

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00274431 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]  
06 / 01 / 2017 through 06 / 30 / 2017

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

Signature of Treasurer *Sherwood, Susan, , ,* [Electronically Filed] Date 07 / 19 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		242591.24
(b) Cash on Hand at Beginning of Reporting Period.....	448979.78	
(c) Total Receipts (from Line 19) .....	181900.31	757897.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	630880.09	1000488.42
7. Total Disbursements (from Line 31).....	119950.00	489558.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	510930.09	510930.09
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2017

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).....	161523.10	616734.69
(ii) Unitemized .....	20377.21	134962.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	181900.31	751697.18
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	181900.31	751697.18
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	181900.31	757897.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	181900.31	757897.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	97500.00	466000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	208.33
(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	208.33
29. Other Disbursements (Including Non-Federal Donations).....	22450.00	23350.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	119950.00	489558.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	119950.00	489558.33

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	181900.31	751697.18
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	208.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	181900.31	751488.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Brotten, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5845 YORK AVENUE SOUTH  
 City EDINA State MN Zip Code 55410-2858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 08 / 2017  
**Transaction ID : 41065207**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. FARRELL, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2384.60

Date of Receipt 06 / 08 / 2017  
**Transaction ID : 41065208**  
 Amount of Each Receipt this Period 2000.00  
 Memo Item

**C. MOURAS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6376 MARSH ROAD  
 City COTTRELLVILLE State MI Zip Code 48039-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2017  
**Transaction ID : 41065210**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 2615.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 DRURY LANE  
 City WYCKOFF State NJ Zip Code 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **06 / 28 / 2017**  
**Transaction ID : 41065211**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. KORINKO, ANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5504 12TH AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55417-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : 41065214**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. WATSON III, JAMES S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6520 SHENANDOAH DR  
 City LINCOLN State NE Zip Code 68510-5159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1159806046270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3575.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GAUDIO, JOSEPH G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 E MOUNTAIN VIEW RD  
 City PARADISE VALLEY State AZ Zip Code 85253-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159811846270**  
 Amount of Each Receipt this Period 136.35  
 Memo Item  
 P/R Deduction (\$45.45 Bi-Weekly)

**B. WICHMANN, DAVID S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 ANTRIM ROAD  
 City EDINA State MN Zip Code 55439-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres UHG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159814746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MEAD, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1232 GRAY BRANCH RD  
 City MCKINNEY State TX Zip Code 75071-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1402.56

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159816146270**  
 Amount of Each Receipt this Period 830.16  
 Memo Item  
 P/R Deduction (\$276.72 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1543.41  
**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PENSHORN, JOHN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 BLACK OAKS LANE  
 City WAYZATA State MN Zip Code 55391-1363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159816946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KALLMEYER, PAUL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159817446270**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. QUIRK, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6458 ORCHID LANE  
 City DALLAS State TX Zip Code 75230-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159819146270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1015.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MIGLIORI, RICHARD J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 72  
 City WAYZATA State MN Zip Code 55391-0072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Consumr Hlth Med Care  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159827446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RIVET, JEANNINE M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4305 TRILLIUM WAY  
 City MINNETRISTA State MN Zip Code 55364-7708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1159830046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BRESOLIN, MICHAEL J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 W VIEW STREET  
 City LOMBARD State IL Zip Code 60148-1659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Care Advo  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1551005746270**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1193.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MATTEO, MICHAEL C. , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 JEREMIAHS WAY  
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1551133446270**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. CARR, ANTHONY R. , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 THOROUGHBRED LN  
 City SOUTHWEST RANCHES State FL Zip Code 33330-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP PEOs Trusts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1904.72

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1554323446270**  
 Amount of Each Receipt this Period 714.27  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

**C. MILLER, KATHERINE V. , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2321 HARBOR LAKE DRIVE  
 City ORANGE PARK State FL Zip Code 32003-7799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1554324346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1175.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ANDERSON, CRAIG C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 AMATO CIRCLE  
 City WETHERSFIELD State CT Zip Code 06109-3971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2023.74

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1575957346270**  
 Amount of Each Receipt this Period 686.79  
 Memo Item  
 P/R Deduction (\$228.93 Bi-Weekly)

**B. ERICKSON, KAREN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1575957646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MONFILETTO, ERNEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3062 COMFORT ROAD  
 City NEW HOPE State PA Zip Code 18938-5622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1575958146270**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1494.45
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. VALENTA, LEE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5033 PARK TERRACE  
 City EDINA State MN Zip Code 55436-1098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1575958546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KELLY, JOHN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 568 HAWTHORNE WOODS DRIVE  
 City EAGAN State MN Zip Code 55123-3059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2336.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1575959746270**  
 Amount of Each Receipt this Period 614.55  
 Memo Item  
 P/R Deduction (\$204.85 Bi-Weekly)

**C. WEBB, ROBERT THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1580865346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1768.35
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. HUGHES, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 COUNTY ROAD 44  
 City MINNETRISTA State MN Zip Code 55364-9572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596304146270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. JOHNSON, THAD C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9741 GLACIER BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596304346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHUMACHER, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 LARADA LANE  
 City EDINA State MN Zip Code 55436-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596305446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1453.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THEISEN, SCOTT E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596305646270**  
 Amount of Each Receipt this Period 557.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. OBERRENDER, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 MOORLAND AVENUE  
 City EDINA State MN Zip Code 55424-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596307046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ANDERSON, KENNETH J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12700 NE 245TH AVE  
 City BRUSH PRAIRIE State WA Zip Code 98606-7761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 241.22

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596309246270**  
 Amount of Each Receipt this Period 59.73  
 Memo Item  
 P/R Deduction (\$19.91 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1194.32  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLYNN, DIANE BEDNAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3318 FOXRIDGE CIRCLE  
 City TAMPA State FL Zip Code 33618-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596309746270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DAVIDSON, TRACY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6058 HARBOUR TOWN CIR  
 City WESTERVILLE State OH Zip Code 43082-8144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596311646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596312946270**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 693.90  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. HEUMANN, KURT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 GERALD DR  
 City SAINT LOUIS State MO Zip Code 63128-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596313746270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. MALLATT, KATHLEEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 SOUTH 167 AVENUE  
 City OMAHA State NE Zip Code 68135-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596315446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ROSENTHAL, DANIEL I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 VIA HERMOSA  
 City ORINDA State CA Zip Code 94563-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596317346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	752.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RUTH, KEVIN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16621 ALEXANDER MANOR DRIVE  
 City SILVER SPRING State MD Zip Code 20905-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1596317446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STURKEY, DAVID C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 MARINA ROAD  
 City IRMO State SC Zip Code 29063-8579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1596318446270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. TODD, JEFFREY ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 467 PRAIRIE WAY SOUTH  
 City BAYPORT State MN Zip Code 55003-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR1596319046270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	768.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TURNAU, CHRIS B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 43216  
 3741 DUNBAR KNOLL  
 City BROOKLYN PARK State MN Zip Code 55443-0216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596319146270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WASSERSTEIN, M LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 92 GOODWIN CIRCLE  
 City HARTFORD State CT Zip Code 06105-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1596319546270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. DODDY, JOHN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ROXITICUS VIEW  
 City CHESTER State NJ Zip Code 07930-3020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1600597346270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ILE, MICHAEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Prod  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1600597646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MICHAUX, MICHAEL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 742 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM PCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1600598546270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. SANDY, LEWIS G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1600598746270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1176.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PETERSON, MATTHEW W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2260 FOX STREET  
 City ORONO State MN Zip Code 55356-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1602669946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MALONEY, JEFFREY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6327 PASADENA POINT BLVD S  
 City GULFPORT State FL Zip Code 33707-3867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1613243546270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. CELLI, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 COUNTRY CLUB DR  
 City CUTCHOGUE State NY Zip Code 11935-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 775.57

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1613243746270**  
 Amount of Each Receipt this Period 397.95  
 Memo Item  
 P/R Deduction (\$132.65 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1263.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KENNEDY, WILLIAM F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 MYRA LN  
 City BURLINGTON State CT Zip Code 06013-1327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1653443146270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. BELLAMY, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2743 THOMAS AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55416-4346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1653444346270**  
 Amount of Each Receipt this Period 673.05  
 Memo Item  
 P/R Deduction (\$224.35 Bi-Weekly)

**C. SULLIVAN, DANIEL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 QUORN HUNT ROAD  
 City WEST SIMSBURY State CT Zip Code 06092-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1653445846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	848.43
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. EMERSON, PAUL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18855 MEADOW VIEW BLVD  
 City PRIOR LAKE State MN Zip Code 55372-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1806750346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ANDERSON, CATHERINE K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 SIMMONS LANE  
 City SEVERNA PARK State MD Zip Code 21146-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1725.61

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903550746270**  
 Amount of Each Receipt this Period 755.61  
 Memo Item  
 P/R Deduction (\$251.87 Bi-Weekly)

**C. BISHOP-HEROUX, KATHLEEN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 COTTAGE RD  
 City ENFIELD State CT Zip Code 06082-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903560846270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1392.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUFEK, ROBERT J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 PROMONTORY PLACE  
 City EAGAN State MN Zip Code 55123-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903577146270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. JOHNSON, CHRISTOPHER T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12880 53RD STREET NORTH  
 City STILLWATER State MN Zip Code 55082-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903591146270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. SANTELLI, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25510 BIRCH BLUFF ROAD  
 City EXCELSIOR State MN Zip Code 55331-8520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903622046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	768.90
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WEYMOUTH, PAUL D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 WRIGHTS MILL RD  
 City COVENTRY State CT Zip Code 06238-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR1903636946270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. BENNETT, RUSSELL A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 HALSEY AVE  
 City LAGUNA NIGUEL State CA Zip Code 92677-5327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.87

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119468046270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. BRYAN, KATHIE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 JOSHUA PLACE  
 City SAN DIEGO State CA Zip Code 92154-2537  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mktg Cnslt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119469446270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CROSS, RICHARD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11361 DONOVAN ROAD  
 City ROSSMOOR State CA Zip Code 90720-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119471846270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. GILDERNICK, AMY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2709 WILLIAMS GRANT  
 City DE PERE State WI Zip Code 54115-9456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119475246270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. HANSEN, DAVID M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 VIA CONOCIDO  
 City SAN CLEMENTE State CA Zip Code 92673-7044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119476746270**  
 Amount of Each Receipt this Period 405.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	540.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HO, SAMUEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4220 OCEAN DR  
 City MANHATTAN BEACH State CA Zip Code 90266-3059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119477946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JEFFREY, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 RIMROCK  
 City IRVINE State CA Zip Code 92603-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119479146270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. MACE-MEADOR, HEATHER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13531 CARLTON OAKS  
 City SAN ANTONIO State TX Zip Code 78232-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119482546270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	711.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NEURURER, SCOTT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23822 VIA MONTE  
 City COTO DE CAZA State CA Zip Code 92679-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 985.29

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119484946270**  
 Amount of Each Receipt this Period 349.56  
 Memo Item  
 P/R Deduction (\$116.52 Bi-Weekly)

**B. NYGARD, KEITH E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1139 E OCEAN BOULEVARD #106  
 City LONG BEACH State CA Zip Code 90802-6521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Compli Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119485046270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. PAXSON, LYNDA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3924 E GARNET PL  
 City HIGHLANDS RANCH State CO Zip Code 80126-5044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Sr Field Acct Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119485846270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PITTMAN, AUSTIN T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4621 EDINA BLVD  
 City EDINA State MN Zip Code 55424-1154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119486746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TUCKER, STEVEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 8TH AVENUE  
 City SAN DIEGO State CA Zip Code 92103-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119492046270**  
 Amount of Each Receipt this Period 288.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**C. VANASTEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N2249 NICOLE COURT  
 City KAUKAUNA State WI Zip Code 54130-9462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Telesls Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2119492646270**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	984.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DAUGHERTY, LINDA D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15442 NORTH 19TH WAY  
 City PHOENIX State AZ Zip Code 85022-3329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119493546270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. WRIGHT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10471 STRAND TERRACE  
 City SANTA ANA State CA Zip Code 92705-1495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2119494146270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. MASON, JOHN TYLER, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 2083  
 City CYPRESS State CA Zip Code 90630-1583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2126373846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	711.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. BURKE, FORREST G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 380 LEAF STREET  
 City ORONO State MN Zip Code 55356-9733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres PS Labor Trust  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2133132446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HULTGREN, BROR O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 22ND ST  
 City GOLDEN State CO Zip Code 80401-2452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2133133246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MORISATO, SUSAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 238 ARDMORE ROAD  
 City DES PLAINES State IL Zip Code 60016-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2133133846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1730.70  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2133134246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SCHIMMELBUSCH, DIANE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2203 LAKE GARDENS DRIVE  
 City KINGWOOD State TX Zip Code 77339-3629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2133134646270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. FALKENBERG, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 LANTANA  
 City NEWPORT COAST State CA Zip Code 92657-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 934.78

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2145728446270**  
 Amount of Each Receipt this Period 245.82  
 Memo Item  
 P/R Deduction (\$81.94 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	897.72
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, DANNETTE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 ALDEN DRIVE  
 City EDINA State MN Zip Code 55416-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2145729946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GIBSON, CHRISTINE W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8516 29TH AVE N  
 City NEW HOPE State MN Zip Code 55427-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2225166746270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BEAULE, JEAN-FRANCOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 STRATFORD RD  
 City FARMINGTON State CT Zip Code 06032-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2225813646270**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1038.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RYAN, JOHN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 WESTMORELAND LN  
 City NAPERVILLE State IL Zip Code 60540-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2225819646270**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. SAILOR, ROY THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921-7631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2225819746270**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. CONNLY, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 570 MONTCALM PL  
 City SAINT PAUL State MN Zip Code 55116-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2281.81

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247625846270**  
 Amount of Each Receipt this Period 627.27  
 Memo Item  
 P/R Deduction (\$209.09 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1031.10  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARCIONE JR, JOSEPH R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 CARRIAGE WAY  
 City WHITE PLAINS State NY Zip Code 10605-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247626846270**  
 Amount of Each Receipt this Period 173.10  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. KANTOLA, KEVIN DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7031 HALSTEAD DRIVE  
 City MINNETRISTA State MN Zip Code 55364-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247627046270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. O'BRIEN, DENNIS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 LOUGHLIN AVE  
 City COS COB State CT Zip Code 06807-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247627346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	867.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VERNEY, JEFFERY RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 266 WESTLEDGE ROAD  
 City WEST SIMSBURY State CT Zip Code 06092-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1838.19

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247627446270**  
 Amount of Each Receipt this Period 729.63  
 Memo Item  
 P/R Deduction (\$243.21 Bi-Weekly)

**B. GARODIA, SANJAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 COVINGTON COURT  
 City OAK BROOK State IL Zip Code 60523-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247627846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. OHMAN, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8970 MOOR PARK RUN  
 City DULUTH State GA Zip Code 30097-6621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2247628046270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1133.46
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PRINCE, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 546 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2259738446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CRONN, CHRISTOPHER L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 COLORADO STREET SUITE 2399  
 City AUSTIN State TX Zip Code 78701-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 674.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2270522946270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

**C. KEPLEY CARRIER, ANGELA DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3219 PENINSULA DRIVE  
 City JAMESTOWN State NC Zip Code 27282-8717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2402317746270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	827.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. LEVI-BAUMGARTEN, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 W 27TH ST  
 City SAINT LOUIS PARK State MN Zip Code 55416-1933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2402317946270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LOGAN, JAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4826 EAST CALLE REDONDA  
 City PHOENIX State AZ Zip Code 85018-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2402318246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MCGRATH, STACY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 CHOWEN AVE S  
 City EDINA State MN Zip Code 55410-2759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 222.56

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2402318546270**  
 Amount of Each Receipt this Period 51.36  
 Memo Item  
 P/R Deduction (\$17.12 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	688.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CRANLEY, SHELLEY WIKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3801 MAURICE COURT  
 City LAS VEGAS State NV Zip Code 89108-5245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR240244446270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. ANLIKER, JAY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4306 MOUNTAIN LANE  
 City WAUSAU State WI Zip Code 54401-8543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO TPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2402445046270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. BECKER, JAMES H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 378 FERNDAL ROAD WEST  
 City WAYZATA State MN Zip Code 55391-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2402445146270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	711.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. COLEMAN, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 WEST 66TH STREET  
 City EDINA State MN Zip Code 55435-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2214.24

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2402445246270**  
 Amount of Each Receipt this Period 642.84  
 Memo Item  
 P/R Deduction (\$214.28 Bi-Weekly)

**B. LARSEN, JOHN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11688 TANGLEWOOD DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-4726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2402445646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HIGA, JOY O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 ELM AVENUE  
 City MANHATTAN BEACH State CA Zip Code 90266-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2402446246270**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1309.74**  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALEXANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4203 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2405428846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SAELENS, KAREN ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 105 N FLORENCE AVE  
 City LITCHFIELD PARK State AZ Zip Code 85340-4424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2408544846270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. WEE, KATHLYN G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 46TH ST NW  
 City WASHINGTON State DC Zip Code 20007-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP State Sls Optuml  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2408545046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1213.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CORZINE, JEFFREY SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9350 TRACEYTON DRIVE  
 City DUBLIN State OH Zip Code 43017-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2437119746270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. FUENTEVILLA, ANA T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4815 N CAMINO ESCUELA  
 City TUCSON State AZ Zip Code 85718-5913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1935.68

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2437119846270**  
 Amount of Each Receipt this Period 707.13  
 Memo Item  
 P/R Deduction (\$235.71 Bi-Weekly)

**C. HAGAN, WILLIAM A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6536 E GREYTHORN DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2437120046270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	882.51
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JOHNSON-MILLS, RITA FAYE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 235 GOVERNORS WAY  
 City BRENTWOOD State TN Zip Code 37027-8931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2239.08

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437120146270**  
 Amount of Each Receipt this Period 637.11  
 Memo Item  
 P/R Deduction (\$212.37 Bi-Weekly)

**B. WEISS, JACK S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6245 NORTH 75 STREET  
 City SCOTTSDALE State AZ Zip Code 85250-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437120546270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. BALTHAZOR, PAUL JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9013 FARNSWORTH AVENUE NORTH  
 City BROOKLYN PARK State MN Zip Code 55443-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437120746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1289.01
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NESS, LAURA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10550 PINNACLE WAY  
 City WOODBURY State MN Zip Code 55129-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2025.40

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437121546270**  
 Amount of Each Receipt this Period 686.40  
 Memo Item  
 P/R Deduction (\$228.80 Bi-Weekly)

**B. COSGRIFF, JOHN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1837 SUMMIT LANE  
 City MENDOTA HEIGHTS State MN Zip Code 55118-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437121646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RAINEY, PETER W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 WEST 47 STREET  
 City MINNEAPOLIS State MN Zip Code 55410-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Fin Plng Anlys  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2437127546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1840.20  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LIPPERT, ROBIN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3643 JENIFER STREET NW  
 City WASHINGTON State DC Zip Code 20015-1751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2439928046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HEYMAN, STEPHEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5300 SHERRILL AVENUE  
 City CHEVY CHASE State MD Zip Code 20815-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2444265746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LANGER, DONALD S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1021.92

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2445015446270**  
 Amount of Each Receipt this Period 345.72  
 Memo Item  
 P/R Deduction (\$115.24 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1499.52
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ADLINGTON SHKABERIN, AMY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4329 EWING AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2321.42

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2445016446270**  
 Amount of Each Receipt this Period 618.12  
 Memo Item  
 P/R Deduction (\$206.04 Bi-Weekly)

**B. KRAJNOVICH, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9958 BUTTOWNDOWN LANE  
 City ZIONSVILLE State IN Zip Code 46077-8135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2460167346270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. RENFRO, LARRY C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 DOVE LANE  
 City ANDOVER State MA Zip Code 01810-2845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VICE CHAIRMAN & CEO Optum  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2460168146270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1255.02
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ORBUCH, DAVID B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 CEDAR LAKE PKWY  
 City MINNEAPOLIS State MN Zip Code 55416-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2460168246270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WEXLER, ERIC J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7220 WILLOW OAK DR  
 City WEST BLOOMFIELD State MI Zip Code 48324-3081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1874.80

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2463723146270**  
 Amount of Each Receipt this Period 721.20  
 Memo Item  
 P/R Deduction (\$240.40 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2463724646270**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1009.65  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHICK, SUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 DENBIGH LANE  
 City WAYNE State PA Zip Code 19087-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2480620546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ABBOTT, CHRISTOPHER MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12700 MUNDOMAR DR  
 City AUSTIN State TX Zip Code 78739-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 473.50

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2484541546270**  
 Amount of Each Receipt this Period 121.50  
 Memo Item  
 P/R Deduction (\$40.50 Bi-Weekly)

**C. BURNS, MATTHEW A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2724 BISON DRIVE  
 City EDMOND State OK Zip Code 73034-3475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2484541746270**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1073.40
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PHILLIPS, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1760 LUCY RIDGE CT  
 City CHANHASSEN State MN Zip Code 55317-7661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2484542646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MANDERFELD, THOMAS B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3760 WEST CALHOUN PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55410-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Capital Mkt Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2486697946270**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. MCMAHON, DIRK C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 WILDHURST ROAD  
 City EXCELSIOR State MN Zip Code 55331-8461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2491457046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1273.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NATHAN, DONALD H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 275 GREENWICH STREET #30  
 City NEW YORK State NY Zip Code 10007-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2491457346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SULLIVAN, KATHRYN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 N LAKE SHORE DR # 2309  
 City CHICAGO State IL Zip Code 60611-7435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO E&I Regions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1844.04

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2491457546270**  
 Amount of Each Receipt this Period 728.28  
 Memo Item  
 P/R Deduction (\$242.76 Bi-Weekly)

**C. SMITH, KARA V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 CRESTWOOD DRIVE  
 City ALEXANDRIA State VA Zip Code 22302-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2540175346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1882.08
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PURDY, PATRICIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7417 LYNNHURST STREET  
 City CHEVY CHASE State MD Zip Code 20815-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2541300646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TIERNEY, JOELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 TAYCHOPERA RD  
 City MADISON State WI Zip Code 53705-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1071.42

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2541300746270**  
 Amount of Each Receipt this Period 329.67  
 Memo Item  
 P/R Deduction (\$109.89 Bi-Weekly)

**C. VERSAGGI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 ALBANY AVENUE  
 City ALEXANDRIA State VA Zip Code 22302-3501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.08

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2541300846270**  
 Amount of Each Receipt this Period 288.48  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1195.05
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOSTETLER, BRENDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2309 W WINNEMAC AVE  
 City CHICAGO State IL Zip Code 60625-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 674.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2542541946270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

**B. RAMSAY, RICHARD E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2542542246270**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. SPENCER, IPYANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4226 40TH STREET NORTH  
 City ARLINGTON State VA Zip Code 22207-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2542542346270**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	430.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 690.46

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2543582546270**  
 Amount of Each Receipt this Period 186.81  
 Memo Item  
 P/R Deduction (\$62.27 Bi-Weekly)

**B. ALTER, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 WOODLAND ROAD  
 City PORT JEFFERSON State NY Zip Code 11777-1053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552960246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BRYANT, JEREMY VAUGHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4534 MYSTIQUE WAY  
 City ROSWELL State GA Zip Code 30075-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552961346270**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	868.71
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLANNERY, SCOTT F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552962346270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. HANNAN, CLAIRE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25932 PORTAFINO DRIVE  
 City MISSION VIEJO State CA Zip Code 92691-5716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552962746270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. KIDAMBI, NARASIMHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18477 85TH AVE N  
 City MAPLE GROVE State MN Zip Code 55311-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552963846270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 294.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LOVELADY, JOHN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6268 ORCHARD PARK  
 City FRISCO State TX Zip Code 75034-5126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552964246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STREIT, BARRY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2552966746270**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. NAASZ, SCOTT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 WILDS RIDGE NW  
 City PRIOR LAKE State MN Zip Code 55372-4540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 424.32

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2553474746270**  
 Amount of Each Receipt this Period 132.87  
 Memo Item  
 P/R Deduction (\$44.29 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	882.84
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. RAYBURN, MONICA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5127 JACKSON PONDS CT  
 City SUGAR LAND State TX Zip Code 77479-4656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2553475146270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. THOMAS, RICHARD D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 DUPONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2553475446270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2553475546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	984.90
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ECKERT, CHRISTINE A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 BRIGHTVIEW DRIVE  
 City WEST HARTFORD State CT Zip Code 06117-2002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) IT Architecture Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 299.97

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2553783246270**  
 Amount of Each Receipt this Period 23.07  
 Memo Item  
 P/R Deduction (\$7.69 Bi-Weekly)

**B. FLAGSTAD, KARSTEN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13420 JAY ST NW  
 City ANDOVER State MN Zip Code 55304-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2554013046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. REIDY, GREGORY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 W SUNSET BLVD  
 City TAMPA State FL Zip Code 33629-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 382.82

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2554013346270**  
 Amount of Each Receipt this Period 142.41  
 Memo Item  
 P/R Deduction (\$47.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	742.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CLUTE, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7756 N 85TH STREET  
 City OMAHA State NE Zip Code 68122-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560064446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GIANCURSIO, DONALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 72 MIDNIGHT RIDGE DR  
 City LAS VEGAS State NV Zip Code 89135-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560064946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JONES, JERI L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2932 E MADISON VISTAS DR  
 City PHOENIX State AZ Zip Code 85016-4981  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560065146270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KUNEMUND, GREGG J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9040 RIVERBEND MANOR  
 City ALPHARETTA State GA Zip Code 30022-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1160.71

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560065346270**  
 Amount of Each Receipt this Period 309.06  
 Memo Item  
 P/R Deduction (\$103.02 Bi-Weekly)

**B. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CLIFFFIELD ROAD  
 City BEDFORD State NY Zip Code 10506-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560065446270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. LUCHT, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 FOUR SEASONS DRIVE  
 City ALTON State NH Zip Code 03809-4872  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Act Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560065646270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	891.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1114.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560066046270**  
 Amount of Each Receipt this Period 319.65  
 Memo Item  
 P/R Deduction (\$106.55 Bi-Weekly)

**B. NOEL, TIMOTHY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4316 FREMONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55409-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560398846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 WALLACE RD  
 City BEDFORD State NH Zip Code 03110-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1838.19

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2560821146270**  
 Amount of Each Receipt this Period 729.63  
 Memo Item  
 P/R Deduction (\$243.21 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1626.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. LUND, BRIAN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 464 EAST NORTH AVE  
 City GRANTSBURG State WI Zip Code 54840-7423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2561457646270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. CAVANAUGH, LARRY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 NE 20TH ST # 1010  
 City WILTON MANORS State FL Zip Code 33305-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2563211046270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BARTON, JACQULYN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1587 112 TH COURT WEST  
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2563211246270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 534.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MACKENZIE, ANDREW C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1912 IRVING AVE S  
 City MINNEAPOLIS State MN Zip Code 55403-2823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564297146270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SWANSON, STEPHEN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3001 HUNTINGTON COURT  
 City KATY State TX Zip Code 77493-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564297346270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLSON, JOSH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 ADAMS CT  
 City COLLEYVILLE State TX Zip Code 76034-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben KA SB RVP SIs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 404.60

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564802546270**  
 Amount of Each Receipt this Period 137.40  
 Memo Item  
 P/R Deduction (\$45.80 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	831.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CARLSON, CHRISTOPHER CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10618 WEST RIVER ROAD  
 City BROOKLYN PARK State MN Zip Code 55443-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cnsmr & Cust Experience  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564802646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HANSEN, PAUL DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 62ND PLACE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Controller Mkt Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1261.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564802746270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. KENNY, KATHERINE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22408 FITZGERALD DRIVE  
 City LAYTONSVILLE State MD Zip Code 20882-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP of Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2564803246270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	984.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MARDEN, PAUL O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 785.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2564803346270**  
 Amount of Each Receipt this Period 395.61  
 Memo Item  
 P/R Deduction (\$131.87 Bi-Weekly)

**B. MOQUIST, DARREN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 ARDEN AVE  
 City EDINA State MN Zip Code 55424-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2202.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2564803446270**  
 Amount of Each Receipt this Period 645.60  
 Memo Item  
 P/R Deduction (\$215.20 Bi-Weekly)

**C. O'HARE, TAMMY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SAINT GEORGE WAY  
 City BROOKEVILLE State MD Zip Code 20833-3265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2564803946270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1158.21
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERNIS, DEBRA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 GALLERIA  
 UNIT 1705  
 City EDINA State MN Zip Code 55435-2556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Complnc/Ethics Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2564804046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WICKS, TIMOTHY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 WEST LAFAYETTE ROAD  
 PO BOX 454  
 City EXCELSIOR State MN Zip Code 55331-9417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2565448646270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ZAMORE, DENISE V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 FELT ROAD  
 City SOUTH WINDSOR State CT Zip Code 06074-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2567129546270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ARNONE, WENDY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5243 E DESERT PARK LANE  
 City PARADISE VALLEY State AZ Zip Code 85253-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2568900546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PARRILLO, CHRISTOPHER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 WEXCROFT DRIVE  
 City BRENTWOOD State TN Zip Code 37027-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2571778246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MOYER, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4242 BROADWAY STREET #802  
 City SAN ANTONIO State TX Zip Code 78209-6463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2571778346270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	809.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HINTON, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W132N6475 MARACH RD  
 City MENOMONEE FALLS State WI Zip Code 53051-6085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1143.32

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2571978746270**  
 Amount of Each Receipt this Period 643.32  
 Memo Item  
 P/R Deduction (\$296.66 Bi-Weekly)

**B. CARLSON, KEVIN JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 BROWDALE AVENUE  
 City EDINA State MN Zip Code 55424-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2572590046270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. WIFFLER, THOMAS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City BOLINGBROOK State IL Zip Code 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2572992746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1508.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GOETZ, MERRITT D, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 CLEARVIEW DR  
 City NASHVILLE State TN Zip Code 37205-1915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2573477346270**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. BUCCHIANERI, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 GOVERNORS  
 City MEDFORD State MA Zip Code 02155-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2574977146270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. RICHARD, DARYL P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 WEST RIDGE DRIVE  
 City WEST HARTFORD State CT Zip Code 06117-2065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 404.70

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2574979046270**  
 Amount of Each Receipt this Period 137.34  
 Memo Item  
 P/R Deduction (\$45.78 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	945.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIMPSON, TRENT L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 NORCREST AVE N  
 City STILLWATER State MN Zip Code 55082-1779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2574985046270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CIANFROCCO, HEATHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2799 WEST BARDONNER ROAD  
 City GIBSONIA State PA Zip Code 15044-8462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2574986246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BURNETT, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4625 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2574988246270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	809.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LANG JACOBSEN, HEATHER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11382 MOUNT CURVE RD  
 City EDEN PRAIRIE State MN Zip Code 55347-2918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2574991446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ALLAZETTA, DAVID W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 339 DARTMOUTH HILLS STREET  
 City LAS VEGAS State NV Zip Code 89138-1544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2574995446270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. WILLIAMS, JOSEPH RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3221 FORSYTH DRIVE  
 City GREENSBORO State NC Zip Code 27407-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1642.86

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575008846270**  
 Amount of Each Receipt this Period 543.96  
 Memo Item  
 P/R Deduction (\$181.32 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	947.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. FRIDELL, CATHERINE MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 E STONEWALL DRIVE  
 City MIDDLETOWN State DE Zip Code 19709-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575027546270**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 P/R Deduction (\$41.66 Bi-Weekly)

**B. DUNCAN, MICHELE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3038 FAIRWAY CIRCLE  
 City CHASKA State MN Zip Code 55318-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575029646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. VAN HOLMES, LORI A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4117 BRYANT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55409-1423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575030946270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	992.88
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. O'BRIEN, JENNIFER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4371 BENT TREE LANE  
 City EAGAN State MN Zip Code 55123-3054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575034546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ALLENBURG, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6224 LOCH MOOR DR  
 City EDINA State MN Zip Code 55439-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 277.75

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575039846270**  
 Amount of Each Receipt this Period 166.65  
 Memo Item  
 P/R Deduction (\$55.55 Bi-Weekly)

**C. LINDSAY, VIVIAN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 SW 39 ST  
 City DAVIE State FL Zip Code 33331-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575054946270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1032.00
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CLACKO, MARY ANN GAVINSKI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6358 COTEAU TRAIL  
 City EDEN PRAIRIE State MN Zip Code 55344-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575057946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MCCARTY, CARY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 RUMFIELD RD  
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575059446270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. ALLEN, MARK T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11359 ENTREVAUX DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575060246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	347.76
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCEVOY, AMY J, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10551 GREENBRIER RD APT 132

City MINNETONKA	State MN	Zip Code 55305-3460
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Gen Mgmt
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR2575062246270**

Amount of Each Receipt this Period  
60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

**B. ZAETTA, CHRISTOPHER ROBERT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5840 RIDGE ROAD

City EXCELSIOR	State MN	Zip Code 55331-8153
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Bus Segment Gen Counsel
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2045.43

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR2575068346270**

Amount of Each Receipt this Period  
681.81

Memo Item

P/R Deduction (\$227.27 Bi-Weekly)

**C. NICHOLS, SANDRA B, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12706 YOUNG LANE

City NORTH POTOMAC	State MD	Zip Code 20878-6112
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Shared Svs Regn CMO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : PR2575074546270**

Amount of Each Receipt this Period  
288.45

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1030.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. SHELLEY, MATTHEW M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13197 NW HELEN LANE  
 City PORTLAND State OR Zip Code 97229-7045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Natl Clin Cvrge Review  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575075246270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. UPCHURCH, KAREN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5023 OAKMONT PLACE  
 City WESTERVILLE State OH Zip Code 43082-8781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575084446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. O'NEILL, AUDREY L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 CHESTNUT RIDGE RD  
 City QUEENSBURY State NY Zip Code 12804-7317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575089446270**  
 Amount of Each Receipt this Period 62.49  
 Memo Item  
 P/R Deduction (\$20.83 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HEROLD, STACI L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15008 GREEN OAKS TR SE  
 City PRIOR LAKE State MN Zip Code 55372-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575093046270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. JACOBY, CHARLES, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 IRVING AVE  
 City MINNEAPOLIS State MN Zip Code 55408-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575099246270**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**C. CHAMPION, PHEBE M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 REYBURN DRIVE  
 City HENDERSON State NV Zip Code 89074-2760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575108346270**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	265.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. WHEELER, TISA, , ,</b>			Date of Receipt
Mailing Address 6085 WATER ST APT 2453			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City PLANO	State TX	Zip Code 75024-0084	<b>Transaction ID : PR2575138546270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="143.55"/>
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir Med Clin Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="578.05"/>		P/R Deduction (\$47.85 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. CARTER, JOCELYN CHISHOLM, , ,</b>			Date of Receipt
Mailing Address 601 SILVERSTONE DRIVE			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City MADISON	State MS	Zip Code 39110-7581	<b>Transaction ID : PR2575141946270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="375.00"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Hlth Plan CEO	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>		P/R Deduction (\$125.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. DEWALL, PATRICK J, , ,</b>			Date of Receipt
Mailing Address 7662 RIDGEVIEW WAY			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City CHANHASSEN	State MN	Zip Code 55317-4507	<b>Transaction ID : PR2575145346270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="288.45"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Deputy Gen Counsel Mgr	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1249.95"/>		P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="807.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JONES, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10066 ESCAMBIA BAY CT  
 City NAPLES State FL Zip Code 34120-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575163546270**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. HAMANN, CHAD A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7638 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2023.74

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575170146270**  
 Amount of Each Receipt this Period 686.79  
 Memo Item  
 P/R Deduction (\$228.93 Bi-Weekly)

**C. COSTIN, ROBERT C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3109 SHADY SPRINGS DRIVE  
 City LOUISVILLE State KY Zip Code 40299-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Sr SIs Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575180746270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1119.48  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MCGUIRE, THOMAS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 CUMBERLAND ROAD  
 City WEST HARTFORD State CT Zip Code 06119-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575185446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DEMARIS, PETER JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 OLIVER AVE S  
 City MINNEAPOLIS State MN Zip Code 55405-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575191846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. STAMM, MICHAEL PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6721 MOSSY GLEN DR  
 City FORT MYERS State FL Zip Code 33908-4771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575194646270**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GRANBERG, MITCHELL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6721 GALWAY DRIVE  
 City EDINA State MN Zip Code 55439-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575196146270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. FRANCIS, KEVIN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15815 MINNETONKA BLVD  
 City MINNETONKA State MN Zip Code 55345-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2023.74

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575203346270**  
 Amount of Each Receipt this Period 686.79  
 Memo Item  
 P/R Deduction (\$228.93 Bi-Weekly)

**C. MEYERHOFER, JEFFREY P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11842 DRIFTWOOD ROAD  
 City EDEN PRAIRIE State MN Zip Code 55344-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575214646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1118.07
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SHORS, MATTHEW MACKINNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4649 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR257522346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KRUTA, DARLENE DAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9243 GREEN BRIAR RD  
 City BLOOMINGTON State MN Zip Code 55437-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575232546270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. KIRKPATRICK, SUSAN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 STERLING STREET  
 City LANCASTER State MA Zip Code 01523-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 404.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575233646270**  
 Amount of Each Receipt this Period 137.40  
 Memo Item  
 P/R Deduction (\$45.80 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	857.13
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHOATE, THOMAS C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 STONE MASON CT  
 City WINDERMERE State FL Zip Code 34786-5624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575247846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DARRAH, JACQUELINE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16942 HUBBARD TRAIL  
 City LAKEVILLE State MN Zip Code 55044-5846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575248546270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. BRANT, PAUL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 ROCKY BROOK ROAD  
 City WILTON State CT Zip Code 06897-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575250246270**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHETTY, PRASANNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 HOYA ST  
 City RANCHO MISSION VIEJO State CA Zip Code 92694-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr IT Sys Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575252046270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KORF, GRETCHEN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2120 WESTON LANE N  
 City PLYMOUTH State MN Zip Code 55447-2372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1807.71

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575252246270**  
 Amount of Each Receipt this Period 576.93  
 Memo Item  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. BROOMFIELD, ROBERT A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12501 WEST 156TH STREET  
 City OVERLAND PARK State KS Zip Code 66221-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575260446270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAMBLIN, JILLIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 BEACON GROVE ST  
 City SPRING State TX Zip Code 77389-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575290346270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. BEAUREGARD, THOMAS RAYMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 MILTON ROAD  
 City GOSHEN State CT Zip Code 06756-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575295146270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CORN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12931 SUNSET BLUFF CT  
 City SAINT LOUIS State MO Zip Code 63127-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575297346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	835.11
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CUEVAS, BRANDON E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 STRATHMORE  
 City LADERA RANCH State CA Zip Code 92694-0549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575305646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KRINN, DOUGLAS L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3008 CYPRESS CIRCLE NORTH  
 City MEDINA State MN Zip Code 55340-8809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575310146270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. HUNT, BRADLEY W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6636 W SHORE DR  
 City EDINA State MN Zip Code 55435-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575310446270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1008.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. GOLDBERG, JEFFREY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575326946270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. VAN HAM, COLLEEN HASTINGS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575341946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. TELESKY, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575350946270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DOLL, KATHLEEN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3184 MULLIGAN LANE  
 City CHASKA State MN Zip Code 55318-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.66

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575385146270**  
 Amount of Each Receipt this Period 128.66  
 Memo Item  
 P/R Deduction (\$59.33 Bi-Weekly)

**B. WINKLER, YASMINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1429 WEST WIGWAM TRAIL  
 City MOUNT PROSPECT State IL Zip Code 60056-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575390946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BRATTEBO, CRAIG L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10202 HARMONY CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575397246270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	532.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KING, STEVEN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 PINEBROOK ROAD  
 City NASHUA State NH Zip Code 03062-2240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.44

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575403546270**  
 Amount of Each Receipt this Period 132.84  
 Memo Item  
 P/R Deduction (\$44.28 Bi-Weekly)

**B. GOTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16492 BROOKLANE BOULEVARD  
 City NORTHVILLE State MI Zip Code 48168-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 363.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575419146270**  
 Amount of Each Receipt this Period 136.35  
 Memo Item  
 P/R Deduction (\$45.45 Bi-Weekly)

**C. MCGAVICK, KEVIN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 NOTTINGHAM COURT  
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) C&S RVP Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575421946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.57
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. O'HARA, KARIN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1431 HENRY COURT  
 City CHANHASSEN State MN Zip Code 55317-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575428746270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CASTILLO, EFREM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 JOLIET AVE  
 City SAN ANTONIO State TX Zip Code 78209-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575441346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHUMACHER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 FOX TRAIL TER  
 City GAITHERSBURG State MD Zip Code 20878-2683  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575441646270**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1192.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575443646270**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. AXBERG, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 BROOKSHIRE COURT  
 City NEW BRIGHTON State MN Zip Code 55112-6390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1818.16

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575443846270**  
 Amount of Each Receipt this Period 454.54  
 Memo Item  
 P/R Deduction (\$227.27 Bi-Weekly)

**C. SPILKER, TIMOTHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9801 MOHAWK LANE  
 City LEAWOOD State KS Zip Code 66206-2432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575446346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1031.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAUTMAN, MILLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 SYCAMORE CIRCLE  
 City PLYMOUTH State MN Zip Code 55441-5667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2039.43

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575447146270**  
 Amount of Each Receipt this Period 683.19  
 Memo Item  
 P/R Deduction (\$227.73 Bi-Weekly)

**B. BOOKER, ROBERT E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16632 HANSON BLVD NW  
 City ANDOVER State MN Zip Code 55304-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1922.08

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575447246270**  
 Amount of Each Receipt this Period 710.25  
 Memo Item  
 P/R Deduction (\$236.75 Bi-Weekly)

**C. GEHLBACH, THOMAS E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 YELLOWSTONE TRAIL  
 City MINNETRISTA State MN Zip Code 55331-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.47

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575448846270**  
 Amount of Each Receipt this Period 129.12  
 Memo Item  
 P/R Deduction (\$43.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1522.56
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCGLINCH, THOMAS S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MIDWEST TRAIL NORTH  
 City LAKE ELMO State MN Zip Code 55042-9658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575451646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. MURPHY, ERIC D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 BLAKE ROAD  
 City EDINA State MN Zip Code 55436-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575453746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STEWART, JUSTIN B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 S YORKSHIRE CIRCLE  
 City ANAHEIM State CA Zip Code 92808-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575464646270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 777.42  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SADUSKE, NANETTE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4276 NICOLET DRIVE  
 City GREEN BAY State WI Zip Code 54311-9798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.23

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575470246270**  
 Amount of Each Receipt this Period 130.41  
 Memo Item  
 P/R Deduction (\$43.47 Bi-Weekly)

**B. STARMANN, LYNN A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 WEMBLEY RD  
 City LOS ALAMITOS State CA Zip Code 90720-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575494546270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. HOWELL, NICHOLAS F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 ORANGE GROVE AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Optuml Cnslt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2296.69

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575510046270**  
 Amount of Each Receipt this Period 623.79  
 Memo Item  
 P/R Deduction (\$207.93 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	897.03
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JOSEPH, MOLLY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 GRAND SUMMIT BLVD  
 City DRIPPING SPRINGS State TX Zip Code 78620-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575521746270**  
 Amount of Each Receipt this Period 576.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. HEBERT, PAUL B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 GOVERNORS ROW  
 City WEST HARTFORD State CT Zip Code 06117-1931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575522346270**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. DI RE, BERNADETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 NORFOLK LANE  
 City HOLLISTON State MA Zip Code 01746-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575522546270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1066.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CROCKETT, DOUGLAS F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5938 DEER HOLLOW COURT  
 City PITTSBORO State IN Zip Code 46167-9583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 571.36

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575526046270**  
 Amount of Each Receipt this Period 214.26  
 Memo Item  
 P/R Deduction (\$71.42 Bi-Weekly)

**B. Cohen, SANFORD P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 CRESCENT LANE  
 City LEVITTOWN State NY Zip Code 11756-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 218.48

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575526146270**  
 Amount of Each Receipt this Period 78.08  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. GREENBERG, JASON E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 630 STILSON CANYON ROAD  
 City CHICO State CA Zip Code 95928-9179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575526746270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	580.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOLOVIA, KRISTEN NOEL ANDERSON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 LAKEVIEW DRIVE  
 City EDINA State MN Zip Code 55424-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575533046270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. HILL, JANE B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34301 299TH PLACE  
 City AITKIN State MN Zip Code 56431-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575533146270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BAHL, ALISA LAMNIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 BIRCHWOOD DRIVE  
 City GREENWICH State CT Zip Code 06831-3311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 217.40

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575534446270**  
 Amount of Each Receipt this Period 65.22  
 Memo Item  
 P/R Deduction (\$21.74 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	469.05
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mullaney, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 169 HUNNEWELL STREET  
 City NEEDHAM State MA Zip Code 02494-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575535146270**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

**B. HAMLIN, THOMAS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NEWMAN  
 City HOUSTON State TX Zip Code 77098-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575536246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. STEINBRECHER, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3631 CHESAPEAKE  
 City FRISCO State TX Zip Code 75034-0807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575544546270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	768.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 191
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	11c
		<input type="checkbox"/>	12
		<input type="checkbox"/>	15
		<input type="checkbox"/>	16
		<input type="checkbox"/>	17

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

**A. STOUT-PENN, MELISSA K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1336 HARBOUR TOWN PLACE  
 City CHULA VISTA State CA Zip Code 91915-2225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.16

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575547046270**  
 Amount of Each Receipt this Period 148.56  
 Memo Item  
 P/R Deduction (\$49.52 Bi-Weekly)

**B. MOCK, CURTIS A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KELTON STREET  
 City REHOBOTH State MA Zip Code 02769-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575579246270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. WINSOR, ELIZABETH C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 WILDERS PASS  
 City CANTON State CT Zip Code 06019-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575582846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1013.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HARRIS, EUGENE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2832 HARBORSIDE WAY  
 City SOUTHPORT State NC Zip Code 28461-8373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Brkr Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575585446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MILLER, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 MAGILL DRIVE  
 City GRAFTON State MA Zip Code 01519-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 458.26

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575595646270**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 P/R Deduction (\$41.66 Bi-Weekly)

**C. Chimento, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 FORT WILLIAMS PKWY  
 City ALEXANDRIA State VA Zip Code 22304-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mngng Dir Optuml Cons  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 357.14

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575596146270**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$357.14 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.50
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. IVERSON, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13341 CARRACH AVENUE  
 City ROSEMOUNT State MN Zip Code 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575603246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCNUTT, DIANE L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11524 ZION ROAD  
 City BLOOMINGTON State MN Zip Code 55437-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575604546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COSTA, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 WESTCHESTER AVENUE  
 City SHAKOPEE State MN Zip Code 55379-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575605846270**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1499.94
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KING, SARAH D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CUTLER ROAD  
 City GREENWICH State CT Zip Code 06831-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575612846270**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

**B. STOCKHOWER, MARK W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 MANOR DRIVE  
 City BURNSVILLE State MN Zip Code 55337-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Adv/Tech Cnslt Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575619946270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. THOMPSON, BRIAN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17829 63RD AVE N  
 City MAPLE GROVE State MN Zip Code 55311-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1611.08

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575634646270**  
 Amount of Each Receipt this Period 782.04  
 Memo Item  
 P/R Deduction (\$260.68 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1524.87
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CLARK, TERENCE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575636946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DAVIS, BENTON V, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 NORTH 53RD PLACE  
 City PARADISE VALLEY State AZ Zip Code 85253-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575639246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HERMAN, CRAIG S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 WYOMING CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575650246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCFANN, ELENA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18925 24TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-2072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575654746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ZIGLER, JANICE C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 TREVINO CIRCLE  
 City ANGEL FIRE State NM Zip Code 87710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575665646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ALLEN, CARL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8675 AZURE SKY DRIVE  
 City LAS VEGAS State NV Zip Code 89129-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575669346270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIMONSON, KELLY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11680 GLOWING SUNSET LANE  
 City LAS VEGAS State NV Zip Code 89135-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575682346270**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. STIDMAN, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575683846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OCHIPINTI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 MEETING PLACE  
 City ORLANDO State FL Zip Code 32814-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 517.53

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575685746270**  
 Amount of Each Receipt this Period 119.43  
 Memo Item  
 P/R Deduction (\$39.81 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	876.33
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. FINE, BRETT M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 607 STONINGTON ROAD  
 City SILVER SPRING State MD Zip Code 20902-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575692846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FARRELL, STEPHEN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575696246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. PROKOCKI, ELIZABETH SOBERG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9746 SUNSET HILL DR  
 City LONE TREE State CO Zip Code 80124-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575705846270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	519.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 STUART STREET  
 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575708846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. VOLLRATH, MICHELLE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7647 MARKER ROAD  
 City SAN DIEGO State CA Zip Code 92130-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 473.64

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575719846270**  
 Amount of Each Receipt this Period 236.82  
 Memo Item  
 P/R Deduction (\$78.94 Bi-Weekly)

**C. KNORR, MOLLY LOUISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 PROSPECT AVENUE  
 City HARTFORD State CT Zip Code 06105-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575735446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	929.10
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. GROSKLAGS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3233 TIMBERWOLF CIRCLE  
 City PRIOR LAKE State MN Zip Code 55372-3272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575735746270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KRAL, JESSICA C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4358 COOLIDGE AVE  
 City SAINT LOUIS PARK State MN Zip Code 55424-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575736146270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MURRAY, THOMAS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CIRCLE WEST  
 City EDINA State MN Zip Code 55436-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2173.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575736546270**  
 Amount of Each Receipt this Period 652.17  
 Memo Item  
 P/R Deduction (\$217.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1056.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CESARETTI, GINA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 CIRCLE DOWN  
 City GOLDEN VALLEY State MN Zip Code 55416-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575739046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LAMOINE, DAVID D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 W 89TH ST  
 City BLOOMINGTON State MN Zip Code 55431-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575755146270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. Eklo, BENJAMIN N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3942 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575761846270**  
 Amount of Each Receipt this Period 666.66  
 Memo Item  
 P/R Deduction (\$333.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1386.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MULLINS, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15560 SMITHFIELD PLACE  
 City CENTREVILLE State VA Zip Code 20120-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2749.99

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575778746270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MAURER, CARRIE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2899 EDGEWATER COVE  
 City WOODBURY State MN Zip Code 55125-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2190.43

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575798146270**  
 Amount of Each Receipt this Period 648.33  
 Memo Item  
 P/R Deduction (\$216.11 Bi-Weekly)

**C. Levine, CAROL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10415 HOMEWARD HILLS ROAD  
 City EDEN PRAIRIE State MN Zip Code 55347-4900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 357.14

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575803346270**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$357.14 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1063.16
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. HJERPE, ADAM C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13932 UTAH AVE S  
 City SAVAGE State MN Zip Code 55378-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575806246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RUSSELL, LAURIE ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575812146270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MECKEY, SAMUEL JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 WYNDAM DRIVE  
 City SHAKOPEE State MN Zip Code 55379-5437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575814546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MILLER, WILLIAM J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27409 W 108 STREET  
 City OLATHE State KS Zip Code 66061-7533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1150.11

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575819846270**  
 Amount of Each Receipt this Period 265.41  
 Memo Item  
 P/R Deduction (\$88.47 Bi-Weekly)

**B. SEXTON, ELLEN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15346 FISH POINT ROAD  
 City PRIOR LAKE State MN Zip Code 55372-1948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1562.45

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575823246270**  
 Amount of Each Receipt this Period 600.95  
 Memo Item  
 P/R Deduction (\$252.40 Bi-Weekly)

**C. MCNATT, RICHARD ELLIOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 KENSINGTON COURT  
 City ALPHARETTA State GA Zip Code 30022-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575824946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	981.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRADLEY, JOEL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 WHITE MOSS PLACE  
 City FRANKLIN State TN Zip Code 37064-8628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575825846270**  
 Amount of Each Receipt this Period 55.38  
 Memo Item  
 P/R Deduction (\$18.46 Bi-Weekly)

**B. KAUFMAN, PHILIP R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1680 NORTH FARM ROAD  
 City ORONO State MN Zip Code 55356-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Ben Visn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2261.86

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575829846270**  
 Amount of Each Receipt this Period 631.86  
 Memo Item  
 P/R Deduction (\$210.62 Bi-Weekly)

**C. Verity, CLAIRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 583 BATTERY STREET APT 716N  
 City SEATTLE State WA Zip Code 98121-1956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575830246270**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1052.24
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUNTLEY, MICHELLE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19503 HARMONY AVE  
 City ROGERS State MN Zip Code 55374-4843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1915.38

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575832046270**  
 Amount of Each Receipt this Period 559.14  
 Memo Item  
 P/R Deduction (\$103.68 Bi-Weekly)

**B. JERDE, MARY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 EAST VERA LANE  
 City TEMPE State AZ Zip Code 85284-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575837446270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. BEESON, MARY JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 279 OAK COMMON AVENUE  
 City SAINT AUGUSTINE State FL Zip Code 32095-6803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575839546270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	990.42
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 114 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BOROCH, BLAIR WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 BELFRY DRIVE  
 City BLUE BELL State PA Zip Code 19422-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575849946270**  
 Amount of Each Receipt this Period 55.38  
 Memo Item  
 P/R Deduction (\$18.46 Bi-Weekly)

**B. GOLDEN, WILLIAM J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 SOUND COURT  
 City NORTHPORT State NY Zip Code 11768-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575859346270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. COTTINGTON, NYLE BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6630 EMPIRE COURT  
 City MAPLE GROVE State MN Zip Code 55311-3433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575865346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	459.21
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PEZHMAN, PAYMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 GROVELAND SCHOOL ROAD  
 City WAYZATA State MN Zip Code 55391-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575883546270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. LANGAN, PATRICK J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 MEADOW LANE  
 City BENSON State MN Zip Code 56215-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575885046270**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. JENSEN PFIEMER, KIM M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9449 ASPEN RD  
 City LAKEVILLE State MN Zip Code 55044-8148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575929746270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	722.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MEDEIROS, MICHAEL W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7112 LANGMUIR DRIVE  
 City MCKINNEY State TX Zip Code 75071-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575930646270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. ZITZER, CHRISTOPHER C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2848 FRANCE AVE S  
 City ST LOUIS PARK State MN Zip Code 55416-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.44

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575933346270**  
 Amount of Each Receipt this Period 132.84  
 Memo Item  
 P/R Deduction (\$44.28 Bi-Weekly)

**C. MATTERA, RICHARD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 483 HIGHCROFT ROAD  
 City WAYZATA State MN Zip Code 55391-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2575938446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	826.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PERLMAN, JUDITH GAGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CANTERBURY LANE - 2108  
 City VINEYARD HAVEN State MA Zip Code 02568-5659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575968946270**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. SCHULTZ, STACY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 S XERXES AVENUE  
 City MINNEAPOLIS State MN Zip Code 55410-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2575990946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Sann, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8326 ELKO DRIVE  
 City ELLICOTT CITY State MD Zip Code 21043-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576026446270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 118 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ADAMS, GAYLE Q, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 CANYON RIDGE DRIVE  
 City SANDIA PARK State NM Zip Code 87047-8509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategic Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576040346270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. BYRNES, CHRISTOPHER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 IRVING PLACE  
 City DULUTH State MN Zip Code 55812-1419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576042846270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KANDALFT, KEVIN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4189 WINDSOR POINT PLACE  
 City EL DORADO HILLS State CA Zip Code 95762-3797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576043646270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 E PIEDRA DRIVE  
 City SCOTTSDALE State AZ Zip Code 85255-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576051346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. REX, JOHN F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576060046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MCEWAN, JOSHUA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4711 WEST 28TH STREET  
 City SAINT LOUIS PARK State MN Zip Code 55416-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 849.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576085746270**  
 Amount of Each Receipt this Period 265.38  
 Memo Item  
 P/R Deduction (\$88.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	957.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DUDA, MICHAEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 RICHWOOD DRIVE  
 City EDINA State MN Zip Code 55436-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir M A  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576089946270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. JOHNSON, DARRIN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 BERTON COURT  
 City MIDDLETOWN State DE Zip Code 19709-9932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2023.74

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576103746270**  
 Amount of Each Receipt this Period 686.79  
 Memo Item  
 P/R Deduction (\$228.93 Bi-Weekly)

**C. DIAMOND, TIFFANY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HARVEY DRIVE  
 City GOFFSTOWN State NH Zip Code 03045-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576105546270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1118.07
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KENT, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13273 CARLINGFORD LANE  
 City ROSEMOUNT State MN Zip Code 55068-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576119046270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BOADO, ANDREA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1818.16

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576144646270**  
 Amount of Each Receipt this Period 681.81  
 Memo Item  
 P/R Deduction (\$227.27 Bi-Weekly)

**C. NELSON, STEVEN H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 LOCUST HILLS DRIVE  
 City WAYZATA State MN Zip Code 55391-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2576144846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1374.09
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FRIDNER, JOHN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 782 PENFIELD DR  
 City CAROL STREAM State IL Zip Code 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576147546270**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. SCOTT III, GARLAND G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8018 PERLETTE COURT  
 City KERNERSVILLE State NC Zip Code 27284-9957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576151046270**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**C. MYHRAN, LYNN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2280 FOX STREET  
 City ORONO State MN Zip Code 55356-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576158446270**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 P/R Deduction (\$208.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1491.99
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BENSON, JEAN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14951 HIGHLAND COURT NE  
 City PRIOR LAKE State MN Zip Code 55372-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576310946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ELLIOTT III, THOMAS L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1880 SUGARLOAF CLUB DR  
 City DULUTH State GA Zip Code 30097-7451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2576313346270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KENIRY, DANIEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5553 LITTLE FALLS ROAD  
 City ARLINGTON State VA Zip Code 22207-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2577379346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1442.25
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ASNER, BARTLEY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 OFFSHORE  
 City NEWPORT BEACH State CA Zip Code 92657-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1948.20

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578819446270**  
 Amount of Each Receipt this Period 704.25  
 Memo Item  
 P/R Deduction (\$234.75 Bi-Weekly)

**B. DUFFEY, KRISTY O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8906 WINGED FOOT DRIVE  
 City PASADENA State MD Zip Code 21122-6670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578823246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1686 WILDFIRE LANE  
 City FRISCO State TX Zip Code 75033-7325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578824346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1858.05  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BUSBEE, NATHANAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 ORPINGTON RD  
 City BALTIMORE State MD Zip Code 21229-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578826746270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. COHEN, JAY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 98 VISTA DEL SOL  
 City LAGUNA BEACH State CA Zip Code 92651-6748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578829646270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. Miller, TRACI R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 PINE TRAIL  
 City ARNOLD State MD Zip Code 21012-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.32

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2578829946270**  
 Amount of Each Receipt this Period 1333.32  
 Memo Item  
 P/R Deduction (\$666.66 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1737.15
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FARMER, RACHEL C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1929 ALBIZIA COURT  
 City BATON ROUGE State LA Zip Code 70808-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 674.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2595208346270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

**B. LONIGRO, ANTHONY S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3186 WEST CANYON AVE  
 City SAN DIEGO State CA Zip Code 92123-5426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2595225846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SCOTT, WESTON PRICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 LAKE CAROLYN PKWY APT 4349  
 City IRVING State TX Zip Code 75039-3999  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.01

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2601125346270**  
 Amount of Each Receipt this Period 92.31  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	398.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SHORT, MARIANNE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 SUMMIT AVENUE  
 City SAINT PAUL State MN Zip Code 55105-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2601133546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SWANSON, AMY N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 621 SPARROW WAY  
 City WADSWORTH State OH Zip Code 44281-7716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2601140746270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KAPROW, MARC GORDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5079 SW 89TH AVE  
 City COOPER CITY State FL Zip Code 33328-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2601179046270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCBEATH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2537 RED ARROW DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1904.72

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2605708946270**  
 Amount of Each Receipt this Period 714.27  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

**B. DAVIS, KELLY MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 N LEBANON ST  
 City ARLINGTON State VA Zip Code 22205-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2605734246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 S 22ND ST  
 City ARLINGTON State VA Zip Code 22202-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2605736946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1406.55
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1164 RUE CHINON  
 City MANDEVILLE State LA Zip Code 70471-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2605760646270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. WEISSEL, MICHAEL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 HAGEN ROAD  
 City NEWTON State MA Zip Code 02459-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2606842946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MATECZUN, JOHN MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403  
 City LONGBOAT KEY State FL Zip Code 34228-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2606845146270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1211.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KENNEDY, SHELLEY L, , ,</b>			Date of Receipt
Mailing Address 706 SUE BARNETT			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City HOUSTON	State TX	Zip Code 77018-5412	<b>Transaction ID : PR2607803046270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Service Acct Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.00"/>		P/R Deduction (\$50.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. FICKER, MARK D, , ,</b>			Date of Receipt
Mailing Address 173 LAURELWOOD DRIVE			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City NOVATO	State CA	Zip Code 94949-8427	<b>Transaction ID : PR2607806746270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="124.98"/>
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Ops	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="416.60"/>		P/R Deduction (\$41.66 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LANDO, LISA MARIE, , ,</b>			Date of Receipt
Mailing Address 60 PINEAPPLE STREET APT 3J			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2017"/>
City BROOKLYN	State NY	Zip Code 11201-6839	<b>Transaction ID : PR2608059546270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.38"/>
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Gen Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="499.98"/>		P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="390.36"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 131 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FLYNN, VIRGINIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 VAN TERRACE  
 City SPARKILL State NY Zip Code 10976-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2608061246270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FERGUSON, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 SOUTH SHERATON DRIVE  
 City AKRON State OH Zip Code 44319-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2608061946270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. Bodell, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18710 34TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 357.14

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2609811346270**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$357.14 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	587.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WRIGHT, NORMAN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief of Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2609812346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STRAUSS, DAVID E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 FRANCE AVENUE S UNIT 33  
 City MINNEAPOLIS State MN Zip Code 55410-2061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Total Rewards  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2045.43

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2612521846270**  
 Amount of Each Receipt this Period 681.81  
 Memo Item  
 P/R Deduction (\$227.27 Bi-Weekly)

**C. SMITH, MELANIE J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15340 HIGHLAND PLACE  
 City MINNETONKA State MN Zip Code 55345-4613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Recruit Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2612527646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1401.54
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BAKER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2383 HIGHOVER TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2612530546270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DECKMANN, NATASHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 WEST 17TH STREET #3  
 City NEW YORK State NY Zip Code 10011-5709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2612534646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DICKINSON, DAVID PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 ATKINSON LANE  
 City SUDBURY State MA Zip Code 01776-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 571.36

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2613388946270**  
 Amount of Each Receipt this Period 214.26  
 Memo Item  
 P/R Deduction (\$71.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1368.06
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TAYLOR, SCOTT ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7927 RHODE ISLAND CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2613392346270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. VAIL, ABIGAIL LONDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3636 DEXTER DRIVE  
 City TALLAHASSEE State FL Zip Code 32312-1022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 674.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2614315646270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

**C. THOMPSON JR, JOHN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1697 COUNCIL BLUFF DRIVE NE  
 City ATLANTA State GA Zip Code 30345-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 217.30

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2614322346270**  
 Amount of Each Receipt this Period 65.19  
 Memo Item  
 P/R Deduction (\$21.73 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	313.26
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burkholder, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 DUBONNET DRIVE  
 City MACUNGIE State PA Zip Code 18062-8857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 785.69

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615073446270**  
 Amount of Each Receipt this Period 401.09  
 Memo Item  
 P/R Deduction (\$324.17 Bi-Weekly)

**B. SOLOMON, RANDALL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 HAIGHT STREET  
 City SAN FRANCISCO State CA Zip Code 94117-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615671546270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BIRNBAUM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DEAN STREET  
 City BROOKLYN State NY Zip Code 11201-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2214.24

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615671646270**  
 Amount of Each Receipt this Period 642.84  
 Memo Item  
 P/R Deduction (\$214.28 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1159.31  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. NIEMYER, ELIZABETH S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9237 ENGLISH MEADOW WAY  
 City LAYTONSVILLE State MD Zip Code 20882-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2299.92

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615682846270**  
 Amount of Each Receipt this Period 376.92  
 Memo Item  
 P/R Deduction (\$92.31 Bi-Weekly)

**B. KNUTSON, DIANE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4320 POLARIS LANE NORTH  
 City PLYMOUTH State MN Zip Code 55446-2658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615923946270**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. BAKSHI, BIKRAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9036 BRONSON DRIVE  
 City POTOMAC State MD Zip Code 20854-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2615954846270**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	911.52
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TRAW, KEVIN JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 13TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2617365646270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JOHNSON, MARK OWEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8687 RILEY CURVE  
 City CHANHASSEN State MN Zip Code 55317-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2617933946270**  
 Amount of Each Receipt this Period 138.45  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. BROWN, ROGER ALAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 EAST STATE AVE  
 City PHOENIX State AZ Zip Code 85020-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 929.70

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2622557946270**  
 Amount of Each Receipt this Period 362.34  
 Memo Item  
 P/R Deduction (\$120.78 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WENGER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 818 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105-3345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2623703346270**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MILLER, JOHN SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3107 ECTOR  
 City HOUSTON State TX Zip Code 77056-4037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2623704746270**  
 Amount of Each Receipt this Period  
 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MULES, REBECCA HUMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 660 DOVER STREET  
 City BALTIMORE State MD Zip Code 21230-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 674.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2624442646270**  
 Amount of Each Receipt this Period  
 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	632.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. COLLETTE, CHRISTOPHER LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 786 CAMBERWELL DRIVE  
 City EAGAN State MN Zip Code 55123-3939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2136.36

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2625499546270**  
 Amount of Each Receipt this Period 660.84  
 Memo Item  
 P/R Deduction (\$220.28 Bi-Weekly)

**B. RELLER, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2625501946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, LISA MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5040 INTERLACHEN BLUFF  
 City EDINA State MN Zip Code 55436-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 434.80

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2625503746270**  
 Amount of Each Receipt this Period 130.44  
 Memo Item  
 P/R Deduction (\$43.48 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1368.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. COWEN, WESLEY RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 VIRGINIA PARK CIRCLE NE  
 City ATLANTA State GA Zip Code 30306-4081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2625532346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CULHANE, DEBORAH ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 COVE WAY UNIT 301  
 City QUINCY State MA Zip Code 02169-5857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2098.19

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2626356046270**  
 Amount of Each Receipt this Period 669.63  
 Memo Item  
 P/R Deduction (\$223.21 Bi-Weekly)

**C. HINES, GREGORY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 SILVERWOOD RD  
 City WEST SACRAMENTO State CA Zip Code 95691-5403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 849.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2626886546270**  
 Amount of Each Receipt this Period 265.38  
 Memo Item  
 P/R Deduction (\$88.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.39
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. RANHEIM, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5228 ABBOTT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2628329346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. VAN DER WALDE, LAMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 AUDUBON CAUSEWAY  
 City LANTANA State FL Zip Code 33462-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Reform/Modernizatr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2628332346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHAPIRO, VICTORIA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3106 FABER DRIVE  
 City FALLS CHURCH State VA Zip Code 22044-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2295.83

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2628826146270**  
 Amount of Each Receipt this Period 624.03  
 Memo Item  
 P/R Deduction (\$208.01 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1316.31
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JARVIE, BRUCE MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18750 KIPHEART DRIVE  
 City LEESBURG State VA Zip Code 20176-8220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2629554546270**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WONG, MING TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21066 ASHLEY LANE  
 City LAKE FOREST State CA Zip Code 92630-5867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2629556846270**  
 Amount of Each Receipt this Period  
 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. TITA, MARYBETH ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 BEACH WOOD ROAD  
 City FERNANDINA BEACH State FL Zip Code 32034-6504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : PR2632077846270**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.83
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OTTESON, WILLIAM JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 OXFORD AVE  
 City EDINA State MN Zip Code 55436-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632082546270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HIBBERT, LINDA F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 BENTLEY COURT  
 City CHALFONT State PA Zip Code 18914-3762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632085346270**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 P/R Deduction (\$41.66 Bi-Weekly)

**C. GORSUCH, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2202.35

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632087846270**  
 Amount of Each Receipt this Period 645.60  
 Memo Item  
 P/R Deduction (\$215.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	885.96
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TUFFIN, MICHAEL J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 ASHBY MANOR PLACE  
 City ALEXANDRIA State VA Zip Code 22310-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632087946270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. Keaney, CRAIG J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6233 CRESCENT DRIVE  
 City EDINA State MN Zip Code 55436-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632088346270**  
 Amount of Each Receipt this Period 428.55  
 Memo Item  
 P/R Deduction (\$333.33 Bi-Weekly)

**C. WALTER, JEFFREY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1490 SETTLER ST  
 City ELBURN State IL Zip Code 60119-7841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Architecture  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632088846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1120.83
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TEMPLE, MARTHA R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 LITTLE LANE  
 City DURHAM State CT Zip Code 06422-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2202.35

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632873646270**  
 Amount of Each Receipt this Period 645.60  
 Memo Item  
 P/R Deduction (\$215.20 Bi-Weekly)

**B. PLATT, LAWRENCE DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 KING STREET  
 City ALEXANDRIA State VA Zip Code 22302-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632880746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HOWARD, PATRICIA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 STAYMAN COURT  
 City MANALAPAN State NJ Zip Code 07726-7928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2632882746270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1799.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAPGOOD, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 NW 82ND  
 City TOPEKA State KS Zip Code 66617-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 674.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634167046270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

**B. CASTILLO, FLORA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 202 N ROSBOROUGH AVE  
 City VENTNOR CITY State NJ Zip Code 08406-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634177946270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. PRIBLE, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1923 SHIVER DR  
 City ALEXANDRIA State VA Zip Code 22307-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634656646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1055.73
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHEID, ADREAN ELISABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 CATHEDRAL AVENUE NW  
 City WASHINGTON State DC Zip Code 20008-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634880446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LARAMEE, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 S ESPERANZA AVENUE  
 City TAMPA State FL Zip Code 33629-7119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 378.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634881546270**  
 Amount of Each Receipt this Period 189.45  
 Memo Item  
 P/R Deduction (\$63.15 Bi-Weekly)

**C. PESCATELLO, SARA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2149 CALIFORNIA STREET NW APT #D  
 City WASHINGTON State DC Zip Code 20008-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1944.40

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634888546270**  
 Amount of Each Receipt this Period 705.12  
 Memo Item  
 P/R Deduction (\$235.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1471.47
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. POWER, ROBERT B, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SMITH LANE  
 City SAINT JAMES State NY Zip Code 11780-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2634892846270**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. REED, PAM S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2983 BLACKSTONE  
 City FRISCO State TX Zip Code 75033-7389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Mgr Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2635426346270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. ROOS, THOMAS EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3199 KAGEN AVE NE  
 City SAINT MICHAEL State MN Zip Code 55376-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2635451246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	786.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ADAMS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7019 TRUMPETER SWAN LANE  
 City MANASSAS State VA Zip Code 20112-3293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2636726246270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SMITH, KENNETH JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 WASHINGTON ST #202  
 City BOSTON State MA Zip Code 02118-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2636734546270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LIST, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 DAVIS ST  
 City NORTHBOROUGH State MA Zip Code 01532-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2637694646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	546.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. LOGAN, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 3RD STREET NE  
 City WASHINGTON State DC Zip Code 20002-7313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 333.27

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2638112746270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. HAUSCHLDT, TODD CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 4TH AVE N UNIT 703  
 City MINNEAPOLIS State MN Zip Code 55401-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2638114746270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FRY, BENJAMIN HOWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 BRIARCLIFF GABLES CIRCLE  
 City ATLANTA State GA Zip Code 30329-2456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 674.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2638114946270**  
 Amount of Each Receipt this Period 190.38  
 Memo Item  
 P/R Deduction (\$63.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	448.59
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. ZEGLINSKI, MICHAEL G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 TRIMONT LANE #610A  
 City PITTSBURGH State PA Zip Code 15211-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639701846270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. EDWARDS, MICHAEL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 379 DURHAM ROAD  
 City WYCKOFF State NJ Zip Code 07481-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639702046270**  
 Amount of Each Receipt this Period 750.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**C. SKOMO, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4002 PHILLIPS COURT  
 City MARS State PA Zip Code 16046-2140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639702746270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1442.28
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CALABRESE, DAVID CHRISTIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 LITTLE POND RD  
 City NORTHBOROUGH State MA Zip Code 01532-1686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639708346270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. SURRELL, CHRISTOPHER P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 DARTINGTON WAY  
 City JOHNS CREEK State GA Zip Code 30022-8045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639758146270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JENSEN MOORE, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 ROSE AVENUE  
 City MILL VALLEY State CA Zip Code 94941-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 247.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639770346270**  
 Amount of Each Receipt this Period 92.85  
 Memo Item  
 P/R Deduction (\$30.95 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 351.06  
**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 153 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BIGHAM, ANNE ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 FLETCHER PLACE  
 City HOPKINS State MN Zip Code 55305-4428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1904.72

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639771446270**  
 Amount of Each Receipt this Period 714.27  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

**B. THIERER, MARK A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 EAST WALTON UNIT 4701  
 City CHICAGO State IL Zip Code 60611-5441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639773646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. Dutta, SUMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 W WRIGHTWOOD AVE  
 City CHICAGO State IL Zip Code 60614-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2639773846270**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1675.77
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NELSON, ELLEN RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11882 TILDEN PLACE  
 City WELLINGTON State FL Zip Code 33414-6056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2639795346270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BARRAGREE, SHERI ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 BARNES STREET  
 City MCKINNEY State TX Zip Code 75069-5549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2640450146270**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. WU, LAMBERT ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11008 CHERWELL COURT  
 City LAS VEGAS State NV Zip Code 89144-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2640461646270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.76
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STOW, CHRISTINA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 ALTON PL NW  
 City WASHINGTON State DC Zip Code 20016-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2640466446270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LAUBSTED, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 148 VIA SERENA  
 City ALAMO State CA Zip Code 94507-1842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2640469746270**  
 Amount of Each Receipt this Period 199.00  
 Memo Item  
 P/R Deduction (\$199.00 Bi-Weekly)

**C. SCHUTT, ERIC A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2359 US HWY 51  
 City MC FARLAND State WI Zip Code 53558-9142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2640846246270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1352.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WAGNER, JOSEPH F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3405 MEREDITH RIDGE ROAD  
 City PHOENIX State MD Zip Code 21131-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2640875846270**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MINTO, RYAN J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 HERITAGE CLUB AVE  
 City WAKE FOREST State NC Zip Code 27587-7698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 587.48

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2640882446270**  
 Amount of Each Receipt this Period 152.88  
 Memo Item  
 P/R Deduction (\$50.96 Bi-Weekly)

**C. ADVANI, PROTIMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7618 BRITTANY PARC CT  
 City FALLS CHURCH State VA Zip Code 22043-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 815.38

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2642024146270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	510.57
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FISHMAN, EINA GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27708 WATER ASH DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544-8752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642027846270**  
 Amount of Each Receipt this Period 776.16  
 Memo Item  
 P/R Deduction (\$258.72 Bi-Weekly)

**B. Brueckman, BRIAN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 PARK COMMONS DRIVE #417  
 City SAINT LOUIS PARK State MN Zip Code 55416-4993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642029446270**  
 Amount of Each Receipt this Period 666.66  
 Memo Item  
 P/R Deduction (\$333.33 Bi-Weekly)

**C. BRANNEN, RAYMOND CLIFTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6258 FORT PIERCE WAY  
 City HERRIMAN State UT Zip Code 84096-3977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Dir Training  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 247.60

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642030746270**  
 Amount of Each Receipt this Period 92.85  
 Memo Item  
 P/R Deduction (\$30.95 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1535.67
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. YOUNG, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15222 ALMA MATER CT  
 City BATON ROUGE State LA Zip Code 70810-8389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642830346270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. LONG, RICHARD JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 618 WASHINGTON AVE N UNIT 504  
 City MINNEAPOLIS State MN Zip Code 55401-4111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.28

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642831246270**  
 Amount of Each Receipt this Period 176.46  
 Memo Item  
 P/R Deduction (\$58.82 Bi-Weekly)

**C. FOX, ELIZABETH NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 NORTH GARFIELD STREET #30  
 City ARLINGTON State VA Zip Code 22201-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2642832046270**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	607.74
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 159 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CRESTA, BRIAN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 OGDEN LANE  
 City MIDDLETON State MA Zip Code 01949-1669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2642837546270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. CRAGLE, STEVE LAURENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 MOHAWK TRAIL  
 City EDINA State MN Zip Code 55439-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2643200646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. NEELY, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1159 BUFFALO RIDGE RD  
 City CASTLE PINES State CO Zip Code 80108-8190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2643203146270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	428.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. HAMMOND, MICHAEL JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 NE 59TH TERR  
 City TOPEKA State KS Zip Code 66617-1661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Prod Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2644644846270**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MCKOY, PHILIP GREGORY JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 LINCOLN AVE  
 City SAINT PAUL State MN Zip Code 55105-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2644651646270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHACHER, ELIZABETH ALDEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3579 13TH ST NW APT 6  
 City WASHINGTON State DC Zip Code 20010-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2644918346270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MISTRY, RASHMITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 RAVENSCLIFF DR  
 City MEDIA State PA Zip Code 19063-1457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1904.72

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2645169146270**  
 Amount of Each Receipt this Period 714.27  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

**B. NEALE, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11380 WILD HERON PT  
 City EDEN PRAIRIE State MN Zip Code 55347-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2645175246270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. HOFFMAN, SHERRI LINKOFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3409 DEEP WILLOW AVENUE  
 City PIKESVILLE State MD Zip Code 21208-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2646294646270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	999.93
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MEBANE, JEREMY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1808 PICADILLY PL  
 City TYLER State TX Zip Code 75703-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2646298046270**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. Stevens, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17723 SHADY CREEK AVE  
 City BATON ROUGE State LA Zip Code 70816-7709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2646302646270**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

**C. STANKIEWICZ, DENNIS ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17761 WEAVER LAKE DRIVE  
 City MAPLE GROVE State MN Zip Code 55311-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2646304046270**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	485.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 191
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. AHLSTROM, ALEXIS K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 OAKWOOD TERRACE  
 City WASHINGTON State DC Zip Code 20010-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 498.68

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2699187146270**  
 Amount of Each Receipt this Period 115.08  
 Memo Item  
 P/R Deduction (\$38.36 Bi-Weekly)

**B. ZHOU, JINGXIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 LARKSPUR LANE  
 City NORTH OAKS State MN Zip Code 55127-2092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 380.88

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2699187846270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. BETCHLEY, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3371 EMERALD VALLEY DRIVE  
 City ONALASKA State WI Zip Code 54650-8746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 915.86

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2699189646270**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	557.91
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FARRELL, ELIZABETH ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18777 THE PINES  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2699980046270**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCCAIN, KELLY LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 531 T STREET NW APT 204  
 City WASHINGTON State DC Zip Code 20001-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2700923546270**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**C. FRINGER, TRICIA LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 STANFORD AVE  
 City DALLAS State TX Zip Code 75225-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1904.72

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : PR2701818646270**  
 Amount of Each Receipt this Period 714.27  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1471.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. O'CONNELL, DANIEL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 W 18TH AVENUE  
 City DENVER State CO Zip Code 80204-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1022.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2701819646270**  
 Amount of Each Receipt this Period 306.24  
 Memo Item  
 P/R Deduction (\$102.08 Bi-Weekly)

**B. ROTH, TROY D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7982 WOOD COURT  
 City FRISCO State TX Zip Code 75034-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2701828946270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**C. MILLER, CORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 PILOT MOUNTAIN WAY SE  
 City MABLETON State GA Zip Code 30126-2678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mgr Found/Social Resp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2702484446270**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	814.07
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 191
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KRAMER, NANCY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5701 STONE TRACE DRIVE  
 City MASON State OH Zip Code 45040-8315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.88

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2702501446270**  
 Amount of Each Receipt this Period 142.83  
 Memo Item  
 P/R Deduction (\$47.61 Bi-Weekly)

**B. Brenner, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 CEDAR AVE APT 301  
 City PHILADELPHIA State PA Zip Code 19143-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Integrated Hlth Human Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2702506346270**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

**C. BENSON-SCEARCE, DENA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 406B RUDOLPH AVE  
 City NASHVILLE State TN Zip Code 37206-1811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.78

Date of Receipt 06 / 30 / 2017  
**Transaction ID : PR2703224646270**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	665.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 191
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Sammy, VANESSA VILLAVERDE, , ,</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y</td> <td>Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>30</td> <td></td> <td>2017</td> <td></td> </tr> </table>			M M	/	D D	/	Y Y	Y Y	06		30		2017	
M M	/	D D	/	Y Y	Y Y												
06		30		2017													
Mailing Address 3344 BRANTLY RD			<b>Transaction ID : PR2704190746270</b>														
City GLENWOOD	State MD	Zip Code 21738-9523	Amount of Each Receipt this Period <table border="1"> <tr> <td>312.50</td> </tr> </table>			312.50											
312.50																	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item															
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Affs Dir		P/R Deduction (\$156.25 Bi-Weekly)													
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>312.50</td> </tr> </table>		312.50													
312.50																	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y</td> <td>Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			M M	/	D D	/	Y Y	Y Y						
M M	/	D D	/	Y Y	Y Y												
Mailing Address			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>														
City	State	Zip Code	<input type="checkbox"/> Memo Item														
FEC ID number of contributing federal political committee. C																	
Name of Employer (for Individual)		Occupation (for Individual)															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> </tr> </table>															

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>			Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y</td> <td>Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			M M	/	D D	/	Y Y	Y Y						
M M	/	D D	/	Y Y	Y Y												
Mailing Address			Amount of Each Receipt this Period <table border="1"> <tr> <td></td> </tr> </table>														
City	State	Zip Code	<input type="checkbox"/> Memo Item														
FEC ID number of contributing federal political committee. C																	
Name of Employer (for Individual)		Occupation (for Individual)															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td> </tr> </table>															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>312.50</td> </tr> </table>	312.50
312.50		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td>161523.10</td> </tr> </table>	161523.10
161523.10		

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00502575

**Transaction ID : 40919606**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Julia Brownley For Congress**

Mailing Address PO Box 2018

City  
Thousand Oaks

State  
CA

Zip Code  
91358

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Brownley, Julia, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00513077

**Transaction ID : 40919610**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Davis for Congress**

Mailing Address PO Box 84049

City  
San Diego

State  
CA

Zip Code  
92138-4049

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Davis, Susan, A., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00344671

**Transaction ID : 40919613**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
Contribution

011

Candidate Name

**Wasserman Schultz, Debbie, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00385773

**Transaction ID : 40919638**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Mazie Hirono**

Mailing Address PO Box 677

City  
Honolulu

State  
HI

Zip Code  
96809

Purpose of Disbursement  
Contribution

011

Candidate Name

**Hirono, Mazie, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: HI District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00420760

**Transaction ID : 40919640**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schatz For Senate**

Mailing Address PO Box 3828

City  
Honolulu

State  
HI

Zip Code  
96812

Purpose of Disbursement  
Contribution

011

Candidate Name

**Schatz, Brian, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00540732

**Transaction ID : 40919642**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Cheri Bustos**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Bustos, Cheri, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00498568

**Transaction ID : 40919738**

Amount of Each Disbursement this Period

3500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosen For Nevada**

Mailing Address 1000 N Green Valley Pkwy #440-177

City Henderson State NV Zip Code 89074

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Rosen, Jacky, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00606939

**Transaction ID : 40919749**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gillibrand For Senate**

Mailing Address 126 C Street NW 2nd Floor

City Washington State DC Zip Code 20001

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Gillibrand, Kirsten, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00413914

**Transaction ID : 40919750**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Manchin For West Virginia</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address PO Box 5202			FEC Identification Number C00486563 <b>Transaction ID : 40919751</b>	
City Charleston	State WV	Zip Code 25361	Amount of Each Disbursement this Period 2500.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Manchin, Joe, , Sen., III</b>		Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WV District:			

Full Name (Last, First, Middle Initial) <b>B. Blue Dog Political Action Committee</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address PO Box 83142			FEC Identification Number C00305318 <b>Transaction ID : 40919757</b>	
City Gaithersburg	State MD	Zip Code 20883	Amount of Each Disbursement this Period 5000.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Blue Dog Political Action Committee</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. Treasure State PAC</b>			Date of Disbursement MM / DD / YYYY 06 / 01 / 2017	
Mailing Address 3242 Cummins Way			FEC Identification Number C00433680 <b>Transaction ID : 40919760</b>	
City Missoula	State MT	Zip Code 59802	Amount of Each Disbursement this Period 2500.00 Contribution	
Purpose of Disbursement Contribution		Category/Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Treasure State PAC</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. LOBO PAC**

Mailing Address PO Box 492

City Albuquerque State NM Zip Code 87103

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name **LOBO PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C C00497073

**Transaction ID : 40919761**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name **Collins, Susan, M., Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: ME District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number

C C00314575

**Transaction ID : 41006344**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name **Schrader, Kurt, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2017

FEC Identification Number

C C00446906

**Transaction ID : 41006400**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Castro For Congress**

Mailing Address PO Box 544

City  
San Antonio

State  
TX

Zip Code  
78292

Purpose of Disbursement  
Contribution

011

Candidate Name

**Castro, Joaquin, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TX District: 20

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	0		2	0	1	7		

FEC Identification Number

C00497933

**Transaction ID : 41007092**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kaine For Virginia**

Mailing Address 1751 Potomac Greens Drive

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kaine, Timothy, , Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	0		2	0	1	7		

FEC Identification Number

C00495358

**Transaction ID : 41007114**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. House Conservatives Fund**

Mailing Address 228 South Washington Street  
Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**House Conservatives Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	0		2	0	1	7		

FEC Identification Number

C00326439

**Transaction ID : 41007217**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Jobs and Innovation Matter PAC (JIM PAC)**

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Jobs and Innovation Matter PAC (JIM PAC)**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41007245**  
Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Matsui for Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Matsui, Doris, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: CA District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41016342**  
Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Bilirakis, Gus, Michael, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District: 12

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41016343**  
Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. David Scott For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address P.O. Box 960821		FEC Identification Number C00369801 <b>Transaction ID : 41016347</b>
City Riverdale	State GA	Zip Code 30296
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00 Contribution
Candidate Name <b>Scott, David, Albert, Rep.,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: GA District: 13	

Full Name (Last, First, Middle Initial) <b>B. Rob Woodall for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address PO Box 1871		FEC Identification Number C00482307 <b>Transaction ID : 41016362</b>
City Lawrenceville	State GA	Zip Code 30046-1871
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2500.00 Contribution
Candidate Name <b>Woodall, Robert, , Rep., III</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: GA District: 07	

Full Name (Last, First, Middle Initial) <b>C. Debbie Dingell For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address 19855 W Outer Dr Suite 103 AE		FEC Identification Number C00558213 <b>Transaction ID : 41016391</b>
City Dearborn	State MI	Zip Code 48124
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Dingell, Debbie, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: MI District: 12	

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Mailing Address PO Box 50

City  
Ballwin

State  
MO

Zip Code  
63022

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Wagner, Ann, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C C00495846

**Transaction ID : 41016514**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zeldin For Congress**

Mailing Address 47 Flintlock Drive

City  
Shirley

State  
NY

Zip Code  
11967

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Zeldin, Lee, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NY District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C C00552547

**Transaction ID : 41016515**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Marc Veasey Congressional Campaign Committee**

Mailing Address PO Box 50084

City  
Fort Worth

State  
TX

Zip Code  
76105

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Veasey, Marc, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 33

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C C00506832

**Transaction ID : 41016516**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Pocan, Mark, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: WI District: 02

Date of Disbursement  
MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number  
C C00502179  
Transaction ID : 41016532  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Liz Cheney for Wyoming**

Mailing Address PO Box 697

City Casper State WY Zip Code 82602

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Cheney, Liz, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: WY District: 00

Date of Disbursement  
MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number  
C C00607556  
Transaction ID : 41016598  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

Mailing Address 325 7th St, NW  
9th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number  
C C00388819  
Transaction ID : 41016643  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Supporting House Problem Solvers PAC**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Supporting House Problem Solvers PAC**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00563601

**Transaction ID : 41016647**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Donald Norcross For Congress**

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Norcross, Donald, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NJ District: 01

Date of Disbursement

/  /

FEC Identification Number

**C** C00558320

**Transaction ID : 41016651**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Filemon Vela For Congress**

Mailing Address 10715 Gulfdale St Ste 235

City San Antonio State TX Zip Code 78216

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

**Vela, Filemon, , Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 34

Date of Disbursement

/  /

FEC Identification Number

**C** C00513531

**Transaction ID : 41016668**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Democrats Reshaping America (DREAMPAC)**

Mailing Address 410 1st Street SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Democrats Reshaping America (DREAMPAC)**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C C00423079

**Transaction ID : 41016674**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Luke Messer For Congress**

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Messer, Allen, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2017

FEC Identification Number

C C00460667

**Transaction ID : 41030444**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Duffy For Wisconsin**

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Duffy, Sean, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2017

FEC Identification Number

C C00464339

**Transaction ID : 41030478**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

12500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

### A. New Pioneers PAC

Mailing Address 228 S Washington Street, Suite 115

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**New Pioneers PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2017

FEC Identification Number

C C00459123

**Transaction ID : 41030479**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

**TOTAL** This Period (last page this line number only).....▶

97500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Friends of Scott Walker**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 620437

City Middleton State WI Zip Code 53562

Purpose of Disbursement Contribution  
Candidate Name Walker, Scott, , ,  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C  
Transaction ID : 40921517  
Amount of Each Disbursement this Period 5000.00  
Contribution  
 Memo Item

**B. Assembly Democratic Campaign Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 814

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C  
Transaction ID : 40921568  
Amount of Each Disbursement this Period 1000.00  
Contribution  
 Memo Item

**C. Committee to Elect a Republican Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2741

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement 06 / 01 / 2017

FEC Identification Number C  
Transaction ID : 40921569  
Amount of Each Disbursement this Period 1000.00  
Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Rebekah Warren for State Senate**

Mailing Address 234 Eighth St

City  
Ann Arbor

State  
MI

Zip Code  
48103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Warren, Rebekah, , MI Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40950419**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Vincent Gregory for Senate**

Mailing Address 19578 San Jose Blvd.

City  
Lathrup Village

State  
MI

Zip Code  
48076

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gregory, Vincent, , MI Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40950422**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sam Singh for State Representative**

Mailing Address PO Box 791

City  
East Lansing

State  
MI

Zip Code  
48826

Purpose of Disbursement  
Contribution

011

Candidate Name

**Singh, Samir, , MI Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		08		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40950426**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1000.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Chris Larson**

Mailing Address 3261 S. Herman Street

City Milwaukee State WI Zip Code 53207

Purpose of Disbursement Contribution

Category/Type

Candidate Name Larson, Chris, , WI Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2017

FEC Identification Number  
  
**Transaction ID : 40950529**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Craig**

Mailing Address PO Box 323

City Big Bend State WI Zip Code 53103

Purpose of Disbursement Contribution

Category/Type

Candidate Name Craig, Dave, , WI Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2017

FEC Identification Number  
  
**Transaction ID : 40950632**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Jerry Petrowski**

Mailing Address 720 North 136th Avenue

City Marathon State WI Zip Code 54448

Purpose of Disbursement Contribution

Category/Type

Candidate Name Petrowski, Jerry, , ,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2017

FEC Identification Number  
  
**Transaction ID : 40950633**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Terry Moulton**

Mailing Address 2863 S. Prairie View Road

City  
Chippewa Falls

State  
WI

Zip Code  
54729

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Moulton, Terry, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2017

FEC Identification Number

C

**Transaction ID : 40950634**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of LaTonya Johnson**

Mailing Address PO Box 100813

City  
Milwaukee

State  
WI

Zip Code  
53210

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Johnson, LaTonya, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2017

FEC Identification Number

C

**Transaction ID : 40950660**

Amount of Each Disbursement this Period

250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Rebecca**

Mailing Address PO Box 628284

City  
Middleton

State  
WI

Zip Code  
53526

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Kleefisch, Rebecca, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2017

FEC Identification Number

C

**Transaction ID : 40950684**

Amount of Each Disbursement this Period

250.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Shilling for Senate**

Mailing Address PO Box 1261

City  
La Crosse

State  
WI

Zip Code  
54602-1261

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Shilling, Jennifer, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40950685**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cecil Thomas Senate Committee**

Mailing Address 515 Clinton Springs Ave.

City  
Cincinnati

State  
OH

Zip Code  
45217

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Thomas, Cecil, , OH Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40951498**

Amount of Each Disbursement this Period

[REDACTED] 350.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Tavares**

Mailing Address 1003 Cloverly Drive

City  
Gahanna

State  
OH

Zip Code  
43230

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Tavares, Charleta, , OH Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 40951499**

Amount of Each Disbursement this Period

[REDACTED] 350.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 1200.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Terry Moulton**

Mailing Address 2863 S. Prairie View Road

City  
Chippewa Falls

State  
WI

Zip Code  
54729

Purpose of Disbursement  
Void - Friends of Terry Moulton; check dated 6/8/2017

Category/  
Type

Candidate Name

**Moulton, Terry, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41016219**  
Amount of Each Disbursement this Period

Memo Item Void - Friends of Terry Moulton; check dated 6/8/2017

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Kevin Hertel**

Mailing Address 22848 Poplar Beach Street

City  
St. Clair Shores

State  
MI

Zip Code  
48081

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41016246**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Winnie Brinks**

Mailing Address 2060 Osceola Dr. SE

City  
Grand Rapids

State  
MI

Zip Code  
49506

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Brinks, Winnie, T., MI Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41016247**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Curtis Hertel Jr For Senate**

Mailing Address 2747 Southwood Dr

City  
East Lansing

State  
MI

Zip Code  
48823

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hertel, Curtis, , , Jr**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016248**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. David Knezek for State Senate**

Mailing Address 8033 Arnold

City  
Dearborn Heights

State  
MI

Zip Code  
48127

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Knezek, David, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016249**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Pam Faris**

Mailing Address 4116 Orme Circle

City  
Clio

State  
MI

Zip Code  
48420

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Faris, Pam, , MI Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016250**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Scarnati**

Mailing Address PO Box 177

City  
Brockway

State  
PA

Zip Code  
15824

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Scarnati, Joseph, , Senator, III**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016254**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Devin LeMahieu**

Mailing Address PO Box 700200

City  
Oostburg

State  
WI

Zip Code  
53070

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lemahieu, Devin, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016255**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michigan House Democratic Fund**

Mailing Address PO Box 16193

City  
Lansing

State  
MI

Zip Code  
48901

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2017

FEC Identification Number

C [REDACTED]

**Transaction ID : 41016256**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 1750.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Michigan Senate Democratic Fund**

Mailing Address PO Box 11111

City  
Lansing

State  
MI

Zip Code  
48901

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	7		

FEC Identification Number

**Transaction ID : 41016259**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Assembly Campaign Committee**

Mailing Address 148 East Johnson

City  
Madison

State  
WI

Zip Code  
53703

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	7		

FEC Identification Number

**Transaction ID : 41016261**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Vote Charlie Collins**

Mailing Address 3225 East Piper Glen

City  
Fayetteville

State  
AR

Zip Code  
72703

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Collins, Charlie, , AR Rep.,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	9		2	0	1	7		

FEC Identification Number

**Transaction ID : 41030480**  
Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

6	0	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Brinkman Campaign Committee**

Mailing Address 3215 Hardisty Ave.

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Brinkman, Thomas, , OH Rep., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2017

FEC Identification Number  
  
**Transaction ID : 41030481**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Cliff Rosenberger**

Mailing Address 7027 State Route 350 West

City Clarksville State OH Zip Code 45113

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Rosenberger, Cliff, , OH Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2017

FEC Identification Number  
  
**Transaction ID : 41030483**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Ryan Smith**

Mailing Address 63 Cedar St

City Gallipolis State OH Zip Code 45631

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Smith, Ryan, , OH Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2017

FEC Identification Number  
  
**Transaction ID : 41030485**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Steve Huffman for State Rep.**

Mailing Address PO Box 739

City  
Troy

State  
OH

Zip Code  
45373

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Huffman, Stephen, , OH Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
06	/	29	/	2017

FEC Identification Number

C [ ]

**Transaction ID : 41030486**

Amount of Each Disbursement this Period

[ ] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[ ] 500.00

[ ] 22450.00