

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)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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 01/01/2017 through 01/31/2017

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 02/16/2017

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

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

**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"/>	<input type="text" value="242591.24"/>	<input type="text" value="242591.24"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="242591.24"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="91419.89"/>	<input type="text" value="91419.89"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="334011.13"/>	<input type="text" value="334011.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77600.00"/>	<input type="text" value="77600.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="256411.13"/>	<input type="text" value="256411.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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
01 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y
01 / 31 / 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).....	53897.20	53897.20
(ii) Unitemized	37522.69	37522.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	91419.89	91419.89
(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)	91419.89	91419.89
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	91419.89	91419.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	91419.89	91419.89

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.....	77500.00	77500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	100.00	100.00
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)) ..	77600.00	77600.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77600.00	77600.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	91419.89	91419.89
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	91419.89	91419.89
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 56
<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. 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 ▼ 18.87

Date of Receipt 01 / 13 / 2017
Transaction ID : 40456410
 Amount of Each Receipt this Period 18.87
 Memo Item

B. 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 ▼ 0.10

Date of Receipt 01 / 13 / 2017
Transaction ID : 40456931
 Amount of Each Receipt this Period 0.10
 Memo Item

C. RILEY, FELICITY SPRING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2315 BEVERLY ROAD
 City SAINT PAUL State MN Zip Code 55104-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 10.38

Date of Receipt 01 / 13 / 2017
Transaction ID : 40457042
 Amount of Each Receipt this Period 10.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	29.35
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 56
<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. WHEELER, TISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 FM 423 # 722
 City FRISCO State TX Zip Code 75033-0522
 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 ▼ 3.85

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2017
Transaction ID : 40457238
 Amount of Each Receipt this Period
 3.85
 Memo Item

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 ▼ 38.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2017
Transaction ID : 40545131
 Amount of Each Receipt this Period
 20.00
 Memo Item

C. DAHL, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4242 N CAPISTRANO DR APT 135
 City DALLAS State TX Zip Code 75287-4036
 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 ▼ 14.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 27 / 2017
Transaction ID : 40545250
 Amount of Each Receipt this Period
 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	37.89
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
<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. 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 ▼ 192.30

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545258
 Amount of Each Receipt this Period 192.30
 Memo Item

B. GONZALEZ, MONICA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10819 BRIDLE VIEW DR
 City SAN ANTONIO State TX Zip Code 78245-2769
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Clin Admin Coord
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1.00

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545354
 Amount of Each Receipt this Period 1.00
 Memo Item

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 ▼ 192.30

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545575
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	385.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MURLEY, MARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.10

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545650
 Amount of Each Receipt this Period 2500.00
 Memo Item

B. RILEY, FELICITY SPRING, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2315 BEVERLY ROAD
 City SAINT PAUL State MN Zip Code 55104-5003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 21.38

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545760
 Amount of Each Receipt this Period 11.00
 Memo Item

C. SPARKMAN, DAVID LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11709 WELTERS WAY
 City EDEN PRAIRIE State MN Zip Code 55347-2838
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Culture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 7.69

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545842
 Amount of Each Receipt this Period 7.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2518.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
<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. SPIVACK, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603-0212
 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 ▼ 192.30

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545845
 Amount of Each Receipt this Period 192.30
 Memo Item

B. WHEELER, TISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1750 FM 423 # 722
 City FRISCO State TX Zip Code 75033-0522
 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 ▼ 51.70

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545952
 Amount of Each Receipt this Period 47.85
 Memo Item

C. WONG, PAMELA LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5200 SUMMIT RIDGE DRIVE #1621
 City RENO State NV Zip Code 89523-9033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 14.04

Date of Receipt 01 / 27 / 2017
Transaction ID : 40545973
 Amount of Each Receipt this Period 14.04
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	254.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<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. EDELSON, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **01 / 14 / 2017**
Transaction ID : 40546177
 Amount of Each Receipt this Period 5000.00
 Memo Item

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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR1159814745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR1159816945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	5769.20
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 12 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1159827445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RIVET, JEANNINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1159830045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MATTEO, MICHAEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1551133445075
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR1575957645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR1575958545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR1580865345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JOHNSON, 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596304345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHUMACHER, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596305445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596307045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596311645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ROSENTHAL, DANIEL I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 VIA HERMOSA
 City ORINDA State CA Zip Code 94563-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596317345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RUTH, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1596317445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1153.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
<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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1600597645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1602669945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1806750345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR1903622045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 270.00

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2119476745075
 Amount of Each Receipt this Period 270.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2119477945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1039.20
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 18 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2119486745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2133132445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2133133245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2133133845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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) SVP Fin Plng Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2133134245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2145729945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
<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. 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 ▼ 230.76

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2225813645075
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. RANGEN, ERIC S, , ,
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2225819345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2247627345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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) Mkt Group COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2259738445075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2402318245075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2402445145075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2402445645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2405428845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2408545045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2437120745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2437121645075
 Amount of Each Receipt this Period 384.60
 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) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2437127545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<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 701 PENNSYLVANIA AVE NW
 SUITE 200
 City WASHINGTON State DC Zip Code 20004-3610
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2439928045075
 Amount of Each Receipt this Period 384.60
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2444265745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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) Optum Services, Inc Occupation (for Individual) VP Human Capital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 269.24

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2445016445075
 Amount of Each Receipt this Period 269.24
 Memo Item
 P/R Deduction (\$134.62 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1038.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2460168145075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2480620545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 250.00

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2484541745075
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1019.20
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
<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. MCGAHON, 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) United HealthCare Services Inc Occupation (for Individual) EVP ENTRPRS OPS/TECH
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2491457045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2491457345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2540175345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<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. 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) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2541300645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2552960245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2552964245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
	<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. 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2553475545075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FLAGSTAD, KARSTEN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2554013045075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2017
Transaction ID : PR2560064945075
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2560398845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2564297145075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CARLSON, CHRISTOPHER CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cnsmr & Cust Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2564802645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2564804045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2568900545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2572992745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 56
	<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2574986245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575029645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575034545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JONES, RON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10066 ESCAMBIAS 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 ▼ 250.00

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575163545075
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575185445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHORS, MATTHEW MACKINNON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575222345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1019.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 56
<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. BEAUREGARD, THOMAS RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 SPRING VALLEY ROAD
 City RIDGEFIELD State CT Zip Code 06877-1219
 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575295145075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575305645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VAN HAM, COLLEEN HASTINGS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 727 N EVERGREEN AVE
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575341945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 56
<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575441345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575446345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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) Enterprise Growth Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575453745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 56
	<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. 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) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575521745075
 Amount of Each Receipt this Period 384.00
 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 ▼ 250.00

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575522345075
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$125.00 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575582845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1018.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575603245075
 Amount of Each Receipt this Period 384.60
 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575604545075
 Amount of Each Receipt this Period 384.60
 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 ▼ 230.76

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575605845075
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	999.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575636945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575650245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575654745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575665645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575683845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WILSON, D ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 400 STUART STREET 25D
 City BOSTON State MA Zip Code 02116-5011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2575708845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1153.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 56
	<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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575739045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575806245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2575814545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 56
<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KAUFMAN, PHILIP R, , ,			Date of Receipt MM / DD / YYYY 01 / 31 / 2017
Mailing Address 1680 NORTH FARM ROAD			Transaction ID : PR2575829845075
City ORONO	State MN	Zip Code 55356-9309	Amount of Each Receipt this Period 230.76
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) CEO Spclty Ben Visn	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.76	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MATTERA, RICHARD J, , ,			Date of Receipt MM / DD / YYYY 01 / 31 / 2017
Mailing Address 483 HIGHCROFT ROAD			Transaction ID : PR2575938445075
City WAYZATA	State MN	Zip Code 55391-1548	Amount of Each Receipt this Period 384.60
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) Mkt Group Gen Counsel	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 384.60	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. REX, JOHN F, , ,			Date of Receipt MM / DD / YYYY 01 / 31 / 2017
Mailing Address 503 HARRINGTON ROAD			Transaction ID : PR2576060045075
City WAYZATA	State MN	Zip Code 55391-1512	Amount of Each Receipt this Period 384.60
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) UHG CFO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional).....▶	999.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NELSON, STEVEN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2576144845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BENSON, JEAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2576310945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2577379345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 56
	<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. 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) VP Clnt Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2578823245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2578824345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2601133545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 56
	<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2605736945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WEISSEL, MICHAEL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 99 HAGEN ROAD
 City NEWTON State MA Zip Code 02459-2731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2606842945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MATECZUN, JOHN MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403
 City LONGBOAT KEY State FL Zip Code 34228-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2606845145075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1153.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2609812345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2612530545075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DECKMANN, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 WEST 22 STREET #6F
 City NEW YORK State NY Zip Code 10011-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2612534645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. NIEMYER, ELIZABETH 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2615682845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2615954845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2623703345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RELLER, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6600 LONDONDERRY DRIVE
 City EDINA State MN Zip Code 55436-1721
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2625501945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2628332345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2632087945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 56
<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. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2632880745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2632882745075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 01 / 31 / 2017
Transaction ID : PR2634656645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 56
	<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2634880445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ACQUAVIVA, GREGORY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 COLLINS AVENUE
 City BLOOMFIELD State NJ Zip Code 07003-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2635331945075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2635451245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 56
	<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. BARRA, JOSE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9688 GEISLER ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-3562
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2636728845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2639701845075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2639773645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 56
	<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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2640466445075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BERKOWITZ, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 MORNINGSIDE DRIVE
 City LIVINGSTON State NJ Zip Code 07039-1811
 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2640469245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 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) VP External Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2640846245075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 56
	<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. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2644651645075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2644918345075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. 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 ▼ 384.60

Date of Receipt **01 / 31 / 2017**
Transaction ID : PR2699980045075
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	53897.20

**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. Tammy For Illinois

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Debt Retirement Funds Reported On January 31 FEC

011
Category/
Type

Candidate Name
Duckworth, L Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: IL District: General Debt 2016

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2016

FEC Identification Number

C C00574889

Transaction ID : 40368910

Amount of Each Disbursement this Period
2500.00

Memo Item Debt Retirement Funds Reported On January 31 FEC

Full Name (Last, First, Middle Initial)

B. Tammy For Illinois

Mailing Address PO Box 10793

City Chicago State IL Zip Code 60610

Purpose of Disbursement
Contribution Re-designated funds for trans. dated 12/14/2016

011
Category/
Type

Candidate Name
Duckworth, L Tammy, , ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: IL District:

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
01 / 03 / 2017

FEC Identification Number

C C00574889

Transaction ID : 40368911

Amount of Each Disbursement this Period
2500.00

Memo Item Contribution Re-designated funds for trans. dated 12/14/2016

Full Name (Last, First, Middle Initial)

C. Jeff Flake For Us Senate Inc

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Flake, Jeff, , Sen.,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement
M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2017

FEC Identification Number

C C00347260

Transaction ID : 40546351

Amount of Each Disbursement this Period
2500.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2500.00

**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. Jeff Flake For Us Senate Inc

Mailing Address PO Box 12512

City
Tempe

State
AZ

Zip Code
85284

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Flake, Jeff, , Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: AZ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	7		

FEC Identification Number

C C00347260

Transaction ID : 40546352

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Mario Diaz-Balart For Congress

Mailing Address 8724 SW 72nd Street
420

City
Miami

State
FL

Zip Code
33173

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Diaz-Balart, Mario, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: FL District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	7		

FEC Identification Number

C C00376087

Transaction ID : 40546353

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc.

Mailing Address PO Box 3986

City
Washington

State
DC

Zip Code
20027

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hatch, Orrin, G., Sen.,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	7		

FEC Identification Number

C C00104752

Transaction ID : 40546357

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Future Forum PAC

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Future Forum PAC

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40546358

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE, 2nd F

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40546359

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Democratic Senatorial Campaign Committee

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40546360

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. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 320 First Street SE

FEC Identification Number

C	C00075820
---	-----------

Transaction ID : 40546361

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 320 First Street SE

FEC Identification Number

C	C00075820
---	-----------

Transaction ID : 40546362

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 320 First Street SE

FEC Identification Number

C	C00075820
---	-----------

Transaction ID : 40546363

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

National Republican Congressional Committee

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 425 2nd Street NE

FEC Identification Number

C	C00027466
---	-----------

City Washington State DC Zip Code 20002

Transaction ID : 40546364

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 425 2nd Street NE

FEC Identification Number

C	C00027466
---	-----------

City Washington State DC Zip Code 20002

Transaction ID : 40546365

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2017

Mailing Address 425 2nd Street NE

FEC Identification Number

C	C00027466
---	-----------

City Washington State DC Zip Code 20002

Transaction ID : 40546366

Purpose of Disbursement Contribution

011
Category/Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

National Republican Senatorial Committee

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ▶

15000.00

TOTAL This Period (last page this line number only)..... ▶

77500.00
