal political committee.	C			<u> </u>		y :	, <u>,</u>	384.	60	
United HealthCare Services Inc EVP			Occupation (for Individual) EVP, UHG Chief Medical Officer				o Item				
			Year-to-Date ▼ 384.60] '	P/R Ded	lucti	on (\$19	2.30 Bi-W	/eekly)		
	UBTOTAL of Receipts This Page (optional)		•	► _			ş .	5	999.	96	
Т	OTAL This Period (last page this line number of	nly)	•••••••••••••••••••••••••••••••••••••••	•			-				

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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 17					
Any information copied from such Reports and or for commercial purposes, other than using th	Statements ma	I ay not be sold or used by any p ddress of any political committed	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		, p						
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle Ir MATTEO, MICHAEL, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 25 JEREMIAHS WAY			01 31 2019					
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621	Transaction ID : PR1551133453386 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		230.76					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Client Officer	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$115.38 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Ir B. CARR, ANTHONY, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 5400 THOROUGHBRED LN								
City	State FL	Zip Code	Transaction ID : PR1554323453386					
SOUTHWEST RANCHES	1.5	33330-2411	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Natl VP SIs & Acct Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In	nitial) or Full C	organization Name						
C. MILLER, KATHERINE, , , Mailing Address 2321 HARBOR LAKE DRIVE	Ξ		Date of Receipt					
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324353386 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С	384.60						
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			999.96					
TOTAL This Period (last page this line number	r only)							

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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PAGE 9 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	a 🗌	11b	11c	12				
Any information copied from such Reports and											
or for commercial purposes, other than using th	ie name and a	address of any political committee	e to solicit	contri	butions f	rom such	n committe	e.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle II ANDERSON, CRAIG, , ,	nitial) or Full C	Organization Name	Date	of R	eceipt						
Mailing Address 47 AMATO CIRCLE			м 0 [.]		31) / Y	2019	Ŷ			
City WETHERSFIELD	State CT	Zip Code 06109-3971				PR15759 Receipt th	5735338 is Period	3			
FEC ID number of contributing federal political committee.	С				-		384.6	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn Pres Ntwk Mgmt		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middle II B. ERICKSON, KAREN, , ,	nitial) or Full C	Organization Name	Date	of R	eceipt						
Mailing Address 15348 RED OAKS ROAD SE	Aailing Address 15348 RED OAKS ROAD SE				01 / D D / Y Y Y Y Y 01 31 2019						
City PRIOR LAKE	State MN	Zip Code 55372-1834				PR15759 Receipt th	57653386 is Period	j			
FEC ID number of contributing federal political committee.	С	C			-		384.6	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) tum Exec		Mem	o Item						
Receipt For:	Aggregate	Aggregate Year-to-Date ▼			7						
Other (specify) ▼		384.60	P/R D	educt	ion (\$192	2.30 Bi-W	eekly)				
Full Name of Individual (Last, First, Middle In VALENTA, LEE, , ,	nitial) or Full C	Organization Name	Date	of R	eceipt						
Mailing Address 5033 PARK TERRACE		1	0	1	31		у у 2019				
City EDINA	State MN	Zip Code 55436-1098				PR15759 Receipt th	95855338 is Period	6			
FEC ID number of contributing federal political committee.	Itical committee. Occupation (for Individual) Employer (for Individual) SVP Gen Mgmt				, .	. y	384.6	60			
Name of Employer (for Individual) Optum Services, Inc				Mem	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional)					7		1153.8	0			
TOTAL This Period (last page this line numbe	r 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)								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle KELLY, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 341 PLEASANT AVENUE			M M / D D / Y Y Y Y Y 01 31 2019					
City SAINT PAUL	State MN	Zip Code 55102-2333	Transaction ID : PR1575959753386 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle WEBB, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4516 DREXEL AVENUE			01 / 01 / 2019					
City	State MN	Zip Code	Transaction ID : PR1580865353386					
		55424-1130	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHIth Grp	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle . HUGHES, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3905 COUNTY ROAD 44			01 / D D / Y Y Y Y Y 2019					
City MINNETRISTA	State MN	Zip Code 55364-9572	Transaction ID : PR1596304153386 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			1153.80					
TOTAL This Period (last page this line numb	per only)							

FOR LINE NUMBER:

PAGE 11 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
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 Incorporation	ted PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle In A. JOHNSON, THAD, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 9741 GLACIER BAY			01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
City EDEN PRAIRIE	State MN	Zip Code 55347-2615	Transaction ID : PR1596304353386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle In B. SCHUMACHER, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 5401 LARADA LANE			01 / D D / Y Y Y Y 01 31 2019
City	State	Zip Code	Transaction ID : PR1596305453386
EDINA	MN	55436-1024	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Pres & COO	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle In C. THEISEN, SCOTT, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 1950 MEADOWWOODS TR	AIL		01 / D D / Y Y Y Y 01 31 2019
City LONG LAKE	State MN	Zip Code 55356-9312	Transaction ID : PR1596305653386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Bus Ops	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1153.80
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

		Use separate schedule(s)	(check on	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b		12						
Any information copied from such Reports and or for commercial purposes, other than using t												
	ine name and a		U SUIICIT CO	Intribution	is morn su							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle ANDERSON, MICHAEL, , ,	Initial) or Full C	rganization Name	Date o	f Receip	t							
Mailing Address 17907 INVERNESS CURV	E		м м 01	M M / D D / Y Y Y Y 01 31 2019								
City EDEN PRAIRIE	State MN	Zip Code 55347-2155				630935338 this Period						
FEC ID number of contributing federal political committee.	С					384.	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Pharmacy Programs	M	lemo Iter	n							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Dec	luction (\$	\$192.30 Bi	Weekly)						
Full Name of Individual (Last, First, Middle DAVIDSON, TRACY, , ,	Initial) or Full C	rganization Name	Date o	f Receip	t							
Mailing Address 6058 HARBOUR TOWN CI	R		M M 01	/ D	31	y y y 2019	Y					
City WESTERVILLE	State OH	Zip Code 43082-8144				631165338 this Period	-					
FEC ID number of contributing federal political committee.	C					384.	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	M	lemo Iter	n							
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		384.60	P/R Ded	luction (\$	3192.30 Bi-	Weekly)						
Full Name of Individual (Last, First, Middle C. DUNLOP, RICHARD, , ,	Initial) or Full C	rganization Name	Date o	f Receip	t							
Mailing Address 2964 WYSE COURT			01	/ D	31	2019	Y					
City LEWIS CENTER	State OH	Zip Code 43035-8253				631235338 this Period						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		lemo Itei	m							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated												
A.	Full Name of Individual (Last, First, Middle Initial MALLATT, KATHLEEN, , ,) or Full O	rgan	ization Name		Date of	Re	ecei	pt				
	Mailing Address 4304 SOUTH 167 AVENUE					м м 01	/		31]	/ Y	y y 2019	Y
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	City SILVER SPRING	State MD		Zip Code 20905-5028	A							s Period	6
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	Mailing Address 2260 FOX STREET					™ 0		/	[31		/ Y	y y 2019	Y
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of socialing contributions from such committee. 13 14 15 16 NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Image of individual (last, first, Middle initial) or Full Organization Name Date of Receipt A. HELLAMY, THOMAS AVENUE SOUTH City State Zip Code Mailing Address 2743 THOMAS AVENUE SOUTH City State Zip Code Minite Address 2743 THOMAS AVENUE SOUTH City State Zip Code Minite Address 2743 THOMAS AVENUE SOUTH City State Zip Code Minite Address 2743 THOMAS AVENUE SOUTH City State Zip Code Mailing Address 2743 THOMAS AVENUE SOUTH City State Maine Address 2743 THOMAS AVENUE SOUTH Ditted HealthCare Services inc C Maine Address 2743 THOMAS AVENUE SOUTH Maine Address 18656 MAS33388 Amount of Each Receipt M		EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a		11	1b		11c	12	_	
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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
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group PA	NC)
Full Name of Individual (Last, First, Middle SANTELLI, JOHN, , ,	Initial) or Full C	Organization Name	Date of Receipt
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City EXCELSIOR	State MN	Zip Code 55331-8520	Transaction ID : PR1903622053386
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle WEYMOUTH, PAUL, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 317 WRIGHTS MILL RD			01 31 2019
City COVENTRY	State CT	Zip Code 06238-1559	Transaction ID : PR1903636953386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. HANSEN, DAVID, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 33 VIA CONOCIDO			01 / D D / Y Y Y Y Y 01 31 2019
City SAN CLEMENTE	State CA	Zip Code 92673-7044	Transaction ID : PR2119476753386
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 I	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 270.00	P/R Deduction (\$135.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1039.20
TOTAL This Period (last page this line numb	er only)	•	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	AC)										
a . Ka	Name of Individual (Last, First, Middle Initial) NNE, KATHLEEN, , ,) or Full O	rgar	nization Name		Date	of	Re	ece	ipt					
	ing Address 4826 PALOMINO COURT					[™] 0	1	/	L	31		Y	y y 2019		
City ER		State PA		Zip Code 16506-6624									796533		
FEC	D ID number of contributing eral political committee.	С				\mo	unt	OT	Ea		ecei	pt this	s Peric 38	oa 4.60	
	ne of Employer (for Individual) um Services, Inc	Occi VP (•	tion (for Individual)			Me	emo	o It	em					
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	R D	edi	uctio	on	(\$192	2.30	Bi-We	eekly)		
	Name of Individual (Last, First, Middle Initial) TTMAN, AUSTIN, , ,) or Full O	rgar	nization Name		Date	of	Re	ece	ipt					
	ing Address 4621 EDINA BLVD	1		1		™ 0		1	l	D D 31	/	Y	y y 2019	Y]
City EDI		State MN		Zip Code 55424-1154					-				867533 s Peric		
	D number of contributing political committee.	С							-			-9	38	4.60	
	ne of Employer (for Individual) um Services, Inc			tion (for Individual) gment CEO			Me	emo	b It	em					
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 384.60	P/	R D	edı	uctio	on	(\$192	.30	Bi-We	∍ekly)		
	Name of Individual (Last, First, Middle Initial) RIGHT, GREGORY, , ,) or Full O	rgar	nization Name		Date	of	Re	ece	ipt					
Mai	ing Address 10471 STRAND TERRACE	1				[™] 0		/	l	31	1	Y	y 2019	Y]
City SA	ΝΤΑ ΑΝΑ	State CA		Zip Code 92705-1495									94153		
FEC	D ID number of contributing political committee.	С					um	U	La 1		ecei	pt trik		4.60	
Unit	ne of Employer (for Individual) ted HealthCare Services Inc		•	tion (for Individual) n CEO			Me	emo	o It	em					
	eipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	'R C)ed	uctio	on	(\$192	2.30	Bi-W	eekly)		
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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 1 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	ted PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle MASON, JOHN, J, ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 524 N CRESCENT HEIGH	IS BLVD		01 / D D / Y Y Y Y 01 31 2019
City LOS ANGELES	State CA	Zip Code 90048-2208	Transaction ID : PR2126373853386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		217.37
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 ▼ 217.37	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. BURKE, FORREST, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 380 LEAF STREET			01 / Y Y Y Y Y 01 31 2019
City	State	Zip Code	Transaction ID : PR2133132453386
ORONO	MN	55356-9733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle	Initial) or Full O	<u>4</u> 3	1
: HULTGREN, BROR, , ,			Date of Receipt
Mailing Address 408 22ND ST			01 / D D / Y Y Y Y Y 01 31 2019
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133253386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			986.57
TOTAL This Period (last page this line number	er only)		

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· · · · · · · · · · · · · · · · · · ·	AE OF COMMITTEE (In Full)														
	hitedHealth Group Incorporated	PAC (U	nitedHealth Group PA	C)											
	Name of Individual (Last, First, Middle Initial ORISATO, SUSAN, , ,) or Full Org	ganization Name	Da	ate of	Rec	ceipt								
Mail	ing Address 238 ARDMORE ROAD			N	01	/	D D D 31	/ Y	ү ү 2019	Y					
City DE	S PLAINES	State IL	Zip Code 60016-2119						13385338 iis Perioc						
	CID number of contributing and political committee.	С					7		384	.60					
Unit	ne of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Insurance Sols		Me	mo	Item								
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Y	⁄ear-to-Date ▼ 384.60	P/R	Dedu	ictio	n (\$192	.30 Bi-W	/eekly)						
	Name of Individual (Last, First, Middle Initial JTNAM, T JEFFREY, , ,) or Full Org	ganization Name	Da	ate of	Rec	ceipt								
	ing Address 303 ELMWOOD PLACE WEST			Ň	01	/	D D D 31	/ Y	у у 2019	Y					
City	INEAPOLIS	State MN	Zip Code 55419-1349						13425338 his Perioc	-					
FEC	C ID number of contributing eral political committee.	С			iount				384						
	ne of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Group CFO		Me	mo	Item								
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	Primary General Other (specify) ▼		384.60	P/R	Dedu	ctio	n (\$192.	.30 Bi-W	/eekly)						
	Name of Individual (Last, First, Middle Initial) or Full Org	ganization Name	Da	ate of	Rec	ceipt								
	ing Address 6 LANTANA				01 ^M	/	D D D 31	L	2019						
City NE	WPORT COAST	State CA	Zip Code 92657-1646						72845338 iis Perioc						
	D number of contributing political committee.	С		ļ			9	, <u>,</u>	230	.76					
Unit	ne of Employer (for Individual) ted HealthCare Services Inc		pation (for Individual) Plan CEO		Me	mo	ltem								
	eipt For: Primary General Other (specify)	Aggregate Y	⁄ear-to-Date ▼ 230.76	P/R	Dedu	uctio	n (\$115	.38 Bi-V	Veekly)						
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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 11
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 (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle A. SMITH, DANNETTE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4200 ALDEN DRIVE			01 31 2019
City EDINA	State MN	Zip Code 55416-5010	Transaction ID : PR2145729953386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. LEWIS, KURT, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 961 RIVER FOREST DRIVE	E		01 31 2019
City MAINEVILLE	State OH	Zip Code 45039-7720	Transaction ID : PR2203967553386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
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) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle BEAULE, JEAN-FRANCOIS, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7 STRATFORD RD			01 / Y Y Y Y Y 2019
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR2225813653386 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		230.76
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ' Hlth Advancement	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$115.38 Bi-Weekly)
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TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	y information copied from such Reports and State for commercial purposes, other than using the nar					for	the		pos	se of	sol	liciting	contri	butio	ns
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (l	Jn	itedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) RYAN, JOHN, , ,	or Full O	rga	nization Name		Dat	e of	f Re	ece	ipt					
	Mailing Address 45 WESTMORELAND LN			I			01 [™]	/	l	D D 31		/ Y	2019	у у Э	
	City NAPERVILLE	State IL		Zip Code 60540-5817					-				19653		
				00340-3817		Ame	oun	t of	Ea	ich R	.ece	eipt thi	s Peri 38	od 34.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual)			Μ	emo	o It	em					
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В.	Full Name of Individual (Last, First, Middle Initial) CONNLY, MICHAEL, , ,	or Full O	rga	nization Name		Dat	e of	f Re	ece	ipt					
	Mailing Address 570 MONTCALM PL						™ 01	/	ľ	D D 31		/ Y	2019		1
	City SAINT PAUL	State MN		Zip Code 55116-1730	_								25853 s Peri		
	FEC ID number of contributing federal political committee.	C					_		-		_	-9-	38	34.60	
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) ech Off			M	emo	o It	em					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 384.60	F	9/R [Ded	uctio	on	(\$192	2.30) Bi-W	eekly)		
С.	Full Name of Individual (Last, First, Middle Initial) O'BRIEN, DENNIS, , ,	or Full O	rga	nization Name		Dat	e of	f Re	ece	ipt					
	Mailing Address 61 LOUGHLIN AVE						01 [™]	/	l	D D 31		/ Y	2019]
	City COS COB	State CT		Zip Code 06807-2621									27353		
		C	l				Jun		La J		ece	ipt th	s Peri 38	00 34.60	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Regr		tion (for Individual) EO			М	emc	o It	em					
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 384.60		P/R	Ded	lucti	on	(\$192	2.30) Bi-W	'eekly)		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	y information copied from such Reports and Stater for commercial purposes, other than using the nan					or the		oose		oliciting	contribu	tions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	JnitedHealth G	Group PAC	;)							
Α.	Full Name of Individual (Last, First, Middle Initial) VERNEY, JEFFERY, , ,	or Full C	rganization Name		D	ate of	Re	ceip	t			
	Mailing Address 266 WESTLEDGE ROAD	Otata	Zin Oada			^M 01	/	L	31	/ Y	ү ү 2019	
	5	State CT	Zip Code 06092-2017	-							2745338	6
		C]		mount	or		n Re	ceipt th	is Period 384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individua Gen Mgmt	l)		Me	emo	Iter	m			
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	Full Name of Individual (Last, First, Middle Initial) PRINCE, JOHN, , ,	or Full C	rganization Name		D	ate of	Re	ceip	t			
	Mailing Address 546 HARRINGTON ROAD					^M 01	/		31	/ Y	y y 2019	Y
	City : WAYZATA	State MN	Zip Code 55391-1550					-			7 3845338 is Period	6
	FEC ID number of contributing federal political committee.	C				_		,	_	-9	384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individua Segment CEO	ll)		Me	emo	Iter	n			
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date V	384.60	P/F	R Dedu	uctio	on (\$	3192.3	30 Bi-W	eekly)	
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	Mailing Address 378 FERNDALE ROAD WEST					^M 01	/		31	/ Y	ү ү 2019	Y
	City : WAYZATA	State MN	Zip Code 55391-1559	-							44515338	6
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individua 9 Ops	l)		Me	emo	Iter	m			
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	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a		9 10 S			outions i	TOTT SUCT	Commu	ee.				
\rangle	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Ini COLEMAN, JAMES, , ,	tial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 4720 WEST 66TH STREET				01 / Y Y Y Y 01 31 2019									
	City EDINA	State MN	Zip Code 55435-1506						4525338 is Period	6				
	FEC ID number of contributing federal political committee.	С			<u> </u>				384.0	60				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp SVP, Human Capital		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	1	P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Ini HIGA, JOY, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 2208 ELM AVENUE		01	/	31) / Y	2019	Y						
	City MANHATTAN BEACH	State CA	Zip Code 90266-2809						4625338	6				
	FEC ID number of contributing federal political committee.	C			Amoun	O		eceipt th	is Period 384.0	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Ini ALEXANDER, CORY, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 4203 BRADLEY LANE				01 ^M	1	31		2019	Y				
	City CHEVY CHASE	State MD	Zip Code 20815-5234						\$2885338 is Period	6				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	384.0	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Corp Affairs		М	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60]	P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)					
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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	_						
Any information copied from such Reports and s or for commercial purposes, other than using th	Statements ma	Ay not be sold or used by any p	erson for the	purpose of	15 soliciting	contribut	ions						
NAME OF COMMITTEE (In Full)					IOIII SUCI	Commute							
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle In A. WEE, KATHLYN, , ,	itial) or Full C	rganization Name	Date of	Date of Receipt									
Mailing Address 2225 46TH ST NW			01 / Y Y Y Y 01 31 2019										
City WASHINGTON	State DC	Zip Code 20007-1032		Transaction ID : PR2408545053386 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C					384.6	60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 State SIs OptumI	M	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Ded	uction (\$192	2.30 Bi-W	'eekly)							
Full Name of Individual (Last, First, Middle In B. FUENTEVILLA, ANA, , ,	itial) or Full C	rganization Name	Date of	Receipt									
Mailing Address 5110 N CALLE COLMADO			M M 01	/ D D 31	/ Y	y y 2019	Y						
City TUCSON	State AZ	Zip Code 85718-5002		action ID : I of Each Re			i						
FEC ID number of contributing federal political committee.	С		384.60 Memo Item										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg Chief Med Off											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		, 384.60	P/R Ded	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle In HAGAN, WILLIAM, , ,	,	rganization Name	Date of	Receipt									
Mailing Address 6536 E GREYTHORN DRIVE			01	/ D D 31	L	2019							
City SCOTTSDALE	State AZ	Zip Code 85266-6761		action ID :			6						
FEC ID number of contributing federal political committee.	C			, <u>,</u> ,	. ,	384.6	60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		emo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)				, ,	. ,	1153.8	0						
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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 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. BALTHAZOR, PAUL, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2002 SUGARWOOD DRIV	Έ		01 / Y Y Y Y 01 31 2019										
City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120753386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle 3. NESS, LAURA , , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 10550 PINNACLE WAY			01 31 2019										
City WOODBURY	State MN	Zip Code 55129-4282	Transaction ID : PR2437121553386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. COSGRIFF, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1837 SUMMIT LANE			01 / D D / Y Y Y Y Y Y 2019										
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137	Transaction ID : PR2437121653386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dev	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			1153.80										
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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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 Incorpor	ated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. EDELSON, BRETT, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 4600 DREXEL AVENUE			01 / D D / Y Y Y Y 01 31 2019										
City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127153386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. RAINEY, PETER, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 8850 COUNTY ROAD 26			01 / 01 / 2019 Transaction ID : PP2427127552296										
City MINNETRISTA	State MN	Zip Code 55359-9445	Transaction ID : PR2437127553386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Controller	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. LIPPERT, ROBIN, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 404 A ST SE			01 / D D / Y Y Y Y 01 31 2019										
City WASHINGTON	State DC	Zip Code 20003-3807	Transaction ID : PR2439928053386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Marketing	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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UnitedHealth Group Incorporate Full Name of Individual (Last, First, Middle In HEYMAN, STEPHEN, , , Mailing Address 5300 SHERRILL AVENUE City CHEVY CHASE FEC ID number of contributing	itial) or Full C		nization Name			_	· .												
Full Name of Individual (Last, First, Middle In HEYMAN, STEPHEN, , , Mailing Address 5300 SHERRILL AVENUE City CHEVY CHASE FEC ID number of contributing	itial) or Full C		nization Name			_	· .												
HEYMAN, STEPHEN, , , Mailing Address 5300 SHERRILL AVENUE City CHEVY CHASE FEC ID number of contributing	State MD	Drgar				_	· .												
City CHEVY CHASE FEC ID number of contributing	MD		Zin Code		M M				Date of Receipt										
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Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) wt Affs		Me	emo	o Item												
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Full Name of Individual (Last, First, Middle In LANGER, DONALD, , ,	itial) or Full C	Drgar	nization Name	Date of Receipt															
Mailing Address 5110 OAK RAMBLING DRIVE	≣			01 / Y Y Y Y 01 31 2019 Transaction ID : PR2445015453386															
City	State		Zip Code		Trans	acti	ion ID :	PR24	44501	545338	6								
KATY	TX		77494-1971	Amount of Each Receipt this Period															
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Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) In CEO	Memo Item															
Receipt For:	Aggregate	Yea	r-to-Date ▼																
Other (specify)		Ļ	, 384.60	P/R Deduction (\$192.30 Bi-Weekly)															
Full Name of Individual (Last, First, Middle In ADLINGTON SHKABERIN, AMY		Drgar	nization Name		Date of	Re	eceipt												
Mailing Address 3890 SUNSET DRIVE					01	/	31			y y 2019	Y								
City	State		Zip Code		Trans	act	ion ID :	PR2	44501	645338	6								
SPRING PARK	MN	_	55384-9634	- '	Amount	of	Each F	Receip	ot this	Period									
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United HealthCare Services Inc Receipt For:			an Capital	_															
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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 e 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 RENFRO, LARRY, , ,	le Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 15 TREVINO CIRCLE	State	Zip Code	01 31 2019 Transaction ID : PR2460168153386										
ANDOVER	MA	01810-2876	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) e Chairman UHG	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. ORBUCH, DAVID, , ,	le Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2220 CEDAR LAKE PKW			01 / D / Y Y Y Y 2019										
City MINNEAPOLIS	State MN	Zip Code 55416-3644	Transaction ID : PR2460168253386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		Memo Item P/R Deduction (\$192.30 Bi-Weekly)										
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) :um Exec											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60											
Full Name of Individual (Last, First, Middl C. WEXLER, ERIC, , ,	le Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 7220 WILLOW OAK DR			01 / D D / Y Y Y Y Y 01 31 2019										
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081	Transaction ID : PR2463723153386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	P/R Deduction (\$192.30 Bi-Weekly)										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60											
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12									
Any information copied from such Reports an 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 SCHICK, SUSAN, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1220 DENBIGH LANE			01 31 2019									
City WAYNE	State PA	Zip Code 19087-4644	Transaction ID : PR2480620553386 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Exec Sponsor	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. ABBOTT, CHRISTOPHER, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 12700 MUNDOMAR DR			01 31 2019									
City	State TX	Zip Code	Transaction ID : PR2484541553386									
		78739-1542	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		250.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		250.00	P/R Deduction (\$125.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle MCMAHON, DIRK, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 60 WILDHURST ROAD			01 / D D / Y Y Y Y Y 01 31 2019									
City EXCELSIOR	State MN	Zip Code 55331-8461	Transaction ID : PR2491457053386 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Pres & COO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)										
	Name of Individual (Last, First, Middle Initia ATHAN, DONALD, , ,) or Full Or	ganization Name		Date of Receipt									
Mai	ling Address 275 GREENWICH STREET #30			01 / Y Y Y Y 01 31 2019										
City NE	, W YORK	State NY	Zip Code 10007-2150	Transaction ID : PR2491457353386 Amount of Each Receipt this Period										
	C ID number of contributing eral political committee.	С							384	.60				
Uni	ne of Employer (for Individual) ted HealthCare Services Inc		pation (for Individual) f of Staff - UHG CEO		Me	emc	tem							
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60		P/R Dedu	uctio	on (\$19:	2.30 Bi-W	/eekly)					
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	ling Address 610 CRESTWOOD DRIVE	01-1-	7. 0.1		01	1	31) / Y	2019	Y				
City AI	, EXANDRIA	State VA	Zip Code 22302-2533					PR25401						
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	Name of Individual (Last, First, Middle Initia URDY, PATRICIA, , ,) or Full Or	ganization Name		Date of	Re	eceipt							
	ling Address 7417 LYNNHURST STREET	1 -			01	1	31		ү ү 2019					
City CH	, IEVY CHASE	State MD	Zip Code 20815-3101					PR2541: Receipt th						
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Uni	ne of Employer (for Individual) ted HealthCare Services Inc		pation (for Individual) External Affairs		Me	emo	o Item							
Heo	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
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	NAME OF COMMITTEE (In Full)		uuress	of any political committee	10 3					T COMMIN					
\rangle	UnitedHealth Group Incorporated	I PAC (l	Jnited	Health Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia TIERNEY, JOELLE, , ,	l) or Full O	rganiza	tion Name		Date of Receipt									
	Mailing Address 5710 TAYCHOPERA RD	-			01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0										
	City MADISON	State WI		Code 3705-1020	Transaction ID : PR2541300753386 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С						<u>у</u>	-	384	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation Govt Aff	(for Individual) s		Me	emo	Item							
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в.	Full Name of Individual (Last, First, Middle Initia HOSTETLER, BRENDAN, , ,	l) or Full O	rganiza	tion Name		Date of	Re	ceipt							
	Mailing Address 2309 W WINNEMAC AVE	1				01	/	D D D 31	/ Y	2019	Y				
	City CHICAGO	State IL	· · ·	Code 0625-1817						54195338 iis Perioc	-				
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	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Affs Dir					Item							
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C.	Full Name of Individual (Last, First, Middle Initia DAVENPORT, ALLISON, , ,	l) or Full O	rganiza	tion Name		Date of	Re	ceipt							
	Mailing Address 141 PELHAM ROAD					01	/	D D D 31	/ Y	2019	Y				
	City PHILADELPHIA	State PA		Code 9119-2661						31365338 iis Perioc					
	FEC ID number of contributing federal political committee.	С				60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan CE	(for Individual) EO		Me	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category Detailed Summary		×	11a 13		11b		11c	12	17					
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the p		pose		oliciting	contribu	tions					
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	JnitedHealth G	iroup PAC	C)												
Α.	Full Name of Individual (Last, First, Middle Initial) FLANNERY, SCOTT, , ,	or Full C	rganization Name		D	ate of	Re	eceip	ot								
	Mailing Address 8508 TRELADY CT	Chata	Zin Oode			01	/	L	31	/ Y	2019						
	City PLANO	State TX	Zip Code 75024-6827								96235338	6					
		С			Amount of Each Receipt this Period 384.60												
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual Plan CEO)	Memo Item												
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Year-to-Date ▼	384.60	P/F	R Dedu	uctic	on (\$192.:	30 Bi-W	/eekly)						
B.	Full Name of Individual (Last, First, Middle Initial)	or Full C	rganization Name		D	ate of	Re	ceip	ot								
	Mailing Address 5378 BUENA VISTA DR				01 / D D / Y Y Y Y 2019												
	City FRISCO	State TX	Zip Code 75034-2253				-			6425338 is Period	6						
	FEC ID number of contributing federal political committee.	С						-		-	384.	60					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individua P Bus Ops	l)		Me	emo) Ite	m								
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с.	Full Name of Individual (Last, First, Middle Initial) VOJTA, DENEEN, , ,	or Full C	rganization Name		D	ate of	Re	ceip	ot								
	Mailing Address 125 WALKER AVE S					01	/	D	31	/ Y	үүү 2019	Y					
	City WAYZATA	State MN	Zip Code 55391-1724								47555338	6					
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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 Incorporate	ted PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle II A. FLAGSTAD, KARSTEN, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1002 141ST LANE NE			01 / D D / Y Y Y Y 01 31 2019										
City HAM LAKE	State MN	Zip Code 55304-6770	Transaction ID : PR2554013053386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Info Tech	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle II 3. GIANCURSIO, DONALD, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 72 MIDNIGHT RIDGE DR			01 31 Y Y Y Y Y										
City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064953386										
	INV	09133-1000	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In C. KUNEMUND, GREGG, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9040 RIVERBEND MANOR			01 31 2019										
City ALPHARETTA	State GA	Zip Code 30022-1813	Transaction ID : PR2560065353386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			1153.80										
TOTAL This Period (last page this line numbe	r only)												

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					for t	he		pos	se of	soli	iciting	contr	ibuti	ons	
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) MILICH, DAVID, , ,	or Full O	rgai	nization Name		Date of Receipt										
	Mailing Address 2702 BIRCHMERE COURT					01 / D D / Y Y Y Y 01 31 2019										
	City KATY	State TX		Zip Code 77450-1303	Transaction ID : PR2560066053386											
		C	ï	11430-1303	Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Me	emo	o Ite	əm						
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В.	Full Name of Individual (Last, First, Middle Initial) NOEL, TIMOTHY, , ,	or Full O	rgai	nization Name		Date	e of	Re	ecei	ipt						
	Mailing Address 4316 FREMONT AVENUE SOUT	Н				01 / Y Y Y Y Y 01 31 2019										
	City MINNEAPOLIS	State MN		Zip Code 55409-1721	Transaction ID : PR2560398853386 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual) United HealthCare Services Inc	Occi SVF	tion (for Individual) d		Memo Item											
	Receipt For: A Primary General Other (specify) ▼	Aggregate	F	P/R Deduction (\$192.30 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initial) CRONIN, JAMES, , ,	or Full O	rgai	nization Name		Date	e of	Re	ecei	ipt						
	Mailing Address 241 WALLACE RD					C)1 [™]	/	L	31	J.		2019	9		
	City BEDFORD	State NH		Zip Code 03110-5144								25608			i	
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	•	ion (for Individual) s		Memo Item										
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 384.60		?/R [Ded	uctio	on	(\$192	2.30) Bi-W	'eekly))		
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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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\setminus	NAME OF COMMITTEE (In Full)			\sim										
/	UnitedHealth Group Incorporated	``	•	ιC)										
۹.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, CHARLES, , ,	e of Individual (Last, First, Middle Initial) or Full Organization Name PSON, CHARLES, , ,						pt	_		_			
	Mailing Address 5217 EDGEWOOD ROAD					M M / D D / Y Y Y Y 01 31 2019								
	City	State Zip Code				Transaction ID : PR2561358953386								
		AR	72207-5413		Amount of Each Receipt this Period						bd	_		
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	Name of Employer (for Individual) United HealthCare Services Inc					emo	o Ite	m						
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	Other (specify) ▼		384.60		P/R Deduction (\$192.30 Bi-Weekly)									
B .	Full Name of Individual (Last, First, Middle Initial) MACKENZIE, ANDREW, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name						ot						
~ *	Mailing Address 1912 IRVING AVE S					Date of Receipt								
	City	State Zip Code					L	31		2019	200	- L		
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	federal political committee.	ttee.				384.60								
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	Primary General Other (specify) ▼		P/	/R Dedu	uctic	on (\$192.	30 Bi-\	Weekly)					
			384.60											
с.	Full Name of Individual (Last, First, Middle Initial) CARLSON, CHRISTOPHER, , ,		Date of	Re	ceir	ot								
	Mailing Address 10618 WEST RIVER ROAD							31		2019	Y	1		
	City	State	Zip Code		Trans	acti	ion	ID : F	PR2564	4802653	386			
	BROOKLYN PARK	MN	55443-1233		Amount	t of	Ead	ch Re	ceipt t	his Peric	bd			
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MARDEN, PAUL, , ,					Date of Receipt								
	Mailing Address 718 HICKORY HILL RD					01 31 2019								
-	City FRANKLIN LAKES	State NJ	Zip Code 07417-1707		Transaction ID : PR2564803353386 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C					y		;	384.60	0			
	Name of Employer (for Individual) United HealthCare Services Inc	althCare Services Inc HIth Plan CEO					Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 384.60				P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MOQUIST, DARREN, , ,					Red	ceipt							
	Mailing Address 5004 ARDEN AVE				01 / Y Y Y Y 2019									
	City EDINA	State MN	Zip Code 55424-1314		Transaction ID : PR25648034533 Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Jnited HealthCare Services Inc						Memo Item							
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	Other (specify) v													
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name WICKS, TIMOTHY, , ,				te of	Red	ceipt							
	Mailing Address 3227 CASCO CIRCLE POBOX 352 City State Zip Code					01 31 2019 Transaction ID : PR2565448653386								
-	WAYZATA	MN	55391-9717					eceipt th			•			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle ARNONE, WENDY, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 5243 E DESERT PARK LA	NE		01 31 2019										
	State AZ	Zip Code	Transaction ID : PR2568900553386										
PARADISE VALLEY	AZ	85253-3015	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle, HINTON, DUSTIN, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address W132N6475 MARACH RD			01 31 2019										
City	State	Zip Code	Transaction ID : PR2571978753386										
MENOMONEE FALLS	WI	53051-6085	Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
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Full Name of Individual (Last, First, Middle WIFFLER, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1421 SOMERFIELD DRIVI	E		01 31 2019										
City BOLINGBROOK	State IL	Zip Code	Transaction ID : PR2572992753386										
		60490-3207	Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item										
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NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ted PAC (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 505 CHURCH STREET APT 1704			M M / D D / Y Y Y Y Y 01 31 2019											
City	State	Zip Code	Transaction ID : PR2573477353386											
NASHVILLE	TN	37219-3608	Amount of Each Receipt this Period											
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item											
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Full Name of Individual (Last, First, Middle CIANFROCCO, HEATHER, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 4478 MIDDLE ROAD			01 31 Y Y Y Y Y 2019											
City ALLISON PARK	State PA	Zip Code 15101-1110	Transaction ID : PR2574986253386											
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federal political committee.	C		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CEO	Memo Item											
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Other (specify) ▼		, 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle KAPLAN-LEWIS, DEBRA, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 41 WILDWOOD DR			01 / D D / Y Y Y Y 01 31 2019											
City SOUTHBOROUGH	State MA	Zip Code 01772-1989	Transaction ID : PR2574986953386 Amount of Each Receipt this Period											
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I			
Α.	Full Name of Individual (Last, First, Middle Initial) SJOBLAD, BETHANY, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 10730 PERRY DRIVE NORTH			01 / Y Y Y Y 01 31 2019
		State MN	Zip Code	Transaction ID : PR2575009153386
	BROOKLYN PARK		55443-4700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Quality	Memo Item
	Receipt For: A	aareaate '	Year-to-Date ▼	-
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в.	Full Name of Individual (Last, First, Middle Initial) O'BRIEN, JENNIFER, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 395 WOODLAWN AVE			01 31 Y Y Y Y 01 31 2019
	City	State	Zip Code	Transaction ID : PR2575034553386
	SAINT PAUL	MN	55105-1339	Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) f Compli Off	Memo Item
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с.	Full Name of Individual (Last, First, Middle Initial) LINDSAY, VIVIAN, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 14930 SW 39 ST			01 / D / Y Y Y Y 01 31 2019
	5	State	Zip Code	Transaction ID : PR2575054953386
	DAVIE	FL	33331-2767	Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP C	pation (for Individual) Ops	Memo Item
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$\Big)$	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial)	or Full O	Drgan	nization Name		Date of	Ree	cei	ipt					
	Mailing Address 5840 RIDGE ROAD					м м 01	1		D D 31] ′	/ Y	ү 201	9 9	
	City	State	Ţ	Zip Code		Trans	acti	ion	ID : F	PR	25750	6835	3386	
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В.	Full Name of Individual (Last, First, Middle Initial) CHRISTIAN, DENISE, , ,	or Full O)rgan	nization Name		Date of	Ree	cei	ipt					
	Mailing Address 5 WINGATE COURT		_]	^{м м} 01] ′	ſ	31] ′	Y	201	9	
	City	State		Zip Code		Transa	actio	on	ID : F	PR2	257507	7145	3386	
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		State MD		Zip Code	\vdash			-			25750			
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Mailing /	Address 16413 BIRCH STREET					[™] 0		/	Ľ	D D D		/ Y	2019	Y		
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			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	J										
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Mide JONES, RON, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 10066 ESCAMBIA BAY	СТ		M M / D D / Y Y Y Y 01 31 2019								
City NAPLES	State FL	Zip Code 34120-4621	Transaction ID : PR2575163553386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Clnt Relationship	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$125.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mido B. HAMANN, CHAD, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 7638 RIDGEVIEW WAY			01 / D D / Y Y Y Y 01 31 2019								
City CHANHASSEN	State MN	Zip Code 55317-4507	Transaction ID : PR2575170153386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item								
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Full Name of Individual (Last, First, Mido C. MCGUIRE, THOMAS, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 41 CUMBERLAND ROA			01 / D D / Y Y Y Y Y 2019								
City WEST HARTFORD	State CT	Zip Code 06119-1121	Transaction ID : PR2575185453386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) eputy Gen Counsel	Memo Item								
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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	rganization Name	Date of Receipt										
Mailing Address 2301 OLIVER AVE S			01 / Y Y Y Y 01 31 2019										
City MINNEAPOLIS	State MN	Zip Code 55405-2448	Transaction ID : PR2575191853386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. GRANBERG, MITCHELL, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 6721 GALWAY DRIVE			01 / 01 / 2019										
City EDINA	State MN	Zip Code 55439-1313	Transaction ID : PR2575196153386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) puty Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. CONDON, CRAIG, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 268 OAK LANDING WAY			01 31 2019										
City SEVERNA PARK	State MD	Zip Code 21146-3116	Transaction ID : PR2575203153386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			1153.80										
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	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		pos	e of s	olicitin	g contribu	tions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial) FRANCIS, KEVIN, , ,	or Full O	rgar	nization Name	C	Date of	Re	ecei	pt			
	Mailing Address 15815 MINNETONKA BLVD	Ctoto		Zin Codo		01	/	L	31	/ Y	2019	
	City MINNETONKA	State MN		Zip Code 55345-1410							20335338 nis Perioc	
		С				anoun	. 01	- Ca			384	_
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) If Actuary		M	emo	o Ite	əm			
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	r-to-Date ▼ 384.60	P/	R Ded	uctio	on ((\$192.	30 Bi-V	Veekly)	
В.	Full Name of Individual (Last, First, Middle Initial) STORDAHL, PAUL, , ,	or Full O	rgar	nization Name		Date of	Re	ecei	pt			
	Mailing Address 7001 W 175TH AVENUE					™ 01	/		31	/ Y	ү ү 2019	Y
	City EDEN PRAIRIE	State MN		Zip Code 55346-2161				-			21305338 nis Perioc	
	FEC ID number of contributing federal political committee.	С				_		-		-9	384	60
	Name of Employer (for Individual) United HealthCare Services Inc		upat Actu	tion (for Individual) Jary		M	emo	o Ite	əm			
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 384.60	P/	R Ded	uctic	on ((\$192.	30 Bi-V	Veekly)	
С.	Full Name of Individual (Last, First, Middle Initial) KOENIG, ERICA, , ,	or Full O	rgar	nization Name		Date of	Re	ecei	pt			
	Mailing Address 9000 WARREN COURT					^M 01	/		31	/ Y	2019	Y
	City VICTORIA	State MN		Zip Code 55386-4578							2150533	
		C				mouni	. 01	Ea		ceipt ti	nis Perioc 384	_
	Name of Employer (for Individual) United HealthCare Services Inc	Occu SVP	•	ion (for Individual) Ient		M	emo	o Ite	əm			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle A. SHORS, MATTHEW, , ,	e Initial) or Full O	rganization Name	Date of	f Receipt										
Mailing Address 4649 EWING AVENUE S	OUTH				/ Y		Y							
City MINNEAPOLIS	State MN	Zip Code 55410-1745	Transaction ID : PR2575222353386 Amount of Each Receipt this Period											
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	M	emo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Ded	uction (\$192	.30 Bi-W	eekly)								
Full Name of Individual (Last, First, Middle B. GRUNDHOEFER, BRYAN, , ,	e Initial) or Full O	rganization Name	Date of	f Receipt										
Mailing Address 1500 STAG MEADOW					/ Y		Y							
City SAN ANTONIO	State TX	Zip Code 78248-1346					6							
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn	Memo Item											
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Full Name of Individual (Last, First, Middle C. KORF, GRETCHEN, , ,	e Initial) or Full O	rganization Name	Date of	f Receipt										
Mailing Address 3180 CYPRESS CIRCLE		Zin Onde	01	31		2019								
City MEDINA	State MN	Zip Code 55340-8807		saction ID : I t of Each Re			0							
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Name of Employer (for Individual) United HealthCare Services Inc														
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116	EMIZED RECEIPTS		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	PAC (l	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) CUEVAS, BRANDON, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 8 CLOISTER COURT			01 / Y Y Y Y 2019
		State CA	Zip Code	Transaction ID : PR2575305653386
	LADERA RANCH	5,1	92694-1556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item
	Pasaint For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) HUNT, BRADLEY, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 6636 W SHORE DR			01 31 2019
	City	State	Zip Code	Transaction ID : PR2575310453386
	EDINA	MN	55435-1529	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Segment CMO	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , 384.60	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) VAN HAM, COLLEEN, , ,	or Full O	Organization Name	Date of Receipt
	Mailing Address 727 N EVERGREEN AVE			01 / D D / Y Y Y Y 01 31 2019
	City	State	Zip Code	Transaction ID : PR2575341953386
-	ARLINGTON HEIGHTS	IL	60004-5566	_ Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initia CASTILLO, EFREM, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 307 JOLIET AVE				м м 01	1	31) / Y	Y Y 2019	Y					
	City SAN ANTONIO	State TX	Zip Code 78209-5243	Transaction ID : PR2575441353386 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off		Me	emc	Item								
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в.	Full Name of Individual (Last, First, Middle Initia SPILKER, TIMOTHY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 32 FITCH LANE	1		01 / 01 / 2019 Transaction ID : PR2575446353386											
	City NEW CANAAN	State CT	Zip Code 06840-5051	-											
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60 Memo Item										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Exec Sponsor												
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с.	Full Name of Individual (Last, First, Middle Initia HAUTMAN, MILLA, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 410 SYCAMORE CIRCLE				01	1	31) / Y	ү ү 2019	Y					
	City PLYMOUTH	State MN	Zip Code 55441-5667					PR25754 Receipt th							
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) f Tech Off		Me	əmc	ttem								
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	EMIZED RECEIPTS			Dr each category of the Detailed Summary Page		X 11a	à		11	H	_	1c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									se of	soli		con		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated														
A.	Full Name of Individual (Last, First, Middle Initia BOOKER, ROBERT, , ,	l) or Full O	rgar	ization Name		Date	of	Ree	cei	pt					
	Mailing Address 16632 HANSON BLVD NW					M 0		/	Ľ	31	/	Y		19	Y
	City ANDOVER	State MN		Zip Code 55304-2089								25754			6
	FEC ID number of contributing federal political committee.	C	-	55504-2009		Amo	unt	of	Ea	ch Re	ecei	ipt thi		eriod 384.	60
	Name of Employer (for Individual)		upati	ion (for Individual)	_	Ы	Me	emo	, Ite	эm		7			
	Optum Services, Inc	VP	Gen	Mgmt											
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В.	Full Name of Individual (Last, First, Middle Initia GEHLBACH, THOMAS, , ,	l) or Full O	rgar	ization Name		Date	of	Ree	cei	pt					
	Mailing Address 5380 YELLOWSTONE TRAIL					M 0		/		31	/	Y	۲ 20	ү 19	Y
	City MINNETRISTA	State MN		Zip Code 55331-9163	_							2 5754 ipt thi			6
	FEC ID number of contributing federal political committee.	С				С			,		_			384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) derwriting			Me	emo	lte	эm					
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С.	Full Name of Individual (Last, First, Middle Initia MURPHY, ERIC, , ,	l) or Full O	Orgar	ization Name		Date	of	Ree	cei	pt					
	Mailing Address 5201 BLAKE ROAD					^M 0		/	Ľ	31	/	Y	ү 20	19 [°]	Y
	City EDINA	State MN		Zip Code 55436-1127								25754			6
	FEC ID number of contributing federal political committee.	C				Amo	unt	of	Ea	ch Re	ecei	ipt thi	-	eriod 384.	60
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ment CEO			Me	emo	o Ite	эm					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 384.60		P/R D	edu	uctic	on	(\$192	2.30	Bi-W	eek	ly)	
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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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)	<u>.</u>										
UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Mid HOWELL, NICHOLAS, , ,		rganization Name	Date of Receipt								
Mailing Address 300 ORANGE GROVE			01 D D / Y Y Y Y 2019								
City SOUTH PASADENA	State CA	Zip Code 91030-1616	Transaction ID : PR2575510053386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mid JOSEPH, MOLLY, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9209 GRAND SUMMIT			01 / D D / Y Y Y Y Y 2019								
City DRIPPING SPRINGS	State TX	Zip Code 78620-2882	Transaction ID : PR2575521753386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item								
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Mailing Address 28 CRESCENT LANE			01 / D D / Y Y Y Y 01 31 2019								
City LEVITTOWN	State NY	Zip Code 11756-2506	Transaction ID : PR2575526153386 Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D, Clinical Policy	Memo Item								
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (l	UnitedHealth Group	PAC)									
Α.	Full Name of Individual (Last, First, Middle Initial) of HOLOVNIA, KRISTEN, , ,	r Full O	Organization Name		С	Date of	Re	ecei	ipt				
	Mailing Address 4610 LAKEVIEW DRIVE				[^M 01	1	Ľ	D D 31	1	Y	y y 2019	Y
	5	tate /N	Zip Code 55424-1518	_								30533	
	FEC ID number of contributing federal political committee.				A	mount	t of	Ea	ich Re	eceipt	this	Perio 384	d I.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel			M	emo	o Ite	em				
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В.	Full Name of Individual (Last, First, Middle Initial) of STEINBRECHER, HOLLY, , ,	r Full O	Organization Name		C	ate of	Re	ecei	ipt				
	Mailing Address 2101 LILAC LANE				l	^M 01	′	Ľ	D D 31	1		ү ү 2019	Y
	,	tate TX	Zip Code 75034-3652									45533 Perio	
	FEC ID number of contributing federal political committee.	;			Į			,			_	384	l.60
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с.	Full Name of Individual (Last, First, Middle Initial) or WINSOR, ELIZABETH, , ,	r Full O	Organization Name			Date of	Re	ecei	ipt				
	Mailing Address 57 WILDERS PASS				l	^M 01	/	Ľ	31	/		y y 2019	Y
	5	tate CT	Zip Code 06019-2259	-								328533	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO			M	emo	o Ite	em				
	Receipt For: Agg Primary General Other (specify)	gregate	Year-to-Date ▼ 384.60)	P/	R Ded	uctio	on	(\$192	2.30 B	i-We	ekly)	
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
Α.	Full Name of Individual (Last, First, Middle Initial SOLLER, BRIAN, , , Mailing Address 17210 62ND AVE NORTH) or Full O	rgani	ization Name	Date of Receipt									
	City	State		Zip Code		01 Tranc		L	31		FZEF	2019 8675338	Ŷ	
	MAPLE GROVE	MN		55311-6406	A							s Period	0	
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	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	on (for Individual)		Me	emo) Ite	em					
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в.	Full Name of Individual (Last, First, Middle Initial GISCH, SHAWNA, , ,) or Full O	Organi	ization Name		ate of	Re	ecei	ipt					
	Mailing Address 320 PRESERVE COURT	1				[™] 01	/		31	/	Y	2019	Y	
	City CHANHASSEN	State MN		Zip Code 55317-8717				-				9 215338 s Period	<u>.</u>	
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с.	Full Name of Individual (Last, First, Middle Initial MILLER, MICHAEL, , ,) or Full O	rgani	ization Name		ate of	Re	cei	ipt					
	Mailing Address 213 MAGILL DRIVE	1				01 ^M	/	L	31	/	Y	2019 ^Y		
	City GRAFTON	State MA		Zip Code 01519-1328	A							9565338 s Period	6	
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	_			
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UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle A. IVERSON, LISA, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 13341 CARRACH AVENU	E		M 01		D D 31	/ Y	ү ү 2019	Y			
City ROSEMOUNT	State MN	Zip Code 55068-4774					60325338 is Period	6			
FEC ID number of contributing federal political committee.	C				-y 1	-	384.6	50			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	- D	Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	educti	on (\$192	2.30 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middle MCNUTT, DIANE, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 90 CLAY CLIFFE DRIVE			01		31	/ Y	2019	Y			
City EXCELSIOR	State MN	Zip Code 55331-9509					0455338	і			
FEC ID number of contributing federal political committee.	C						is Period 384.6	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital	- D	Memo	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R De	ducti	on (\$192	2.30 Bi-W	'eekly)				
Full Name of Individual (Last, First, Middle C. COSTA, JOEL, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 775 WESTCHESTER AVE	1		01		31		2019				
City SHAKOPEE	State MN	Zip Code 55379-4557					60585338 is Period	6			
FEC ID number of contributing federal political committee.	С				y	9	230.7	76			
Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP I			Memo	o Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R De	educti	ion (\$11	5.38 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional)					,	,	999.9	96			
TOTAL This Period (last page this line numb	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							
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 P/	AC)							
Full Name of Individual (Last, First, Middle KING, SARAH, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 116 CUTLER ROAD			M M / D D / Y Y Y Y 01 31 2019							
City GREENWICH	State CT	Zip Code 06831-2511	Transaction ID : PR2575612853386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sls SVP Optuml	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle WAULTERS, SCOTT, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4 HEMLOCK COURT	04-4-	7. 0.1	01 / D D / Y Y Y Y Y 2019							
City MANALAPAN	State NJ	Zip Code 07726-4254	Transaction ID : PR2575622153386							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. THOMPSON, BRIAN, , ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 17829 63RD AVE N			01 / D D / Y Y Y Y Y 01 31 2019							
City MAPLE GROVE	State MN	Zip Code 55311-4650	Transaction ID : PR2575634653386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			1153.80							
TOTAL This Period (last page this line numb	er 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								
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)	lame and a		to solicit contributions from such committee.								
\rangle	UnitedHealth Group Incorporated	I PAC (L	UnitedHealth Group PA	.C)								
Α.	Full Name of Individual (Last, First, Middle Initia CLARK, TERRENCE, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 8 COOPER AVENUE			01 / Y Y Y Y Y 01 31 2019								
	City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636953386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Marketing Officer	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initia HERMAN, CRAIG, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 9609 WYOMING CIRCLE			01 / Y Y Y Y Y 2019								
	City BLOOMINGTON	State MN	Zip Code 55438-1628	Transaction ID : PR2575650253386								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia MCFANN, ELENA, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 18925 24TH AVENUE NORTH			01 / Y Y Y Y Y 2019								
	City PLYMOUTH	State MN	Zip Code 55447-2072	Transaction ID : PR2575654753386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			1153.80								
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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	12	17				
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the	purpose of s		contribut	ions				
NAME OF COMMITTEE (In Full)											
> UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle I A. ZIGLER, JANICE, , ,	nitial) or Full C	Prganization Name	Date of	Receipt							
Mailing Address 21 TREVINO CIRCLE					/ Y	YY	Y				
Oite	Otata	Zin Oode	01	31		2019					
City ANGEL FIRE	State NM	Zip Code 87710		action ID : P			;				
FEC ID number of contributing federal political committee.	С				-	384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt	Me	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Ded	uction (\$192.3	30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle I B. STIDMAN, CHRISTOPHER, , ,	nitial) or Full C	organization Name	Date of	Receipt							
Mailing Address 6504 CHEROKEE TRAIL			01	/ D D 31	/ Y	2019	Y				
City EDINA	State MN	Zip Code 55439-1109		of Each Re			i				
FEC ID number of contributing federal political committee.	С					384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn Pres Ntwk Mgmt		emo Item							
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		384.60	P/R Dedu	uction (\$192.3	30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle I OCHIPINTI, JOSEPH, , ,	nitial) or Full C	organization Name	Date of	Receipt							
Mailing Address 2751 MEETING PLACE			01	/ D D 31	/ Y	2019	Y				
City ORLANDO	State FL	Zip Code 32814-6136		action ID : P			3				
FEC ID number of contributing federal political committee.	С		Amount	of Each Re	ceipt th	is Period 384.6	0				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Ded	uction (\$192.	30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)						1153.8	0				
TOTAL This Period (last page this line numbe	r only)										

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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 Sta for commercial purposes, other than using the n			rson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia FINE, BRETT, , ,	I) or Full O	Drganization Name	Date of Receipt
	Mailing Address 707 STONINGTON ROAD			01 / D D / Y Y Y Y Y 01 31 2019
	City SILVER SPRING	State MD	Zip Code 20902-1549	Transaction ID : PR2575692853386
	FEC ID number of contributing federal political committee.	C	20902-1949	Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) P Corp Strat	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia PROKOCKI, ELIZABETH, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9746 SUNSET HILL DR			01 31 2019
	City LONE TREE	State CO	Zip Code 80124-6720	Transaction ID : PR2575705853386 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 384,60	P/R Deduction (\$192.30 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initia WILSON, D ELLEN, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 400 STUART STREET 25D			01 / D D / Y Y Y Y Y 2019
	City BOSTON	State MA	Zip Code 02116-5011	Transaction ID : PR2575708853386 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Human Capital	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1153.80
Т	OTAL This Period (last page this line number or	lly)	••••••	

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	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)											
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia KRAL, JESSICA, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 4358 COOLIDGE AVE			01 / Y Y Y Y 01 31 2019								
	City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction ID : PR2575736153386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia MURRAY, THOMAS, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 10 CIRCLE WEST	1		01 / Y Y Y Y 01 31 2019								
	City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736553386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia CESARETTI, GINA, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 5020 CIRCLE DOWN			01 / Y Y Y Y 01 31 2019								
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304	Transaction ID : PR2575739053386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	1153.80								
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	EMIZED RECEIPTS			tailed Summary Page	×] 11b		11c	12	Г	
	y information copied from such Reports and S											butio	
or	for commercial purposes, other than using the	name and a	addres	s of any political committee	e to so	licit cor	ntrib	oution	ns fro	om such	ו comr	nittee).
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Unite	edHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Init EKLO, BENJAMIN, , ,	tial) or Full O	Drganiz	zation Name		Date of	Re	eceip	ot				
	Mailing Address 3942 CAMPELLO CURVE					м м 01	/	D	31	/ Y	2019	ү ү Э	1
	City	State	Z	Zip Code		Trans	acti	ion I	D : P	R25757	761853	386	
	CHASKA	MN		55318-4639	/	Amount	of	Eac	h Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С						- j -		-9	38	34.60	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	•	n (for Individual)		Me	emo) Iter	m				
	Receipt For:	Aggregate	Year-	to-Date ▼									
	Primary General Other (specify) ▼			384.60	P	/R Ded	uctio	on (\$	\$192.	30 Bi-W	/eekly)		
в.	Full Name of Individual (Last, First, Middle Init CUNNINGHAM, MICHAEL, , ,	tial) or Full O	Drganiz	zation Name		Date of	Re	eceip	ot				
	Mailing Address 50 SOUTH 16TH STREET UNIT 4706					01	/	D	д 31	/ Y	2019		1
	City	State	Z	Zip Code		Trans	acti	ion I	D : P	R25757	67853	386	
	PHILADELPHIA	PA		19102-2534	/	Amount	of	Eac	h Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С						-		-9	38	34.60	
	Name of Employer (for Individual) Optum Services, Inc		cupatio O NA	n (for Individual) Acct		Me	emo) Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 384.60	P	/R Dedu	uctic	on (\$	5192.:	30 Bi-W	/eekly)		
с.	Full Name of Individual (Last, First, Middle Init PAIK, JESSICA, , ,	tial) or Full O	Drganiz	zation Name		Date of	Re	eceip	ot				
	Mailing Address 18 BUTTONWOOD LANE EA					^M 01	/	D	31	/ Y	2019		
	City	State NJ		Zip Code						R2575			
	RUMSON			07760-1010	/	Amount	of	Eac	h Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.	С					_	y		y	38	34.60	
	Name of Employer (for Individual)	Occi	upatio	n (for Individual)	\neg	Me	emo	b Ite	m				
	United HealthCare Services Inc		•	Mgmt Svc									
	Receipt For:	Aggregate	Year-	to-Date ▼									
	Primary General Other (specify)			384.60	P	/R Ded	uctio	on (S	\$192.	30 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)							,		9	115	53.80	
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P	AC)
Α.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 2899 EDGEWATER COVE			01 / Y Y Y Y 01 31 2019
	City	State MN	Zip Code	Transaction ID : PR2575798153386
	WOODBURY	IVIIN	55125-8705	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP N	upation (for Individual) Mktg	Memo Item
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia LEVINE, CAROL, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9100 LARKSPUR LANE			01 31 2019
	City	State	Zip Code	Transaction ID : PR2575803353386
	EDEN PRAIRIE	MN	55347-2004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia HJERPE, ADAM, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 13932 UTAH AVE S			01 31 2019
	City	State	Zip Code	Transaction ID : PR2575806253386
	SAVAGE	MN	55378-2159	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	United HealthCare Services Inc	VP G	Gen Mgmt	_
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		384.60	P/R Deduction (\$192.30 Bi-Weekly)
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				Detailed Summary Page	×	11a		111		11c	12				
	y information copied from such Reports and Sta								e of s						
	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated							outio			on commit				
 A.	Full Name of Individual (Last, First, Middle Initia PRICCO, CHRISTOPHER, , ,	ll) or Full C	Orgai	nization Name		Date of Receipt									
	Mailing Address 9441 RIVER ROCK DRIVE SOL	JTH				м м 01	/		31	1	2019	Y			
	City CHANHASSEN	State MN		Zip Code 55317-2304	A						580845338 his Period				
	FEC ID number of contributing federal political committee.	С						- -			384.	60			
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Clin Ops		Me	emo	b Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	R Dedi	uctio	on ((\$192	.30 Bi-'	Weekly)				
в.	Full Name of Individual (Last, First, Middle Initia SHAPIRO, DAVID, , ,	-	Drgar	nization Name		Date of	Re	ecei	pt						
	Mailing Address 5215 MORGAN AVENUE SOUT			Zin Oode	[01	/	D	31		2019	Y			
	City MINNEAPOLIS	State MN		Zip Code 55419-1026				-			581425338 his Period				
	FEC ID number of contributing federal political committee.	С				_		.		- 7	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	R Dedu	uctic	on (\$192.	30 Bi-\	Weekly)				
с.	Full Name of Individual (Last, First, Middle Initia SEXTON, ELLEN, , ,	l) or Full C	Drgar	nization Name		Date of	Re	eceip	pt						
	Mailing Address 14750 CRESTWOOD COURT	1-		1		01 ^M	1	L	31		2019				
	City ELM GROVE	State WI		Zip Code 53122-1603	A			-		-	582325338 his Period	-			
	FEC ID number of contributing federal political committee.	С						y		,	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) n CEO		Me	emo	o Ite	əm						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 384.60	P/	R Ded	uctio	on ((\$192	.30 Bi-	Weekly)				
s	UBTOTAL of Receipts This Page (optional)			•	[9		,	1153.	80			
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			Detailed Summary Page	×	11a 13	\mid	11k		11c 15	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose	e of s	olicitin	g contribu	itions			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) KAUFMAN, PHILIP, , ,	or Full O	rganization Name	C	Date of	Re	ceip	pt						
	Mailing Address 1580 BOHNS POINT ROAD	-			01 / 31 / 2019 Transaction ID : PR2575829853386									
	City WAYZATA	State MN	Zip Code 55391-9309	A						82985338				
	FEC ID number of contributing federal political committee.	С					7		-7	384	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	lte	em						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/	R Dedi	uctic	on ((\$192.	30 Bi-V	Veekly)				
В.	Full Name of Individual (Last, First, Middle Initial) HUNTLEY, MICHELLE, , ,	or Full O	rganization Name	C	Date of	Re	ceip	pt						
	Mailing Address 19503 HARMONY AVE				^M 01	/	D	31	/ Y	2019	Y			
	City ROGERS	State MN	Zip Code 55374-4843	Transaction ID : PR2575832053386 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel		Me	emo) Ite	em						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 384.60	P/	R Dedu	uctic	on (S	\$192.	30 Bi-V	Veekly)				
C.	Full Name of Individual (Last, First, Middle Initial) PEZHMAN, PAYMAN, , ,	or Full O	rganization Name		Date of	Re	ceip	pt						
	Mailing Address 3016 GROVELAND SCHOOL RC		7.0.1		01	1	L	31	/ Y	2019				
	City WAYZATA	State MN	Zip Code 55391-2816	A						18835533 nis Perioc				
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Me	emo) Ite	em						
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\setminus	NAME OF COMMITTEE (In Full)														
$\left\langle \right\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Uni	tedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Ir MATTERA, RICHARD, , ,	iitial) or Full O	Organ	nization Name		Date of Receipt									
	Mailing Address 483 HIGHCROFT ROAD				01 / D D / Y Y Y Y 01 31 2019										
	City	State		Zip Code		Transaction ID : PR2575938453386									
	WAYZATA	MN		55391-1548		Amoun	t of	Each	Re	eceipt th	is F	Period			
	FEC ID number of contributing federal political committee.	С			384.60										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) up Gen Counsel		М	emc	ltem							
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	Full Name of Individual (Last, First, Middle Ir FRANK, DANIEL, , ,	iitial) or Full O	Orgai	nization Name		Date of	Re	eceipt							
	Mailing Address 1373 PRAIRIE MEADOW RE)		-		01 / 01 / 2019									
	City	State		Zip Code		Trans	acti	on ID	: F	PR25759	9704	5338	5		
	MINNETRISTA	MN		55359-6701		Amoun	t of	Each	Re	eceipt th	is F	Period			
	FEC ID number of contributing federal political committee.	С						-				5000.0	00		
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) lin Off	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	r-to-Date ▼ 5000.00	P/R Deduction (\$5000.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Ir RICHARDS, ALISON, , ,	iitial) or Full O	Orgar	nization Name		Date of	Re	eceipt							
	Mailing Address 257 WEST GRANTLEY					^M 01	1	D 3		/ Y)19 [°]	Y		
	City	State		Zip Code		Trans	act	ion ID):F	PR2575	9879	95338	6		
	ELMHURST	IL		60126-2237		Amoun	t of	Each	Re	eceipt th	is F	Period			
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			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee									
or for commercial purposes, other than using t	me name and a	duress of any political committee	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 BRIGGS, MARC, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 13534 TUSCALEE HILL CI	R		01 / D D / Y Y Y Y Y 01 31 2019									
City DRAPER	State UT	Zip Code 84020-5653	Transaction ID : PR2576001653386 Amount of Each Receipt this Period									
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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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle BYRNES, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3920 GLENWOOD STREE	1		01 / Y Y Y Y Y 2019									
City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042853386 Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops	Memo Item									
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Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle MONICAL, KENT, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9795 E PIEDRA DRIVE	04-4-	Zin Ood-	01 / D D / Y Y Y Y 01 31 2019									
City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051353386 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Medicare STARS	Memo Item									
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Α.	Full Name of Individual (Last, First, Middle Initial) REX, JOHN, , ,) or Full O	rga	nization Name		Date of Receipt									
	Mailing Address 503 HARRINGTON ROAD					01 31 2019 Transaction ID : PR2576060053386								Y	
	City WAYZATA	State MN		Zip Code 55391-1512	-				-						6
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В.	Full Name of Individual (Last, First, Middle Initial) MCEWAN, JOSHUA, , ,) or Full O	rga	nization Name		Dat	e o	f Re	ece	ipt					
	Mailing Address 4711 WEST 28TH STREET						01 [™]	/	C	31	/	Y	2019		Y
	City SAINT LOUIS PARK	State MN					-			2 5760 ipt thi			i		
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	Name of Employer (for Individual) United HealthCare Services Inc		upa Tax	tion (for Individual)			М	emo	o It	em					
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	Mailing Address 417 ROSENBERGER DRIVE	1					01 [™]	/	l	31	/	Y	2019		Y
	City MIDDLETOWN	State DE		Zip Code 19709-9916	-							2 5761 ipt thi			3
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	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporate	ed PAC (l	Un	itedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Ini MELNICK, BRADLEY, , ,	itial) or Full O	Drga	nization Name		Date of Receipt								
	Mailing Address 5185 KELSEY TERRACE					01 / D D / Y Y Y Y 01 31 2019								
	City	State		Zip Code	Transaction ID : PR2576111953386									
	EDINA	MN		55436-1174	_	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) t Svc Acct Mgmt		М	emo	tem						
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	Full Name of Individual (Last, First, Middle Ini BOADO, ANDREA, , ,	itial) or Full O	Drga	nization Name		Date o	f Re	eceipt						
	Mailing Address 14924 PONDVIEW CIRCLE				01 / Y Y Y Y 2019									
	City	State		Zip Code		Trans	acti	ion ID	: P	PR25761	446	5338f	;	
	WAYZATA	MN		55391-2249		Amoun	t of	Each	Re	eceipt th	is P	'eriod		
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с.	Full Name of Individual (Last, First, Middle Ini NELSON, STEVEN, , ,	itial) or Full O	Drga	nization Name		Date o	f Re	eceipt						
	Mailing Address 640 LOCUST HILLS DRIVE					^M 01	/	D 3		/ Y)19 [°]	Y	
	City	State		Zip Code		Trans	sact	ion ID	: F	PR2576	1448	35338	6	
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UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle In A. PAUNOVICH, VUKASIN, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 1209 KEITH RD			01 / D D / Y Y Y Y 01 31 2019								
City WAKE FOREST	State NC	Zip Code 27587-7301	Transaction ID : PR2576306753386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item								
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Mailing Address 14951 HIGHLAND COURT N			01 / D D / Y Y Y Y 2019								
City PRIOR LAKE	State MN	Zip Code 55372-4109	Transaction ID : PR2576310953386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item								
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Full Name of Individual (Last, First, Middle In CEGELAND, DANIEL, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2659 E LAKE OF THE ISLE			01 / D D / Y Y Y Y Y 2019								
City MINNEAPOLIS	State MN	Zip Code 55408-1052	Transaction ID : PR2578741053386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev	Memo Item								
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	NAME OF COMMITTEE (In Full)			10 50					I COMMI	lee.			
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia ASNER, BARTLEY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 25 OFFSHORE				01 / Y Y Y Y 01 31 2019								
	City NEWPORT BEACH	State CA	Zip Code 92657-2162		Transaction ID : PR2578819453386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>				384.	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)) Med Grp Physn		Me	emc	Item						
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в.	Full Name of Individual (Last, First, Middle Initia DUFFEY, KRISTY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 42095 N 109TH PLACE	1-			M M 01	1	31	/ Y	ү 2019	Y			
	City SCOTTSDALE	State AZ	Zip Code 85262-3293						32325338 is Period	-			
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	Mailing Address 1686 WILDFIRE LANE	1			01	1	31) / Y	үүү 2019	Y			
	City FRISCO	State TX	Zip Code 75033-7325						32435338 is Period	-			
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO		Me	emo	tem						
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NAME OF COMMITTEE (In Full)		····· · · · · · · · · · · · · · · · ·											
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle SNYDER, MARY, , ,	Initial) or Full O	organization Name	Date of Receipt										
Mailing Address 1075 BOSTON POST RD			01 / D D / Y Y Y Y Y 01 31 2019										
City MADISON	State CT	Zip Code 06443-3363	Transaction ID : PR2595229353386 Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item										
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Full Name of Individual (Last, First, Middle B. SHORT, MARIANNE, , ,	Initial) or Full O	organization Name	Date of Receipt										
Mailing Address 2215 SUMMIT AVENUE	01-1-	7.0.4	01 / 01 / 2019 Transaction ID : PR2601133553386										
City SAINT PAUL	State MN	Zip Code 55105-1002	Transaction ID : PR2601133553386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. RODRIGUEZ, ROGER, , ,	Initial) or Full O	organization Name	Date of Receipt										
Mailing Address 4825 DAVIS ROAD			01 / D D / Y Y Y Y Y 01 31 2019										
City MIAMI	State FL	Zip Code 33143-6141	Transaction ID : PR2601176853386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
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Maili	ng Address 2537 RED ARROW DRIVE					01 / Y Y Y Y 2019								
City LAS	VEGAS	State NV		Code 9135-1628					PR2605					
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	ng Address 99 HAGEN ROAD					01 ^M	1	D 31) / Y	2019				
City NEV	VTON	State MA	·	Code 2459-2731					PR2606					
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group P	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini MATECZUN, JOHN, , ,	tial) or Full O	Organization Name	Date of Receipt								
	Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403			01 / D D / Y Y Y Y 01 31 2019								
	City LONGBOAT KEY	State FL	Zip Code 34228-4207	Transaction ID : PR2606845153386 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s M&V	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
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	Mailing Address 18710 34TH AVENUE NORTH		7.0.1.	01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	City PLYMOUTH	State MN	Zip Code 55447-1000	Transaction ID : PR2609811353386								
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	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Ops	Memo Item								
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	Mailing Address 5205 KELSEY TERRACE			01 / D D / Y Y Y Y Y 2019								
	City EDINA	State MN	Zip Code 55436-1172	Transaction ID : PR2609812353386 Amount of Each Receipt this Period								
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Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. Initial 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 of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. BAKER, MICHAEL, , , Middle Initial) or Full Organization Name Date of Receipt City State Zip Code CHANHASSEN MN 55317-4744 FEC ID number of contributing tederal political committee. Occupation (for Individual) Memo Item United HealthCare Services Inc SVP Ops Magregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt B. BURKHOLDER, CHAD, , , Mailing Address 2423 DUBONNET DRIVE City 384.60 Date of Receipt this Period City State Zip Code PA 18062-8857 Amount of Each Receipt this Period City State Zip Code PA 18062-8857 Amount of Each Receipt this Period City State<	••				Detailed Summary Page	×			11b	11c	12	
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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 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 BIRNBAUM, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 55 DEAN STREET			01 / D D / Y Y Y Y 01 31 2019						
City BROOKLYN	State NY	Zip Code 11201-6245	Transaction ID : PR2615671653386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hlthcare Econ	Memo Item						
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Mailing Address 512 EAST STATE AVE			01 / D D / Y Y Y Y Y 01 31 2019						
City PHOENIX	State AZ	Zip Code 85020-4940	Transaction ID : PR2622557953386 Amount of Each Receipt this Period						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
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Full Name of Individual (Last, First, Middle MOURAS, DENNIS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6376 MARSH ROAD			01 / Y Y Y Y 2019						
City COTTRELLVILLE	State MI	Zip Code 48039-1314	Transaction ID : PR2623702953386 Amount of Each Receipt this Period						
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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 P/	AC)										
Full Name of Individual (Last, First, Middle I A. MULES, REBECCA, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 660 DOVER STREET													
			01 31 2019										
City BALTIMORE	State MD	Zip Code 21230-2228	Transaction ID : PR2624442653386 Amount of Each Receipt this Period										
FEC ID number of contributing			384.60										
federal political committee.	C												
Name of Employer (for Individual)		upation (for Individual)	Memo Item										
United HealthCare Services Inc Receipt For:		Govt Affs	_										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)										
Other (specify) ▼		384.60											
Full Name of Individual (Last, First, Middle I	nitial) or Full C	reanization Name											
B. STALLWOOD, GREGG, , ,			Date of Receipt										
Mailing Address 4842 JUNIPER DR			01 / D D / Y Y Y Y Y 2019										
City PALM HARBOR	State FL	Zip Code 34685-2688	Transaction ID : PR2625499053386 Amount of Each Receipt this Period 384.60										
FEC ID number of contributing	_												
federal political committee.	C												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼	-										
Primary General Other (specify) ▼		, 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I C. COLLETTE, CHRISTOPHER, ,		rganization Name	Date of Receipt										
Mailing Address 4776 MANITOU ROAD			01 31 2019										
City	State	Zip Code	Transaction ID : PR2625499553386										
EXCELSIOR	MN	55331-9400	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UnitedHIth Grp	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			1153.80										
TOTAL This Period (last page this line number													

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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			Detailed Summary Page	×	11a 13		11b 14		11c	12	17					
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	ements ma ame and a	ay not be sold or used by any pe address of any political committee	erson fo to solid	or the p	ourp	oose	of s	soliciting	contribu	tions					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)												
Α.	Full Name of Individual (Last, First, Middle Initial RELLER, TAMI, , ,) or Full O	organization Name	D	ate of	Re	ceipt									
	Mailing Address 5120 MIRROR LAKES DRIVE	04-4-4	Zin Octo	01 / D D / Y Y Y Y 01 31 2019												
	City EDINA	State MN	Zip Code 55436-1342	Transaction ID : PR2625501953386												
	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) Grp Chief Mktg Off	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/F	R Dedu	uctic	on (\$1	92.	30 Bi-W	/eekly)						
B.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA, , ,) or Full O	Organization Name	D	ate of	Re	ceipt									
	Mailing Address 5040 INTERLACHEN BLUFF				M M / D D / Y Y Y Y 01 31 2019											
	City EDINA	State MN	Zip Code 55436-1360		Transaction ID : PR2625503753386 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.		384.60													
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Gen Mgmt		Memo Item												
	Receipt For: Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼								P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial LAWTON, MICHAEL, , ,) or Full O	Organization Name	D	ate of	Re	ceipt									
	Mailing Address 1720 CROSS PINES DR	1			^M 01	/	D	р 31	/ Y	2019 [°]	Y					
	City FLEMING ISLAND	State FL	Zip Code 32003-4915							50545338						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	1	Me	emo	Item	I								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/F	R Dedu	uctio	on (\$1	192.	.30 Bi-W	/eekly)						
s	UBTOTAL of Receipts This Page (optional)						,			1153.	80					
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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										
			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	AC)										
Full Name of Individual (Last, First, Middle CULHANE, DEBORAH, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 100 COVE WAY UNIT 301			01 / Y Y Y Y 01 31 2019										
City QUINCY	State MA	Zip Code 02169-5857	Transaction ID : PR2626356053386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle HINES, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 3660 SILVERWOOD RD			01 / D D / Y Y Y Y Y 2019										
	State CA	Zip Code	Transaction ID : PR2626886553386										
WEST SACRAMENTO		95691-5403	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻	1										
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle STOCKSTAD, LYNNE, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 5190 MEADVILLE STREE			01 / D D / Y Y Y Y 01 31 2019										
City EXCELSIOR	State MN	Zip Code 55331-8790	Transaction ID : PR2626915553386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Chief Mktg Off	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			1153.80										
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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		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 Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle A. VAN DER WALDE, LAMBERT, , ,	e Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 45 AUDUBON CAUSEW			Mom / D D / Y											
City LANTANA	State FL	Zip Code 33462-4756												
FEC ID number of contributing	C	33402-4730	Amount of Each Receipt this Period 384.60											
federal political committee.	U													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Govt Research	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. THOMPSON, BRUCE, , ,	e Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 2826 HEDGEROW DRIVI	E		01 / Y Y Y Y 01 31 2019											
City DALLAS	State TX	Zip Code 75235-7590	Transaction ID : PR2628833653386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. OTTESON, WILLIAM, , ,	e Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 4545 OXFORD AVE			01 31 2019											
City	State	Zip Code	Transaction ID : PR2632082553386											
EDINA	MN	55436-1405	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		384.60											
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optiona	l)		1153.80											
TOTAL This Period (last page this line num	,													

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									
Any information copied from such Reports and or for commercial purposes, other than using th														
NAME OF COMMITTEE (In Full)	ie name and a	ddress of any political committee	to solicit contributions	from such	Committe	e.								
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	C)											
Full Name of Individual (Last, First, Middle Ir GORSUCH, KIRSTEN, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 2780 COUNTRYSIDE DRIV	EWEST		01 / Y Y Y Y 01 / 31 / 2019											
City ORONO	State MN	Zip Code 55356-9676	Transaction ID : PR2632087853386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
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 ▼ 384.60	P/R Deduction (\$19)2.30 Bi-W	'eekly)									
Full Name of Individual (Last, First, Middle Ir B. TUFFIN, MICHAEL, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 5904 ASHBY MANOR PLAC			01 / D D / Y Y Y Y Y 2019											
City ALEXANDRIA	State VA	Zip Code 22310-2267	Transaction ID : PR2632087953386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Public Affairs	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle Ir C. TEMPLE, MARTHA, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 194 LITTLE LANE			01 31											
City DURHAM	State CT	Zip Code 06422-1303	Transaction ID Amount of Each I			6								
FEC ID number of contributing federal political committee.	С		384.60											
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 ▼ 384.60	P/R Deduction (\$1	92.30 Bi-W	/eekly)									
SUBTOTAL of Receipts This Page (optional)				.,	1153.8	0								
TOTAL This Period (last page this line number	r 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										
			13 14 15 16 1 berson for the purpose of soliciting contributions from such committee.										
NAME OF COMMITTEE (In Full)	<u> </u>												
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Mido PLATT, LAWRENCE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3830 KING STREET			01 31 2019										
City ALEXANDRIA	State VA	Zip Code 22302-1906	Transaction ID : PR2632880753386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mido B. PRIBLE, JOHN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1923 SHIVER DR			01 / 01 / 2019										
City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656653386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mido C. SCHEID, ADREAN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2915 CATHEDRAL AVE	1		01 / D D / Y Y Y Y 01 31 2019										
City WASHINGTON	State DC	Zip Code 20008-3406	Transaction ID : PR2634880453386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		1153.80										
TOTAL This Period (last page this line nu	mber only)												

SCHEDULE A (FEC Form 3X) _____ _

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TEMIZED 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 to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorport	rated PAC (l	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middl APESCATELLO, SARA, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 2149 CALIFORNIA STRE APT #D			01 / Y Y Y Y Y 2019											
City WASHINGTON	State DC	Zip Code 20008-1834	Transaction ID : PR2634888553386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middl B. PAYET, KEITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 405 ENCLAVE CT			01 / Y Y Y Y 01 31 2019											
City BRENTWOOD	State TN	Zip Code 37027-7894	Transaction ID : PR2635440053386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middl ROOS, THOMAS, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3199 KAGEN AVE NE			01 / D D / Y Y Y Y Y 2019											
City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451253386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Acctng Off	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optiona	l)		1153.80											
TOTAL This Period (last page this line num	iber 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 verson 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 PA	4C)										
Full Name of Individual (Last, First, Mide ZEGLINSKI, MICHAEL, , ,	dle Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 1 TRIMONT LANE #610A			01 / D D / Y Y Y Y 01 31 2019										
City	State	Zip Code	Transaction ID : PR2639701853386										
PITTSBURGH	PA	15211-1206	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mide EDWARDS, MICHAEL, , ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 379 DURHAM ROAD			01 / Y Y Y Y Y 2019										
City WYCKOFF	State NJ	Zip Code 07481-1018	Transaction ID : PR2639702053386										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mide C. CALABRESE, DAVID, , ,	dle Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 85 LITTLE POND RD			01 / Y Y Y Y 2019										
City NORTHBOROUGH	State MA	Zip Code 01532-1686	Transaction ID : PR2639708353386 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	' al)		1153.80										
TOTAL This Period (last page this line nu	mber 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 an 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 FLEMING, SUSAN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 2016 N HOWE ST UNIT 1S			M M / D D / Y Y Y Y 01 31 2019								
City CHICAGO	State IL	Zip Code 60614-4414	Transaction ID : PR2639773753386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. DUTTA, SUMIT, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1112 W WRIGHTWOOD A	VE		01 / Y Y Y Y 01 31 2019								
City CHICAGO	State IL	Zip Code 60614-1315	Transaction ID : PR2639773853386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg Chief Med Off	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. NELSON, ELLEN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 11882 TILDEN PLACE	State	Zin Code	01 / D D / Y Y Y Y Y 01 31 2019								
City WELLINGTON	FL	Zip Code 33414-6056	Transaction ID : PR2639795353386 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1153.80								
TOTAL This Period (last page this line numb	per 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			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
VinitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle STOW, CHRISTINA, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4709 ALTON PL NW			01 / Y Y Y Y Y 01 31 2019											
City WASHINGTON	State DC	Zip Code 20016-2041	Transaction ID : PR2640466453386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		384.60											
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. ADVANI, PROTIMA, , ,	Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 7618 BRITTANY PARC CT	1		01 / D D / Y Y Y Y Y 01 31 2019											
City FALLS CHURCH	State VA	Zip Code 22043-2907	Transaction ID : PR2642024153386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Rsch	Memo Item											
Receipt For:	Aggregate	Year-to-Date V												
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle BRUECKMAN, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4601 PARK COMMONS D #417	1	7. 0.4	01 / D D / Y Y Y Y 31 2019											
City SAINT LOUIS PARK	State MN	Zip Code 55416-4993	Transaction ID : PR2642029453386 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) UHC Operations	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			1153.80											
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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				r each category of the etailed Summary Page		11a	a		11 14		110 15	H	12 16	г	17		
	y information copied from such Reports and State for commercial purposes, other than using the na					for t			pos	se of	solici	ting	contri	butic	ons		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	Jnit	edHealth Group PA	C)												
A.	Full Name of Individual (Last, First, Middle Initial) WILLENBRING, LYNN, , ,	rgani	zation Name		Date	of	Re	cei	pt								
	Mailing Address 4704 FABLE ROAD NORTH					01 01 / Y Y Y Y 01 01 01 01 01 01 01 01 01 01 01 01 01 0											
	City HUGO	State MN		Zip Code 55038-2211	_	-			-		-		39353				
		C				Amo	unt	ot	Ea	ch Re	eceib.	: this	s Peri 38	od 34.60)		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) hology	Memo Item												
	Peopint For:	Aggregate	Year	to-Date ▼ 384.60	F	P/R D	edu	ctic	on ((\$192	2.30 E	i-We	ekly)				
В.	Full Name of Individual (Last, First, Middle Initial) CRAGLE, STEVE, , ,	or Full O	Irgani	zation Name		Date	of	Re	ecei	pt							
	Mailing Address 6604 MOHAWK TRAIL	StateZip CodeMN55439-1030						M m m / D m / 2019 Transaction ID : PR2643200653386 Amount of Each Receipt this Period									
	City EDINA																
	FEC ID number of contributing federal political committee.	C					384.60										
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment CMO						Memo Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 384.60	F	9/R D	edu	ctio	on ((\$192	.30 B	i-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initial) NEELY, MARC, , ,	or Full O	rgani	zation Name		Date	of	Re	ecei	pt							
	Mailing Address 1159 BUFFALO RIDGE RD					_	1	1	L	31	/		2019				
	City CASTLE PINES	State CO	'	Zip Code 80108-8190	_								03153				
	FEC ID number of contributing	C						Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) HIth Plan CEO							Memo Item								
	Receipt For: A Primary General Other (specify)	Aggregate	Year	to-Date ▼ 384.60	F	P/R E)edu	ictic	on	(\$192	2.30 E	i-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)			••••••					,				115	3.80)		
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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 Incorpo	rated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A. MCKOY, PHILIP, , ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 927 LINCOLN AVE			M M / D D / Y Y Y Y 01 31 2019							
City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651653386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp CIO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. MISTRY, RASHMITA, , ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6658 WATERTON CIRC			01 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
City MUKILTEO	State WA	Zip Code 98275-4805	Transaction ID : PR2645169153386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment COO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384,60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. MAHRT, JONATHAN, , ,	le Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4035 W 65TH ST APT 127	04-4-		M M / D D / Y Y Y Y 01 31 2019							
City EDINA	State MN	Zip Code 55435-1749	Transaction ID : PR2645176953386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)		1153.80							
TOTAL This Period (last page this line nur	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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			Detailed Sun			' 11a		11b	11c	12		
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or for	information copied from such Reports and St r commercial purposes, other than using the											
	AME OF COMMITTEE (In Full)											
/	InitedHealth Group Incorporate	```		•	AC)							
	III Name of Individual (Last, First, Middle Initi	al) or Full (Organization Nam	ne								
	DSON, BARBARA, , ,				_	Date of	r Re	ceipt				
	ailing Address 6609 DENNY PEAK DRIVE					01	1	D D 31	/ Y	2019	Y	
Ci	-	State	Zip Code			Trans	acti	ion ID : I	PR26997	0225338	6	
S	NOQUALMIE	WA	98065-89	96	_	Amount	t of	Each Re	eceipt th	is Period		
	EC ID number of contributing deral political committee.	С							 	384.		
Na	ame of Employer (for Individual)	Occ	upation (for Indiv	vidual)	_	M	emo	Item				
	otum Services, Inc		s Segment CMO	,								
	eceipt For:	Anareaste	Year-to-Date ▼									
Γ	Primary General	Aggregate			E F	P/R Ded	uctio	on (\$192	.30 Bi-W	/eekly)		
	Other (specify) V	L		384.60						,		
	Il Name of Individual (Last, First, Middle Initi	al) or Full (Organization Nam	ne								
	ARRELL, ELIZABETH, , ,				_	Date of Receipt						
_	ailing Address 9917 TRAILS END ROAD					M M / D D / Y						
Ci		State	Zip Code									
C	HANHASSEN	MN	55317-459	_	Amount	t of	Each Re	eceipt th	is Period			
	EC ID number of contributing deral political committee.	С		384.60								
	ame of Employer (for Individual) otum Services, Inc		cupation (for Indiv P Ops		Memo Item							
Re	eceipt For:	Aggregate		1								
	Primary General	.99.094.0			I F	P/R Deduction (\$192.30 Bi-Weekly)						
	Other (specify) V	L	<u> </u>	384.60								
Fu). N	III Name of Individual (Last, First, Middle Initi MCSWEENEY, ERIN, , ,	al) or Full (Organization Nam	ie		Date of	f Re	ceipt				
	ailing Address 10 NOUVELLE WAY SUITE 80)5				01 / D D / Y Y Y Y Y 01 31 2019						
Ci	ty	State	Zip Code			Trans	sact	ion ID :	PR27018	81805338	36	
N	IATICK	MA	01760-157	70		Amount	t of	Each Re	eceipt th	is Period		
	EC ID number of contributing deral political committee.	С						, .	. ,	384.	60	
	ame of Employer (for Individual)	000	supation (for Indiv	vidual	_	м	emc	Item				
	ptum Services, Inc		P, Mkt Grp CHRC	,								
	Receipt For: Aggregate Year-to-Date ▼											
Γ	Primary General	Ayyreyale	real-lo-Dale V			P/R Ded	luctio	on (\$192	2.30 Bi-W	/eeklv)		
	Other (specify)		-19	384.60		,		o (¢o_		<i>cc,</i>))		
SUE	BTOTAL of Receipts This Page (optional)				•			,	. ,	1153.	80	
	TOTAL of Receipts This Page (optional)				•	[. [.	-	y		,	1153.	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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			for each category of the Detailed Summary Page	X 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			erson for the purpose of soliciting contributions					
\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 FRINGER, TRICIA, , ,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 2809 STANFORD AVE			01 / D D / Y Y Y Y Y 2019					
	City DALLAS	State TX	Zip Code 75225-7917	Transaction ID : PR2701818653386					
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Underwriting	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia O'CONNELL, DANIEL, , ,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 3325 W 18TH AVENUE			Minim / Did / 2019 Transaction ID : PR2701819653386 Amount of Each Receipt this Period 211.54 Memo Item					
	City DENVER	State CO	Zip Code 80204-1681						
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 211.54	P/R Deduction (\$105.77 Bi-Weekly)					
С.	Full Name of Individual (Last, First, Middle Initia BRUCE, JAMIE, , ,	al) or Full C	organization Name	Date of Receipt					
	Mailing Address 336 THOREAU BLVD			01 01 2019					
	City O FALLON	State MO	Zip Code 63366-7451	Transaction ID : PR2701823053386					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60					
	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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••	980.74					
т	OTAL This Period (last page this line number or	nly)	••••••						

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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 P	AC)						
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name							
A. BRENNER, JEFFREY, , , Mailing Address 4610 CEDAR AVE			Date of Receipt						
APT 301			01 31 2019						
City	State PA	Zip Code	Transaction ID : PR2702506353386						
PHILADELPHIA	PA	19143-2118	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item						
United HealthCare Services Inc		P Integrated Hith Human Svs							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)						
		-192	1						
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name							
B. YOUNG, DAVID, , , Mailing Address 654 CHISWELL CT			Date of Receipt						
	1		01 31 2019						
City	State TN	Zip Code	Transaction ID : PR2703655453386						
BRENTWOOD FEC ID number of contributing	_	37027-3109	Amount of Each Receipt this Period						
federal political committee.	C		384.60						
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) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. ROLLINS, CARISSA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6805 CHEYENNE TRAIL			01 31 2019						
City	State	Zip Code	Transaction ID : PR2704188953386						
EDINA	MN	55439-1158	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Optum Services, Inc Receipt For:	VP I	Year-to-Date ▼	_						
Primary General	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify)		384.60	1						
SUBTOTAL of Receipts This Page (optional).			1153.80						
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						
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)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle HOROHO, PATRICIA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 13516 COMPTON ROAD			01 / D D / Y Y Y Y Y 01 31 2019						
City CLIFTON	State VA	Zip Code 20124-1203	Transaction ID : PR2704194653386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DELANY, ANDREW, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 209 GARLAND AVENUE			01 31 2019						
City DECATUR	State GA	Zip Code 30030-4940	Transaction ID : PR2704196353386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ROBERTS, CORY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 45 BRIGHTON RD NE			01 / D D / Y Y Y Y 01 31 2019						
City ATLANTA	State GA	Zip Code 30309-1518	Transaction ID : PR2705063553386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	D number of contributing								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) PBus Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			1153.80						
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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	EIVIZED RECEIPTS			Dr each category of the Detailed Summary Page	×	11a		11	b	1	11c	12	2		
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	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	Jni	tedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) SHARFF, RICHARD, , ,	ization Name	[Date of Receipt											
	Mailing Address 508 RUMSON ROAD					м м 01	/	Γ	D D 31	1	Y	ې 2019	9 9	ſ	
	City	State		Zip Code		Trans	acti	ion	ID : I	PR	27050	63653	3386		
	BIRMINGHAM	AL		35209-4312	_ /	Amount	of	Ea	ch Re	ece	ipt this	s Peri	iod		
	FEC ID number of contributing federal political committee.	С				384.60									
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ment Gen Counsel		Me	emo) Ite	em						
	Bossint For:		Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-	384.60	P/	P/R Deduction (\$192.30 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initial) BARTHOLET, DANIEL, , ,		Date of Receipt												
	Mailing Address 5918 VALEWOOD DRIVE				01 31 2019										
	City	State		Zip Code		Transaction ID : PR2706451153386 Amount of Each Receipt this Period									
	MINNETONKA	MN		55345-6545	/										
	FEC ID number of contributing federal political committee.	С				384.60 Memo Item									
	Name of Employer (for Individual) United HealthCare Services Inc		upat Tax	ion (for Individual)											
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60					P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) FEHR, STEPHANIE, , ,	or Full O	rgar	ization Name	[Date of	Re	cei	ipt						
	Mailing Address 6601 BLACKFOOT PASS	1				01 31 2019									
	City	State		Zip Code		Trans	acti	ion	ID : I	PR	27480	20553	3386		
	EDINA	MN		55439-1103	/	Amount	of	Ea	ch Re	ece	ipt this	s Peri	iod		
	FEC ID number of contributing federal political committee.	С				_		,			,	38	84.60)	
	Name of Employer (for Individual)	Осси	upati	ion (for Individual)		M	emo) It	em						
	United HealthCare Services Inc	EVP	P, Mk	t Grp CHRO											
	Receipt For: Primary General Other (specify)	Aggregate	P	/R Ded	uctio	on	(\$192	2.30) Bi-W	eekly))				
s	UBTOTAL of Receipts This Page (optional)			••••••				,				115	53.80)	
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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 e 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, Middl A. SIMON, JOHN, , ,	Date of Receipt									
Mailing Address 1388 DIAMOND COURT			01 / D D / Y Y Y Y Y 01 31 2019							
City PITTSBURGH	State PA	Zip Code 15241-1220	Transaction ID : PR2754663253386							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middl B. BOTHRA, SIDDHARTH, , ,	Date of Receipt									
Mailing Address 17200 SE 45TH STREET			01 / Y Y Y Y Y 2019							
City BELLEVUE	State WA	Zip Code 98006-6510	Transaction ID : PR2754720753386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middl c. MAYER, SHANNON, , ,	le Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 13159 DANUBE LANE			01 31 2019							
City ROSEMOUNT	State MN	Zip Code 55068-4378	Transaction ID : PR2755343953386 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	al)		1153.80							
TOTAL This Period (last page this line num	nber 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, Midd A. WEILER, KATHY, , ,		organization Name	Date of Receipt				
Mailing Address 1250 CANTON AVENUE	1	Zin Code	01 / D D / Y Y Y Y 2019				
City MILTON	State MA	Zip Code 02186-2414	Transaction ID : PR2755347653386 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Midd ABRAHAM, SANTIAGO, , ,	lle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2637 ARCOLA LANE			01 / D D / Y Y Y Y 01 31 2019				
City WAYZATA	State MN	Zip Code 55391-9703	Transaction ID : PR2755652153386 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Midd C. HERMELING III, THEODORE		organization Name	Date of Receipt				
Mailing Address 117 5TH STREET	1		01 / D D / Y Y Y Y Y 2019				
City WILMETTE	State IL	Zip Code 60091-3405	Transaction ID : PR2756521653386 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Nktg Bus Dev	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)				
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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page							
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	y not be sold or used by any ddress of any political committe	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 Incorpo	rated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middl A. MALLEY, KENNETH, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 764 WEST SADDLE RIV	ER ROAD		01 31 2019						
City HO HO KUS	State NJ	Zip Code 07423-1645	Transaction ID : PR2757436653386 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
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 ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B.	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]						
Full Name of Individual (Last, First, Middl	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address									
City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]						
SUBTOTAL of Receipts This Page (optiona	l)		384.60						
TOTAL This Period (last page this line num	ber only)		102643.71						

SCHEDULE B	(FEC Form 3X)			FC		E NUMBER:	PAGE 93 OF 95				
ITEMIZED DISB	URSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		-		nly one) b 22 🗶 23	26 27 29 30b				
	from such Reports and State ses, other than using the na				any pe	rson for the purpose of s	soliciting contributions				
NAME OF COMMIT	EE (In Full) Group Incorporated	PAC (Un	itedHealth C	Grou	p PA	C)					
Full Name (Last, Firs A. Kevin McCarth						Date of Disburseme	Date of Disbursement				
Mailing Address PO	Box 12667	1				01 18	2019				
City Bakersfield Purpose of Disburser	mont	State CA	Zip Code 93389-2667			FEC Identification N	Number				
Contribution	nent				11	C C00420935 Transaction ID					
McCarthy, Kev		ement For: 2	2020		egory/ /pe	Amount of Each Di	sbursement this Period 5000.00				
	Senate X President Strict: 23		General			Co Memo Item	ntribution				
State: CA District: 23 Full Name (Last, First, Middle Initial) B. Mike Crapo For US Senate Mailing Address P.O. Box 1948						Date of Disburseme	ent / 2019				
City Boise Purpose of Disburser Contribution			Zip Code 83701	0	11	FEC Identification Number					
Candidate Name Crapo, Mike, , Office Sought:	House Disburse	-	2022 General cify)	Cate	gory/ /pe	-	: 43061131 sbursement this Period 2500.00 Intribution				
Full Name (Last, Firs C. Hoyer for Con						Date of Disburseme	ent				
Mailing Address 700	13th Street NW, Suite 600					01 D D D D D D D D D D D D D D D D D D D	2019				
City Washington Purpose of Disburser Contribution Candidate Name				11	C C00140715 Transaction ID	FEC Identification Number C C00140715 Transaction ID : 43061132					
Hoyer, Steny,	Hamilton, Rep., House Disburs Senate President strict: 05	ement For: 2 Primary Other (spec	General		egory/ /pe	-	sbursement this Period 5000.00 ontribution				
SUBTOTAL of Disburs	ements This Page (optional) st page this line number onl						12500.00				

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each Detailed	category of the Summary Page	(check only 21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r							
NAME OF COMMITTEE (In Full)				,			
UnitedHealth Group Incorporated	I PAC (Ui	nitedHealth (Group PAC)			
Full Name (Last, First, Middle Initial) A. McHenry For Congress				Date of Disbursement			
Mailing Address PO Box 2165				01 18 2019			
City Gastonia	State NC	Zip Code 28053		FEC Identification Number			
Purpose of Disbursement Contribution		20000	011	C C00393629			
Candidate Name			Category/	Transaction ID : 43061133 Amount of Each Disbursement this Period			
McHenry, Patrick, Timothy, Rep.,			Туре	2500.00			
	sement For: Primary Other (spe	General		Contribution Memo Item			
State: NC District: 10							
Full Name (Last, First, Middle Initial) B. Texans For Senator John Cornyi Mailing Address PO Box 13026		Date of Disbursement 01 / P D / Y Y Y Y 2019					
City Austin	State TX	Zip Code 78711		FEC Identification Number			
Purpose of Disbursement Contribution			011	C C00369033 Transaction ID : 43061134			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Cornyn, John, , Sen., Office Sought: House Disbur:	sement For:	2020	Туре	2500.00			
X Senate President	Primary Other (spe	X General		Contribution			
State: TX District:				Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement			····	С			
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
	sement For:	Ganaral					
State: District:	Other (spe	General ecify) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optiona	- 			5000.00			
TOTAL This Period (last page this line number or	ıly)		••••••	17500.00			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each Detailed	parate schedule(s) category of the Summary Page	FOR LINE (check only 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								
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	d PAC (U	nitedHealth G	roup PAC)				
Full Name (Last, First, Middle Initial) A. Bill Lee Inaugural Inc.				Date of Disbursement				
Mailing Address 4515 Harding Pike Suite 110				01 / Y Y Y Y 29 2019				
City Nashville	State TN	Zip Code 37205		FEC Identification Number				
Purpose of Disbursement Contribution		37205	011	C				
Candidate Name			Category/	Transaction ID : 43080890 Amount of Each Disbursement this Period				
Senate	sement For: Primary	General	Туре	7500.00 Contribution				
State: District:	Other (spe	ecity) 🔻		Memo Item				
Full Name (Last, First, Middle Initial) B. Ron Simmons Campaign Mailing Address 4000 Memorial Ct				Date of Disbursement				
City	State TX	Zip Code		FEC Identification Number				
Carrollton Purpose of Disbursement Void - Ron Simmons Campaign; check dated 5/		75010	011	С				
Candidate Name Simmons, Ronald, , TX Rep.,			Category/ Type	Transaction ID : 43080945 Amount of Each Disbursement this Period				
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General Gecify)		- 1000.00 Void - Ron Simmons Campaigr check dated 5/8/18				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement				C Amount of Each Disbursement this Period				
Candidate Name			Category/ Type					
Office Sought: House Disbur Senate President	sement For: Primary Other (spe	General ecify) ▼		Memo Item				
State: District:	1							
SUBTOTAL of Disbursements This Page (optiona	l)		····· •	6500.00				
TOTAL This Period (last page this line number of	nly)		····· •	6500.00				