Image# 201804199110354742				PAGE 1 / 183
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typing over the lines.	g, type 12FE4	
UnitedHealth Group Incor	porated PAC (Unite	dHealth Group	• PAC)	
ADDRESS (number and street)	01 Pennsylvania Ave, NW			
Check if different	uite 200			
Alexandra de la contra de la co	Vashington			20004
2. FEC IDENTIFICATION NUMB	ER V CITY	▲	STATE ▲	ZIP CODE
C C00274431	3. IS 1 REF	THIS NE) OR	AMENDED (A)
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 	b) Monthly Report Due On:) (M3)	ın 20 (M6)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(c) 12-Day PRE -Election Report for the:	Primary (12P) Convention (12	2C) Spec	eral (12G) Runoff (12R) cial (12S)
January 31 Year-End Report (YE)	Election	on/		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runo	off (30R) Special (30S)
Termination Report (TER)	Election	on/	D = D / Y = Y = Y	Y in the State of
5. Covering Period	01 / Y Y Y Y 01 2018	through	03 / D C	2018
I certify that I have examined this R S Type or Print Name of Treasurer	eport and to the best of m Sherwood, Susan, , ,	y knowledge and be	elief it is true, correct	and complete.
Signature of Treasurer	Susan, , ,	[Electronically]	Filed] Date	04 / D D / Y Y Y Y 19 2018
NOTE: Submission of false, erroneous	, or incomplete information r	nay subject the perso	on signing this Report	to the penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

04/19/2018 15 : 10

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	eport Covering the Period: From: 03	M / D D / Y Y Y Y 01 2018 To	. 03 / D D / Y Y Y Y 03 31 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		621080.35
	(b) Cash on Hand at Beginning of Reporting Period	778915.50	
	(c) Total Receipts (from Line 19)	154832.59	412167.72
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	933748.09	1033248.07
7.	Total Disbursements (from Line 31)	175550.00	275049.98
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	758198.09	758198.09
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

Image#	2018041	99110	354744
--------	---------	-------	--------

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

	03 / 01 / 2018 To:	M M / D D / Y Y Y Y 03 31 2018
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:(a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	140028.05	326020.95
(ii) Unitemized	14804.54	85096.77
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	154832.59	411117.72
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 	154832.59	411117.72
Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Endersel Condidates and Other 	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00 s	1050.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	154832.59	412167.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	154832.59	412167.72

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 266500.00 and Other Political Committees... 169500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 549.98 50.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 50.00 549.98 29. Other Disbursements (Including Non-Federal Donations)..... 8000.00 6000.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 175550.00 275049.98 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 175550.00 275049.98

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

	-7			-7	154832.59
					50.00
1	-	1		-7	50.00
					154782.59
	-			7	154762.59
					0.00
1	-7		1	-7	0.00
		1			0.00
	-7-			-7	0.00
					0.00
	-7-			-7-	0.00

411117.72 549.98 410567.74 0.00 0.00 0.00

Page 5

COLUMN B Calendar Year-to-Date

SCHEDULE A (FEC Form 3X) DEOFIDTO

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check c	only o	ne)			
II EIVILED KEGEIPIS		for each category of the Detailed Summary Page	X 11a	۱ <u>–</u>	11b	11c	12	
Any information copied from such Reports and								
or for commercial purposes, other than using th	e name and a	ddress of any political committee	e to solicit (contril	outions	from such	n committe	90.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle Ir A. OLIN, STEPHEN, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt			
Mailing Address 5432 HALIFAX LANE			03		23) / Y	ү ү 2018	Y
City EDINA	State MN	Zip Code 55424-1437				4205601 Receipt th	0 is Period	
FEC ID number of contributing federal political committee.	С				-yr-		5000.0	00
Name of Employer (for Individual) Rally Health		upation (for Individual) D Real Appeal + SVP Rally Health		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00						
Full Name of Individual (Last, First, Middle Ir B. GOLDEN, WILLIAM J, , ,	nitial) or Full C	organization Name	Date	of Re	eceipt			
Mailing Address 106 SOUND COURT			03		13		y y 2018	Ŷ
City NORTHPORT	State NY	Zip Code 11768-3527				4207824 Receipt th	1 is Period	
FEC ID number of contributing federal political committee.	С				ар. I		2500.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.60						
Full Name of Individual (Last, First, Middle Ir C. FRANK, JOHN, , ,	hitial) or Full C	Prganization Name	Date	of Re	eceipt			
Mailing Address 10723 BAYBRIDGE WAY			03	M /	13		2018 [°]	Y
City FISHERS	State IN	Zip Code 46040-9473				4207824 Receipt th	2 is Period	
FEC ID number of contributing federal political committee.	С				y :	,	5000.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Mem	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00						
SUBTOTAL of Receipts This Page (optional)		••••••			,	. ,	12500.0	0
TOTAL This Period (last page this line number	r only)	••••••						

SCHEDULE A (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

1			for each category of the	X	11a	11b	11c		12	
			Detailed Summary Page		13	14	15		16	17
or	y information copied from such Reports and State for commercial purposes, other than using the na									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth Group PA	vC)						
٩.	Full Name of Individual (Last, First, Middle Initial) CARNISH, ERIN, , ,	or Full Orga	anization Name		Date of	Receip	ot			
	Mailing Address 7640 SOUTH BAY DR				м м 03		13		2018	Y
	City	State	Zip Code		Trans	action I	D : 42078	245		
	BLOOMINGTON	MN	55438-2900	_ 4	Amount	of Eac	h Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С						_	5000.0	00
	Name of Employer (for Individual) United HealthCare Services Inc	· ·	ation (for Individual) n Mgmt		Me	emo Iter	m			
	Receipt For:		ear-to-Date ▼	-						
	Primary General Other (specify) ▼		5000.00							
	Full Name of Individual (Last, First, Middle Initial) MACBETH, CHARLOTTE, , ,	or Full Orga	anization Name		Date of	Receip	ıt			
	Mailing Address 8901 ROCKY RIDGE ROAD				м м 03		13 /		018	Y
	City	State	Zip Code		Trans	action I	D : 420782	246		
	INDIANAPOLIS	IN	46217-4651		Amount	of Eac	h Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С				7		_	5000.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) Ian CEO	_	Me	emo Iter	m			
	Receipt For: A Primary General Other (specify) ▼ I	Aggregate Ye	ear-to-Date ▼ 5000.00							
	Full Name of Individual (Last, First, Middle Initial)	or Full Orga	anization Name	+	Date of	Receip	ot			
	Mailing Address 1084 FAIRHAVEN DRIVE				^M 03	· ·	31		018	Y
		State	Zip Code		Trans	action I	ID : 42147	560		
	SHAKOPEE	MN	55379-3305	·	Amount	of Eac	h Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С				, ,	,		0.0	00
	Name of Employer (for Individual) Optum Services, Inc		ation (for Individual) ^y ir Compli		X	emo Iter	m			
	Dessint For:	I	ear-to-Date ▼ 0.00		•	s) on Scl Total to	hedule B T \$0.00	otalir	וg \$50.	00 This c
S	UBTOTAL of Receipts This Page (optional)		•					1	0000.0	00
т	OTAL This Period (last page this line number only	/)	••••••	-					1.4	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 8 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
> UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle A. GAUDIO, JOSEPH G, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4842 E MOUNTAIN VIEW	/ RD		M M / D D / Y Y Y Y 03 31 2018
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811849413 Amount of Each Receipt this Period
FEC ID number of contributing			
federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. WICHMANN, DAVID S, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7000 ANTRIM ROAD			03 / D D / Y Y Y Y Y 2018
City EDINA	State MN	Zip Code 55439-1708	Transaction ID : PR1159814749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occ CE	upation (for Individual) O	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. MEAD, BRUCE E, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1232 GRAY BRANCH RE)		03 31 2018
City MCKINNEY	State TX	Zip Code 75071-6495	Transaction ID : PR1159816149413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc	Occ SVF	upation (for Individual) ? SIs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona)		1153.80
TOTAL This Period (last page this line num	ber only)		

FOR LINE NUMBER:

PAGE

9 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Midd PENSHORN, JOHN S, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 120 BLACK OAKS LANE			03 31 Y Y Y Y Y 2018
City WAYZATA	State MN	Zip Code 55391-1363	Transaction ID : PR1159816949413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? UnitedHlth Group	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. KALLMEYER, PAUL D, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 468 HERALD DR			03 31 / Y Y Y Y 03 31 2018
City AMBLER	State	Zip Code 19002-1530	Transaction ID : PR1159817449413
FEC ID number of contributing	С	19002-1990	Amount of Each Receipt this Period
federal political committee.	U		180.95
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.95	P/R Deduction (\$130.95 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. MIGLIORI, RICHARD J, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address PO BOX 72			03 / D D / Y Y Y Y 2018
City WAYZATA	State MN	Zip Code 55391-0072	Transaction ID : PR1159827449413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9, UHG Chief Medical Officer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	al)		950.15
TOTAL This Period (last page this line nur	nber only)		

FOR LINE NUMBER:

PAGE 10 OF

	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	5		
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	4C)
Full Name of Individual (Last, First, Midd A. RIVET, JEANNINE M, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4305 TRILLIUM WAY			03 / D D / Y Y Y Y 03 31 2018
City MINNETRISTA	State MN	Zip Code 55364-7708	Transaction ID : PR1159830049413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UnitedHIth Grp	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. MATTEO, MICHAEL C, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 JEREMIAHS WAY			03 31 2018
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621	Transaction ID : PR1551133449413
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
Optum Services, Inc Receipt For:	I	ef Growth Off	
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.28	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. CARR, ANTHONY R, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5201 THOROUGHBRED	·		03 / D D / Y Y Y Y 03 31 2018
City SOUTHWEST RANCHES	State FL	Zip Code 33330-2406	Transaction ID : PR1554323449413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P PEOs Trusts	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional	al)		999.96
TOTAL This Period (last page this line nur	nber only)		

FOR LINE NUMBER:

PAGE 11 OF

11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions cit contributions from such committee. 16 17 or the purpose of soliciting contributions cit contributions from such committee. 16 17 or the purpose of soliciting contributions cit contributions from such committee. 16 17 or the purpose of soliciting contributions from such committee. 16 17 or the purpose of soliciting contributions from such committee. 2018 17 03 131 2018 2018 Transaction ID : PR1554324349413 13 1384.60 mount of Each Receipt this Period 384.60 R Deduction (\$192.30 Bi-Weekly) 2018 vate of Receipt 200 Bi-Weekly
Date of Receipt Model Date of Receipt Model Model Model O3 / 03 / 03 / 2018 Transaction ID : PR1554324349413 mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly) Date of Receipt
Date of Receipt M 03 / 2018 Transaction ID : PR1554324349413 mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly) Date of Receipt
03 / 31 2018 Transaction ID : PR1554324349413 mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly) Deduction Receipt
03 / 31 2018 Transaction ID : PR1554324349413 mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly) Deduction Receipt
03 31 2018 Transaction ID : PR1554324349413 mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly) Date of Receipt
mount of Each Receipt this Period 384.60 Memo Item R Deduction (\$192.30 Bi-Weekly)
Memo Item R Deduction (\$192.30 Bi-Weekly) Pate of Receipt
R Deduction (\$192.30 Bi-Weekly) Pate of Receipt
Date of Receipt
·
03 / D D / Y Y Y Y 2018
Transaction ID : PR1575957349413
mount of Each Receipt this Period
384.60
Memo Item
R Deduction (\$192.30 Bi-Weekly)
Pate of Receipt
03 / D D / Y Y Y Y 03 31 2018
Transaction ID : PR1575957649413 mount of Each Receipt this Period
384.60
Memo Item
R Deduction (\$192.30 Bi-Weekly)
4

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 12 OF

	-	Use separate schedule(s)	(check on	(check only one)								
ILEWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a		11b	11c	12					
Any information copied from such Reports an												
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit co	ontribu	utions fr	rom such	o committe	90.				
NAME OF COMMITTEE (In Full)	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle MONFILETTO, ERNEST, , ,	e Initial) or Full O	rganization Name	Date o	of Re	ceipt							
Mailing Address 3062 COMFORT ROAD			M 03	/ 1/	D D D 31	/ Y	ү ү 2018	Ŷ				
City NEW HOPE	State PA	Zip Code 18938-5622					5814941: is Period	3				
FEC ID number of contributing federal political committee.	С				7		153.8	34				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	N	Nemo	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.52	P/R Dee	ductio	on (\$76.9	92 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle B. VALENTA, LEE D, , ,	e Initial) or Full O	rganization Name	Date o	of Re	ceipt							
Mailing Address 5033 PARK TERRACE			03		31	/ Y	y y 2018	Y				
City EDINA	State MN	Zip Code 55436-1098		58549413 is Period	}							
FEC ID number of contributing federal political committee.	С				7		384.6	60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Gen Mgmt	N	Nemo	ltem							
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		1153.80	P/R Dec	Juctio	on (\$192	30 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle C. KELLY, JOHN W, , ,	Initial) or Full O	rganization Name	Date o	of Re	ceipt							
Mailing Address 341 PLEASANT AVENUE	·		03		31		2018					
City SAINT PAUL	State MN	Zip Code 55102-2333					5974941 is Period	3				
FEC ID number of contributing federal political committee.	С				,	- ,	384.6	60				
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP T	upation (for Individual) Fax	ividual) Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R De	ductio	on (\$192	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)				, .	.,	923.0	4				
TOTAL This Period (last page this line num	ber only)					1.40						

SCHEDULE A (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

	EMIZED RECEIPTS			Detailed Summary Page	age X 11a 11b 11c 12 13 14 15 16 17 y any person for the purpose of soliciting contributions form such committee. 16 17 up PAC) Date of Receipt 03 31 2018 Transaction ID : PR1580865349413 Amount of Each Receipt this Period 384.60 Memo Item 9/R Deduction (\$192.30 Bi-Weekly) 31 2018 Transaction ID : PR1596304149413 Amount of Each Receipt this Period 2018 Memo Item 9/1 2018 2018 P/R Deduction (\$192.30 Bi-Weekly) 2010 200.00 P/R Deduction (\$100.00 Bi-Weekly) 200.00 200.00										
						13			14			15		16	17
\backslash	NAME OF COMMITTEE (In Full)	.			C 1										
$\Big)$	UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initial) WEBB, ROBERT THOMAS, , ,	or Full C	Orga	nization Name		Date	of F	Rec	cei	pt					
	Mailing Address 4516 DREXEL AVENUE							/)	/ Y			Y
	City	State		Zip Code		Tra	nsa	ctio	on	ID :	PR	15808	653	4941	3
	EDINA	MN		55424-1130	_	Amou	int c	of E	Ea	ch R	lece	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С				<u> </u>			,			-7		384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) itedHlth Grp			Mer	no	lte	em					
	Poppint For:			ar-to-Date V											
	Primary General Other (specify) ▼		-	1153.80		P/R De	educ	ctio	on ((\$192	2.30) Bi-W	eek	ly)	
В.	Full Name of Individual (Last, First, Middle Initial) HUGHES, RICHARD J, , ,	or Full C	Orga	nization Name		Date	of F	Rec	cei	pt					
	Mailing Address 3905 COUNTY ROAD 44							/	ľ			/ Y			Y
	City	State		Zip Code		Trar	nsad	ctic	on	ID :	PR	15963	041	4941	3
	MINNETRISTA	MN		55364-9572		Amou	int c	of E	Ea	ch R	lece	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	C				Γ.			,			-7		200.	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) OO of Human Capital			Men	no	lte	em					
	Receipt For: A Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 600.00		P/R De	educ	ctio	on (\$100	0.00) Bi-We	eekl	y)	
с.	Full Name of Individual (Last, First, Middle Initial) JOHNSON, THAD C, , ,	or Full C	Orga	nization Name		Date	of F	Rec	cei	pt					
	Mailing Address 9741 GLACIER BAY							/				/ Y			Y
	City	State		Zip Code					-					-	3
	EDEN PRAIRIE	MN		55347-2615		Amou	int c	of E	Ea	ch R	lece	eipt thi	s P	eriod	
	FEC ID number of contributing federal political committee.	С				Ē			9			y		384.	60
	Name of Employer (for Individual)	Occ	cupat	tion (for Individual)			Mer	no) Ite	em					
	United HealthCare Services Inc	Mkt	t Gro	up Gen Counsel											
		Aggregate	Yea	ar-to-Date 🔻											
	Primary General			1153.80		P/R De	educ	ctio	on	(\$192	2.30	0 Bi-W	'eek	ly)	
	Other (specify)		7	1155.00											
s	UBTOTAL of Receipts This Page (optional)			•••••	<u> </u>				9		Ì	9		969.:	20
т	OTAL This Period (last page this line number only	y)		••••••					-			-			

FOR LINE NUMBER:

PAGE 14 OF

17			Use separate schedule(s)	(check only one)									
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
ITEMIZED RECEIPTS tor each category of the Detailed Summary Page Image: Summary Page: Summary Page Image: Summary Page Image: Summary Page Image: Summary Page Image: Summary Page: Summary Page: Summary Page Image: Summary Page: Summary Page: Summary Page: Summary Page Image: Summary		erson for the purpose of soliciting contributions											
\setminus													
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group P/	AC)									
Α.		ial) or Full O	rganization Name	Date of Receipt									
				Transaction ID : PR1596305449413 Amount of Each Receipt this Period									
	8	С		384.60									
	United HealthCare Services Inc			Memo Item									
	Primary General	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)									
в.		ial) or Full O	rganization Name	Date of Receipt									
			Zin Code										
	•			Transaction ID : PR1596305649413									
	FEC ID number of contributing	_		384.60									
				Memo Item									
	Primary General	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Init OBERRENDER, ROBERT W, , ,	ial) or Full O	rganization Name	Date of Receipt									
				03 31 2018									
	FEC ID number of contributing	С		384.60									
	United HealthCare Services Inc		· · · · · ·	Memo Item									
	Primary General	Aggregate	1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
	UBTOTAL of Receipts This Page (optional)			1153.80									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check of	only c	one)						
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a		11b 14	11c 15	12	17			
Any information copied from such Reports or for commercial purposes, other than us			erson for th	he pu	rpose of	soliciting	contribut	tions			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mic FLYNN, DIANE BEDNAR, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3318 FOXRIDGE CIR	CLE		M M / D D / Y Y Y Y 03 31 2018								
City TAMPA	State FL	Zip Code 33618-2149				PR15963 Receipt th	30974941 is Period				
FEC ID number of contributing federal political committee.	С						78.0	00			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) n Exec Dir		Mem	o Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/R D	educt	tion (\$39	.00 Bi-We	ekly)				
Full Name of Individual (Last, First, Mid B. DAVIDSON, TRACY L, , ,	ddle Initial) or Full O	rganization Name	Date	of R	leceipt						
Mailing Address 6058 HARBOUR TOW			0		/ D 1) / Y	2018	Y			
City WESTERVILLE	State	Zip Code 43082-8144					1164941	-			
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R D	educt	ion (\$192	2.30 Bi-W	'eekly)				
Full Name of Individual (Last, First, Mic c. DUNLOP, RICHARD G, , ,	ddle Initial) or Full O	rganization Name	Date	of R	eceipt						
Mailing Address 2964 WYSE COURT			M 0	3	/ 31		2018 Y	Y			
City LEWIS CENTER	State OH	Zip Code 43035-8253				PR15963 Receipt th	31234941 is Period	3			
FEC ID number of contributing federal political committee.	С				y .	. ,	200.0	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mem	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00	P/R D)educt	tion (\$10	0.00 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optic	nal)				, .	.,	662.6	60			
TOTAL This Period (last page this line n	umber only)				45.1	41-					

FOR LINE NUMBER:

PAGE 16 OF

IТ			Use separate schedule(s)	(check only one)							-	
			for each category of the Detailed Summary Page		11a 11b 11c 12 13 14 15 16 for the purpose of soliciting contribu- blicit contributions from such commit Date of Receipt M / 31 2018 Transaction ID : PR159631374941 Amount of Each Receipt this Period	Г	17					
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpo	se of	soliciting	, contrib		าร	
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)								
		``	·	<u>,</u>								
Α.	Full Name of Individual (Last, First, Middle Initi HEUMANN, KURT A, , ,	ial) or Full O	rganization Name		Date of Receipt							
	Mailing Address 9825 GERALD DR				03 31 2018							
	City SAINT LOUIS	State MO	Zip Code 63128-1767	_								
	FEC ID number of contributing federal political committee.	С			<u> </u>				7	6.92		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo l	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	1	P/R Ded	uction	n (\$38.4	46 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initi MALLATT, KATHLEEN A, , ,	ial) or Full O	rganization Name		Date of	Rece	eipt					
	Mailing Address 4304 SOUTH 167 AVENUE					1		/ Y		Y]	
	City	State	Zip Code									
	ОМАНА	NE	68135-1353		Amount	of E	ach R	eceipt th	is Peric	d		
	FEC ID number of contributing federal political committee.	С							384	4.60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		1153,80] F	P/R Deduction (\$192.30 Bi-Weekly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi ROSENTHAL, DANIEL I, , ,	ial) or Full O	rganization Name		Date of	Rece	eipt					
	Mailing Address 8 VIA HERMOSA				03	/	D D 31	/ Y	ү 2018	Y]	
	City ORINDA	State CA	Zip Code 94563-1828					PR1596 eceipt th		-		
	FEC ID number of contributing federal political committee.	С			<u> </u>	y		. y	384	4.60]	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk		M	emo I	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80 P/R Deduction (\$192.3						/eekly)			
s	UBTOTAL of Receipts This Page (optional)			•					846	6.12	Π	
T	OTAL This Period (last page this line number of	only)		- •	<u> </u>						Π	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

ITE			Use separate schedule(s)	(che	eck only	0	ne)	L					
116			for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and St for commercial purposes, other than using the												
<u> </u>	NAME OF COMMITTEE (In Full)	name anu a		: 10 50		TUTIC	Julions		Commu				
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	NC)									
	Full Name of Individual (Last, First, Middle Initi RUTH, KEVIN J, , ,	al) or Full O	rganization Name		Date of Receipt								
	Mailing Address 16621 ALEXANDER MANOR I				м м 03	/	D 31		2018	Y			
	City SILVER SPRING	State MD	Zip Code 20905-5028						31744941 nis Period	3			
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, HIth Advancement		Me	emo	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P	P/R Ded	ucti	on (\$19	92.30 Bi-V	Veekly)				
B.	Full Name of Individual (Last, First, Middle Initi STURKEY, DAVID C, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address 1941 MARINA ROAD				03	1	31		ү ү 2018	Y			
	City IRMO	State SC	Zip Code 29063-8579						31844941	3			
	FEC ID number of contributing federal political committee.	C		Amount				nis Period 78.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc	Occi KA	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$39.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initi TURNAU, CHRIS B, , ,	al) or Full O	rganization Name		Date of	Re	eceipt						
	Mailing Address PO BOX 43216 3741 DUNBAR KNOLL	State	Zin Onda		03	/	31		2018				
	City BROOKLYN PARK	MN	Zip Code 55443-0216						31914941 his Period	3			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, y	76.9	92			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	upation (for Individual) Fax		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	F	P/R Ded	ucti	on (\$38	3.46 Bi-W	eekly)				
S	JBTOTAL of Receipts This Page (optional)		•				9	. ,	539.5	52			
т	OTAL This Period (last page this line number o	only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 18 OF

ITF				e separate schedule(s)	(ch	eck only	0	ne)							
116	EMIZED RECEIPTS			each category of the etailed Summary Page		< 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	Jnite	edHealth Group PA	C)										
	Full Name of Individual (Last, First, Middle Initia DODDY, JOHN P, , ,	al) or Full O	rganiz	zation Name		Date of	Re	eceipt							
	Mailing Address 50 WALSINGHAM ROAD					03 31 Y Y Y Y Y 03 31 2018									
	City MENDHAM	State NJ	Z	Zip Code 07945-1827					PR16005 leceipt th						
	FEC ID number of contributing federal political committee.	C								78	.00				
	Name of Employer (for Individual) Optum Services, Inc		upatio Info Te	n (for Individual) ech		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 234.00		P/R Ded	ucti	on (\$39.	00 Bi-We	ekly)					
	Full Name of Individual (Last, First, Middle Initia MICHAUX, MICHAEL D, , ,	al) or Full O	rganiz	zation Name		Date of	Re	eceipt							
	Mailing Address 742 GOODRICH AVE					03 / D D / Y Y Y Y 2018									
	City SAINT PAUL	State MN	Zip Code 55105-3343	-				PR16005 eceipt th		-					
	FEC ID number of contributing federal political committee.	С				200.00									
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 600.00	F	P/R Dedu	uctio	on (\$100).00 Bi-W	′eekly)					
	Full Name of Individual (Last, First, Middle Initia SANDY, LEWIS G, , ,	al) or Full O	rganiz	zation Name		Date of	Re	eceipt							
	Mailing Address 4800 SUNNYSLOPE ROAD E	State		Zip Code		03 ^M	/	31		2018	_				
	City EDINA	MN		55424-1163					PR1600						
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .	9	384	.60				
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Advancement		Me	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 1153.80		P/R Ded	ucti	on (\$19)	2.30 Bi-W	/eekly)					
sı	JBTOTAL of Receipts This Page (optional)			•				, .	,	662	.60				
т	TAL This Period (last page this line number or	nly)		•••••	-			-							

FOR LINE NUMBER:

PAGE 19 OF

		Use separate schedule(s)	(check	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	H	11k		11c	12						
Any information copied from such Reports and			erson for			e of sol								
or for commercial purposes, other than using t	ne name and a	iddress of any political committee	e to solici	i conti	ributio	ns from	n such	committ	ee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle I PETERSON, MATTHEW W, , ,	nitial) or Full C	organization Name	Da	te of F	Receip	ot								
Mailing Address 2260 FOX STREET				03	/ D	31	/ Y	y y 2018	Y					
City ORONO	State MN	Zip Code 55356-8316						6994941 s Period	3					
FEC ID number of contributing federal political committee.	С				-			384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO		Mer	no Ite	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R	Deduc	ction (\$192.30) Bi-W	eekly)						
Full Name of Individual (Last, First, Middle I B. MALONEY, JEFFREY W, , ,	nitial) or Full C	organization Name	Da	te of F	Receip	ot								
Mailing Address 6327 PASADENA POINT B				03	/ D	31								
City GULFPORT	State FL	Zip Code 33707-3867		Transaction ID : PR1613243549413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С						apt th	s Penda 192.:	30					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Mer	no Ite	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)											
Full Name of Individual (Last, First, Middle I C. CELLI, PAT, , ,	nitial) or Full C	organization Name	Da	te of F	Receip	ot								
Mailing Address 1210 COUNTRY CLUB DR				03 ^M	/ D	31	/ Y	2018 Y	Y					
City CUTCHOGUE	State NY	Zip Code 11935-1728						4374941 s Period	3					
FEC ID number of contributing federal political committee.	С				9		9	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mer	no Ite	m								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R	Deduo	ction (\$192.30	0 Bi-W	eekly)						
SUBTOTAL of Receipts This Page (optional)					y		5	961.5	50					
TOTAL This Period (last page this line number	er only)				-		-							

SCHEDULE A (FEC Form 3X) DEOFIDTO

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle II BELLAMY, THOMAS J, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2743 THOMAS AVENUE SC	DUTH		03 31 Y Y Y Y Y 03 31 2018							
City MINNEAPOLIS	State MN	Zip Code 55416-4346	Transaction ID : PR1653444349413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In B. SULLIVAN, DANIEL T, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 57 QUORN HUNT ROAD			03 31 2018							
City WEST SIMSBURY	State CT	Zip Code 06092-2524	Transaction ID : PR1653445849413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. EMERSON, PAUL M, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 18855 MEADOW VIEW BLV			03 / D D / Y Y Y Y Y 2018							
City PRIOR LAKE	State MN	Zip Code 55372-3133	Transaction ID : PR1806750349413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum360 Services Inc	Occi COC	upation (for Individual) D	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			846.12							
TOTAL This Period (last page this line number	r only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 21 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle ANDERSON, CATHERINE K, , ,	Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 57 SIMMONS LANE			03 / D D / Y Y Y Y 03 31 2018							
City SEVERNA PARK	State MD	Zip Code 21146-1921	Transaction ID : PR1903550749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Strat Initiv	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. JOHNSON, CHRISTOPHER T, , ,		organization Name	Date of Receipt							
Mailing Address 12880 53RD STREET NOR			03 / D D / Y Y Y Y Y 2018							
City STILLWATER	State MN	Zip Code 55082-1063	Transaction ID : PR1903591149413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		78.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle SANTELLI, JOHN C, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 25510 BIRCH BLUFF ROA	1		03 / D D / Y Y Y Y 2018							
City EXCELSIOR	State MN	Zip Code 55331-8520	Transaction ID : PR1903622049413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 2 CIO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			847.20							
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

PAGE 22 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I A. HANSEN, DAVID M, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 33 VIA CONOCIDO			03 31 2018							
City SAN CLEMENTE	State CA	Zip Code 92673-7044	Transaction ID : PR2119476749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		270.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 810.00	P/R Deduction (\$135.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. HO, SAMUEL W, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4220 OCEAN DR			03 / D D / Y Y Y Y 2018							
City	State	Zip Code	Transaction ID : PR2119477949413							
MANHATTAN BEACH	CA	90266-3059	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Clin Off	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. NEURURER, SCOTT A, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 23822 VIA MONTE			03 / D D / Y Y Y Y 03 31 2018							
City COTO DE CAZA	State CA	Zip Code 92679-4001	Transaction ID : PR2119484949413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) Optum Services, Inc	Occ VP (upation (for Individual) Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			846.90							
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

PAGE 23 OF

ıт.			Use separate schedule(s)	(che	eck only	/ or	ne)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	-		11b	11c	12				
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any p	erson f	13 for the licit cor	pur	00se of	15 soliciting	contribut	tions			
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			0 10 00									
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Init PITTMAN, AUSTIN T, , ,	ial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 4621 EDINA BLVD				^M 03	1	D 0 31	/ Y	2018	Y			
	City EDINA	State MN	Zip Code 55424-1154						18674941 is Period	3			
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Me	emc	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80] P.	/eekly)								
B.	Full Name of Individual (Last, First, Middle Init TUCKER, STEVEN M, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 3784 8TH AVENUE				03	/	31	/ Y	2018	Y			
	City SAN DIEGO	State CA	Zip Code 92103-4305						9204941	3			
	FEC ID number of contributing federal political committee.	С	/	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	P/R Deduction (\$96.00 Bi-Weekly)										
	Receipt For: Primary General Other (specify) ▼	Aggregate											
C.	Full Name of Individual (Last, First, Middle Init VANASTEN, SUSAN, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address N2249 NICOLE COURT				03	/	31	JL	2018 Y				
	City KAUKAUNA	State WI	Zip Code 54130-9462				-		19264941 is Period	3			
	FEC ID number of contributing federal political committee.	С					,	,	80.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Telesls Dir		M	emo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)									
⊢	UBTOTAL of Receipts This Page (optional)						y		656.6	60			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorport	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle MASON, JOHN TYLER, J, ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 524 N CRESCENT HEIGH	ITS BLVD		03 / D D / Y Y Y Y 03 31 2018						
City LOS ANGELES	State CA	Zip Code 90048-2208	Transaction ID : PR2126373849413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. BURKE, FORREST G, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 380 LEAF STREET			03 / D D / Y Y Y Y Y 03 31 2018						
City	State	Zip Code	Transaction ID : PR2133132449413						
ORONO	MN	55356-9733	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Unit CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻	1						
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle . HULTGREN, BROR O, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 408 22ND ST			03 / D D / Y Y Y Y 03 31 2018						
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133249413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional))		1153.80						
TOTAL This Period (last page this line numb	per only)								

FOR LINE NUMBER:

PAGE 25 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	NC)						
Full Name of Individual (Last, First, Middle I MORISATO, SUSAN C, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 238 ARDMORE ROAD			03 / D D / Y Y Y Y 2018						
City DES PLAINES	State	Zip Code 60016-2119	Transaction ID : PR2133133849413						
FEC ID number of contributing	_		Amount of Each Receipt this Period						
federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In B. PUTNAM, T JEFFREY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 303 ELMWOOD PLACE WE	ST		03 31 2018						
City	State	Zip Code	Transaction ID : PR2133134249413						
MINNEAPOLIS	MN	55419-1349	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group CFO	Memo Item						
Receipt For:	1	Year-to-Date ▼	-						
Primary General Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6 LANTANA			03 31 2018						
City	State	Zip Code	Transaction ID : PR2145728449413						
NEWPORT COAST	CA	92657-1646	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		233.84						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
United HealthCare Services Inc Receipt For:		Plan CEO							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 661.52	P/R Deduction (\$116.92 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1003.04						
TOTAL This Period (last page this line numbe	r only)	······							

FOR LINE NUMBER:

PAGE 26 OF

Use separate schedul			(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I SMITH, DANNETTE L, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4200 ALDEN DRIVE			03 / D D / Y Y Y Y 2018						
City	State	Zip Code	Transaction ID : PR2145729949413						
EDINA	MN	55416-5010	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc	Sr [Deputy Gen Counsel							
Receipt For:	Aggregate	Year-to-Date V							
Primary General		1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify) v			1						
Full Name of Individual (Last, First, Middle I B. GIBSON, CHRISTINE W, , ,	nitial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 8516 29TH AVE N			03 31 2018						
City	State	Zip Code	Transaction ID : PR2225166749413						
NEW HOPE	MN	55427-2622	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Strat Initiv	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Primary General Other (specify) ▼		, 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. BEAULE, JEAN-FRANCOIS, , ,	nitial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 7 STRATFORD RD			03 31 2018						
City	State	Zip Code	Transaction ID : PR2225813649413						
FARMINGTON	СТ	06032-1444	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		230.76						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc	SVF	PHIth Advancement							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		692.28	P/R Deduction (\$115.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			692.28						
TOTAL This Period (last page this line numbe	r only)								

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 27 OF

			(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
			13 14 15 16 17 erson for the purpose of soliciting contributions a to colicit contributions from such committee
or for commercial purposes, other than using t	ine name and a	lucress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle MCGUIRE, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 437 DRURY LANE			03 / D D / Y Y Y Y 03 31 2018
City WYCKOFF	State NJ	Zip Code 07481-2204	Transaction ID : PR2225818849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. RYAN, JOHN D, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 45 WESTMORELAND LN			03 / D D / Y Y Y Y Y 2018
City NAPERVILLE	State IL	Zip Code 60540-5817	Transaction ID : PR2225819649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CInt Mgmt Svc	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle SAILOR, ROY THOMAS, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 276 COYOTE WILLOW DR			03 / D D / Y Y Y Y 2018
City COLORADO SPRINGS	State CO	Zip Code 80921-7631	Transaction ID : PR2225819749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		153.84
Optum Services, Inc V		upation (for Individual) Sales	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$76.92 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			730.74
TOTAL This Period (last page this line number	er only)		

FOR LINE NUMBER:

PAGE 28 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	<u>.</u>								
UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mide CONNLY, MICHAEL R, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 570 MONTCALM PL			03 31 Y Y Y Y Y 03 31 2018						
City SAINT PAUL	State MN	Zip Code 55116-1730	Transaction ID : PR2247625849413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mide B. CARCIONE JR, JOSEPH R, , ,	dle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 11 CARRIAGE WAY			03 31 2018						
City	State	Zip Code	Transaction ID : PR2247626849413						
WHITE PLAINS	NY	10605-5424	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.40						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.20	P/R Deduction (\$57.70 Bi-Weekly)						
Full Name of Individual (Last, First, Mide C. KANTOLA, KEVIN DAVID, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7031 HALSTEAD DRIV			03 / D D / Y Y Y Y 03 31 2018						
City MINNETRISTA	State MN	Zip Code 55364-3201	Transaction ID : PR2247627049413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) T	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		578.00						
TOTAL This Period (last page this line nu	mber only)								

FOR LINE NUMBER:

PAGE 29 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle O'BRIEN, DENNIS P, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 61 LOUGHLIN AVE			03 / D D / Y Y Y Y 03 31 2018						
City COS COB	State CT	Zip Code 06807-2621	Transaction ID : PR2247627349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle VERNEY, JEFFERY RICHARD, ,		rganization Name	Date of Receipt						
Mailing Address 266 WESTLEDGE ROAD			03 / D D / Y Y Y Y Y 2018						
City WEST SIMSBURY	State CT	Zip Code 06092-2017	Transaction ID : PR2247627449413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. OHMAN, DANIEL L, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 205 RIVERMERE WAY			03 / D D / Y Y Y Y 03 31 2018						
City ATLANTA	State GA	Zip Code 30350-6346	Transaction ID : PR2247628049413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Reg	upation (for Individual) n CEO	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			961.50						
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

PAGE 30 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpor	ated PAC (I	UnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle PRINCE, JOHN M, , ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 546 HARRINGTON ROAI	0		03 31 2018					
City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738449413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. CRONN, CHRISTOPHER L, , ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 1122 COLORADO STREE SUITE 2399			03 / D / Y Y Y Y 2018					
City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522949413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.38					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) vt Affs Dir	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.14	P/R Deduction (\$57.69 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. LOGAN, JAKE, , ,	e Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 4826 EAST CALLE REDO	1		03 / D D / Y Y Y Y 2018					
City PHOENIX	State AZ	Zip Code 85018-2931	Transaction ID : PR2402318249413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)		884.58					
TOTAL This Period (last page this line num	ber only)							

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 31 OF

			Use separate schedule(s)	(check only one)						
	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11		11c	12		
	information copied from such Reports and Stat r commercial purposes, other than using the n					se of sol				
	AME OF COMMITTEE (In Full)									
γL	InitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)						
	III Name of Individual (Last, First, Middle Initial BARRINGER, PAUL J, , ,) or Full Or	rganization Name	Date o	of Recei	int				
	ailing Address 3709 WILLIAMS LANE			M		D D /	/ Y	YY	Y	
Ci	tv.	State	Zip Code	03	castion	31	24024	2018 4434941 :	,	
	HEVY CHASE	MD	20815-4951					s Period)	
	EC ID number of contributing deral political committee.	С					-1	92.3	0	
0	ame of Employer (for Individual) ptum Services, Inc		upation (for Individual) CInt Svc Acct Mgt		lemo Ite	em				
	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 276.90	P/R Dec	duction	(\$46.15	Bi-We	ekly)		
	III Name of Individual (Last, First, Middle Initial BECKER, JAMES H, , ,) or Full Or	rganization Name	Date o	of Recei	ipt				
Mailing Address 378 FERNDALE ROAD WEST				03		31	Y	y y 2018	Y	
	ty /AYZATA	State MN	Zip Code 55391-1559				-	45149413	3	
FE	EC ID number of contributing deral political committee.	С	Amount of Each Receipt this Period 384.60							
	ame of Employer (for Individual) nited HealthCare Services Inc	Occu SVP		lemo Ite	em					
R	eceipt For:		Year-to-Date ▼	-						
-	Other (specify)		, 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
	III Name of Individual (Last, First, Middle Initial) or Full Or	rganization Name	Date o	of Recei	ipt				
	ailing Address 4720 WEST 66TH STREET			03	03 31 2018					
Ci E	ty DINA	State MN	Zip Code 55435-1506					4524941: s Period	3	
	EC ID number of contributing deral political committee.	С			,			384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc			upation (for Individual) Grp SVP, Human Capital		lemo Ite	em				
	eceipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 1153.80	P/R De	duction	(\$192.30) Bi-W	eekly)		
SUE	BTOTAL of Receipts This Page (optional)		····· •				,	861.5	0	
тот	AL This Period (last page this line number on	ly)					-			

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 32 OF

ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)						
11	EIVILLED RECEIPIS		for each category of the Detailed Summary Page				11b	11c	12	
	y information copied from such Reports and S									
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	doress of any political committee	e to so	Dicit cor	ntrip	utions t	rom sucr	Committe	ee.
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Ini LARSEN, JOHN L, , ,	,	rganization Name		Date of	Re	ceipt			
	Mailing Address 11688 TANGLEWOOD DRIVE				^M 03	1	D D D 31	/ Y	2018	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-4726						4564941	3
	FEC ID number of contributing federal political committee.	С			<u> </u>				384.6	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Ini ALEXANDER, CORY, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 4203 BRADLEY LANE		Zip Code		м м 03	/	D D D 31	/ Y	2018	Y
	City CHEVY CHASE	State MD		Transaction ID : PR2405428849413						
			_	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			Ľ.		-	-	384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affairs		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	I P	P/R Dedu	uctio	on (\$192	2.30 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Ini WEE, KATHLYN G, , ,	tial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 2225 46TH ST NW				^M 03	/	D D D 31	/ Y	2018	Y
	City WASHINGTON	State DC	Zip Code 20007-1032						54504941 is Period	3
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	384.6	60
	Name of Employer (for Individual) Optum Services, Inc	Occi SVP		Me	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80]	P/R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•••••	•			, .	9	1153.8	30
⊢	OTAL This Period (last page this line number			► 	<u> </u>		9	,		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 33 OF

			Use separate schedule(s)	(check only one)							
111			for each category of the Detailed Summary Page		X 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporated		Inited Health Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia CORZINE, JEFFREY SEAN, , ,	ll) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 9350 TRACEYTON DRIVE				м м 03	/	31) / Y	2018	Y	
	City DUBLIN	State OH	Zip Code 43017-9689						1 974941 is Period	3	
	FEC ID number of contributing federal political committee.	С				U			77.	68	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 223.05	1	P/R Dedu	uctio	on (\$38.	.84 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia FUENTEVILLA, ANA T, , ,	ll) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 5110 N CALLE COLMADO			м м 03	/	31	/ Y	ү ү 2018	Y		
	City TUCSON	State AZ	-	Transaction ID : PR2437119849413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C			384.60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
	Other (specify) ▼		1133.80								
C.	Full Name of Individual (Last, First, Middle Initia HAGAN, WILLIAM A, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 6536 E GREYTHORN DRIVE				03 31 2018						
	City SCOTTSDALE	State AZ	Zip Code 85266-6761						12004941	3	
FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		С		Amount of Each Receipt this Period 384.60						60	
		Occu Bus s		Me	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80		P/R Ded	uctio	on (\$19:	2.30 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)			•			, .		846.	38	
т	OTAL This Period (last page this line number or	וy)	••••••	•				1.45			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 34 OF

		Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIF 13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. BALTHAZOR, PAUL JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9013 FARNSWORTH AVE	ENUE NORTH		03 / D D / Y Y Y Y 03 31 2018						
City BROOKLYN PARK	State MN	Zip Code 55443-1754	Transaction ID : PR2437120749413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. NESS, LAURA L, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10550 PINNACLE WAY			03 / D D / Y Y Y Y Y 2018						
City WOODBURY	State MN	Zip Code 55129-4282	Transaction ID : PR2437121549413						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle COSGRIFF, JOHN W, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1837 SUMMIT LANE	1		03 31 2018						
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137	Transaction ID : PR2437121649413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Bus Dev	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional))		1153.80						
TOTAL This Period (last page this line numb	per only)								

FOR LINE NUMBER:

PAGE 35 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle I EDELSON, BRETT E, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4600 DREXEL AVENUE			03 31 Y Y Y Y Y 2018					
City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127149413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		400.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$200.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I B. RAINEY, PETER W, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3115 WEST 47 STREET			03 31 / Y Y Y Y Y 2018					
City MINNEAPOLIS	State MN	Zip Code 55410-1857	Transaction ID : PR2437127549413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Controller	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I C. LIPPERT, ROBIN E, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 404 A ST SE			03 31 2018					
City WASHINGTON	State DC	Zip Code 20003-3807	Transaction ID : PR2439928049413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s and the second s		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			1169.20					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

•••			Detailed Summary Page	×			11b	11c	1	2			
_					13		14	15		6	17		
	y information copied from such Reports and for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name HEYMAN, STEPHEN M, , ,				Date of Receipt								
	Mailing Address 5300 SHERRILL AVENUE												
	City CHEVY CHASE	State MD	Zip Code 20815-3720	_	Transaction ID : PR2444265749413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Govt Affs		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80] F	P/R Deduction (\$192.30 Bi-Weekly)								
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name LANGER, DONALD S, , ,				Date of Receipt								
	Mailing Address 5110 OAK RAMBLING DRIVE				03 / D D / Y Y Y Y 2018								
	City KATY	State TX	Zip Code 77494-1971		Transaction ID : PR2445015449413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				392.30							
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) HIth Plan CEO				emo) Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate] P	P/R Deduction (\$196.15 Bi-Weekly)									
C.					Date of Receipt								
	Mailing Address 4329 EWING AVE S					03 / D D / Y Y Y Y 2018							
	City MINNEAPOLIS	State MN	Zip Code 55410-1342		Transaction ID : PR2445016449413 Amount of Each Receipt this Period						•		
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate]	P/R Deduction (\$192.30 Bi-Weekly)									
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line numbe			► _		-	y	- y	11	61.5	0		

FOR LINE NUMBER:

PAGE 37 OF

171			Use separate schedule(s)	(che	(check only one)								
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
	y information copied from such Reports and Sta												
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	name and a	doress of any political committee	10 50	licit con	trib	utions n	om sucr	Committ	ee.			
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initia RENFRO, LARRY C, , ,	al) or Full O	organization Name	Date of Receipt									
	Mailing Address 5 DOVE LANE												
	City ANDOVER	State MA	Zip Code 01810-2845						6814941	3			
	FEC ID number of contributing federal political committee.	С					y		384.6	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) E CHAIRMAN & CEO Optum		Me	mo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P	/R Dedu	ıctic	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia ORBUCH, DAVID B, , ,	al) or Full O	organization Name		Date of	Re	ceipt						
	Mailing Address 2220 CEDAR LAKE PKWY				03 / D D / Y Y Y Y 2018								
		State MN	Zip Code				-		6824941	3			
	MINNEAPOLIS		55416-3644		Amount	of	Each R	eceipt th	is Period	_			
	FEC ID number of contributing federal political committee.	C			192.30								
	Name of Employer (for Individual) UHC International Services Inc	Occi Opti	Memo Item										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	7									
	Other (specify) ▼		, 576.90	P/	'R Dedu	ictio	n (\$96. ⁻	15 Bi-We	ekly)				
C.	Full Name of Individual (Last, First, Middle Initia WEXLER, ERIC J, , ,	al) or Full O	organization Name		Date of	Re	ceipt						
	Mailing Address 7220 WILLOW OAK DR				03 ^M	/	D D D 31		2018 Y				
	City WEST BLOOMFIELD	State MI	Zip Code 48324-3081						72314941 is Period	3			
	FEC ID number of contributing federal political committee.	С							384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P	/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)			.					961.5	50			
т	OTAL This Period (last page this line number or	nly)		Ī			,	-					

SCHEDULE A (FEC Form 3X) - DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 38 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. GILL, PETER M, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 8673 SHERWOOD BLUF	F											
City EDEN PRAIRIE	State MN	Zip Code 55347-3433	Transaction ID : PR2463724649413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		4999.80									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Dev	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. SCHICK, SUSAN, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1220 DENBIGH LANE			03 / D D / Y Y Y Y 2018									
City WAYNE	State PA	Zip Code 19087-4644	Transaction ID : PR2480620549413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Growth Off	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	1									
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle ABBOTT, CHRISTOPHER MA		rganization Name	Date of Receipt									
Mailing Address 12700 MUNDOMAR DR			03 / D D / Y Y Y Y 03 31 2018									
City AUSTIN	State TX	Zip Code 78739-1542	Transaction ID : PR2484541549413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		250.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 403.84	P/R Deduction (\$125.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		5634.40									
TOTAL This Period (last page this line num	ber only)											

FOR LINE NUMBER:

PAGE 39 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page								
Any information copied from such Report	s and Statements ma	y not be sold or used by any political committee	13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	sing the name and a	duress of any political committee								
UnitedHealth Group Incorp	oorated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mi BURNS, MATTHEW A, , ,										
Mailing Address 2724 BISON DRIVE			03 31 Y Y Y Y 2018							
City EDMOND	State OK	Zip Code 73034-3475	Transaction ID : PR2484541749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Comm	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
B. KNARR, KEVIN, , ,										
Mailing Address 4806 HUTCHINS PLA	03 / D D / Y Y Y Y 2018									
City WASHINGTON	State	Zip Code 20007-1528	Transaction ID : PR2484542349413							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	upation (for Individual) Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mic. TROPEANO, DANIEL R, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 606 BROOKSIDE AV			03 / D D / Y Y Y Y 2018							
City WAYNE	State PA	Zip Code 19087-4826	Transaction ID : PR2484542849413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		227.26							
Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 474.65	P/R Deduction (\$113.63 Bi-Weekly)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

	WIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for	commercial purposes, other than using the na			person for the purpose of soliciting contributions						
	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)						
Fi A. N	II Name of Individual (Last, First, Middle Initial MANDERFELD, THOMAS B, , ,) or Full O	Drganization Name	Date of Receipt						
Ma	ailing Address 3760 WEST CALHOUN PARKW	AY		03 / D D / Y Y Y Y 2018						
Ci	-	State MN	Zip Code	Transaction ID : PR2486697949413						
	IINNEAPOLIS		55410-1118	Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		80.00						
	ame of Employer (for Individual) nited HealthCare Services Inc		cupation (for Individual) Capital Mkt Comm	Memo Item						
	againt For		•							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)						
	III Name of Individual (Last, First, Middle Initial)) or Full O	Drganization Name	Date of Receipt						
	ailing Address 60 WILDHURST ROAD			03 31 2018						
Ci	ty XCELSIOR	State MN	Zip Code 55331-8461	Transaction ID : PR2491457049413 Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		384.60						
	ame of Employer (for Individual) otum Services, Inc		cupation (for Individual) t Grp Pres & COO	Memo Item						
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
	III Name of Individual (Last, First, Middle Initial)) or Full O	Drganization Name	Date of Receipt						
Ma	ailing Address 275 GREENWICH STREET #30			03 31 / Y Y Y Y 03 31 2018						
Ci	-	State	Zip Code	Transaction ID : PR2491457349413						
N	EW YORK	NY	10007-2150	Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		384.60						
	ame of Employer (for Individual) nited HealthCare Services Inc		cupation (for Individual) P Chief Comm Off	Memo Item						
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUE	TOTAL of Receipts This Page (optional)			849.20						
тот	AL This Period (last page this line number onl	y)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 41 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	United Health Group P/	4C)							
Full Name of Individual (Last, First, Middle SULLIVAN, KATHRYN M, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 530 N LAKE SHORE DR #	2309		03 31 Y Y Y Y Y Y 03 31 2018							
City CHICAGO	State IL	Zip Code 60611-7435	Transaction ID : PR2491457549413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D E&I Regions	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. SMITH, KARA V, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 610 CRESTWOOD DRIVE			03 / D D / Y Y Y Y Y 2018							
City ALEXANDRIA	State VA	Zip Code 22302-2533	Transaction ID : PR2540175349413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. PURDY, PATRICIA A, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 7417 LYNNHURST STREE			03 / D D / Y Y Y Y Y 2018							
City CHEVY CHASE	State MD	Zip Code 20815-3101	Transaction ID : PR2541300649413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PExternal Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			1153.80							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a			11b		11c		12			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan														
<u>)</u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F														
A.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 5710 TAYCHOPERA RD					03 31 2018									
	,	State		Zip Code		Tra	nsac	cti	on	ID : F	R2541	3007	74941	3	
	MADISON	WI		53705-1020	A	mou	nt o	of I	Eac	h Re	ceipt t	his P	Period		
	FEC ID number of contributing federal political committee.	C							,		- 1	_	384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Affs			Merr	no	Ite	m					
	Receipt For: Ag	ggregate	Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-	1153.80	P/	R De	educ	tio	on (S	\$192.	30 Bi-\	Neek	dy)		
в.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date	of F	Red	ceip	ot					
	Mailing Address 800 ALBANY AVENUE					[™] 03		/	D	31	/)18)18	Y	
	City : ALEXANDRIA	State VA					-		R2541 ceipt t			3			
	FEC ID number of contributing federal political committee.						,				192.3	32			
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) t Affs			Merr	no	Ite	m					
	Receipt For: Ag Primary General Other (specify) ▼	eipt For: Primary General Aggregate Year-to								\$96.1	6 Bi-W	eekly	()		
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date	of F	Red	ceip	ot					
	Mailing Address 2309 W WINNEMAC AVE					M 03		/	D	31	/)18)	Y	
	City : CHICAGO	State IL		Zip Code 60625-1817							R2542			3	
			_	00020-1017		mou	nt o	of I	Eac	n Re	ceipt t	his P	'eriod		
	FEC ID number of contributing federal political committee.		_			_	_		<u>y</u>	_	y	_	115.3	38	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) s Dir			Men	no	lte	m					
	Receipt For: Ag Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 346.14	P/R Deduction (\$57.69 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)												692.3	60	
т	OTAL This Period (last page this line number only))		·····					,		-				

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 43 OF

ny information copied from such B	Detailed Summ	nary Page 11a 11b 11c 12 13 14 15 16 1						
ny information copied from such B								
		used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group In	corporated PAC (UnitedHealth	n Group PAC)						
Full Name of Individual (Last, Fir RAMSAY, RICHARD E, , ,	st, Middle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 543 E LURAY A	/E	03 31 / Y Y Y Y 03 31 2018						
City	State Zip Code	Transaction ID : PR2542542249413						
ALEXANDRIA	VA 22301-1605	5 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	100.00						
Name of Employer (for Individual United HealthCare Services Inc	Occupation (for Individ VP Regl Affs	dual) Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)						
Full Name of Individual (Last, Fir YAU, ANNE, , ,								
Mailing Address 9905 WOODLAN	D DRIVE	M M / D D / Y Y Y Y 03 31 2018						
City	State Zip Code	Transaction ID : PR2543582549413						
SILVER SPRING	MD 20902-4047	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	115.38						
Name of Employer (for Individual United HealthCare Services Inc	Occupation (for Individ VP External Affs	dual) Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, Fir DAVENPORT, ALLISO	t, Middle Initial) or Full Organization Name	Date of Receipt						
Mailing Address 141 PELHAM R		03 / D D / Y Y Y Y 03 31 2018						
	State Zip Code	Transaction ID : PR2552313649413						
PHILADELPHIA	PA 19119-2661	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	384.60						
Name of Employer (for Individual United HealthCare Services Inc	Occupation (for Individ HIth Plan CEO	dual) Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page	(optional)							

SCHEDULE A (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

				Detailed Summary Page	×	11a	\square	11	-	_	11c	12	
	y information copied from such Reports and State for commercial purposes, other than using the na								se of s	soli			
<u> </u>	NAME OF COMMITTEE (In Full)		aur		10 301			and		511	0001		
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial) ALTER, JEFFREY D, , ,) or Full O)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 3 WOODLAND ROAD					03 31 / Y Y Y Y 2018							
	City PORT JEFFERSON	State NY		Zip Code 11777-1053								6024941	3
	FEC ID number of contributing federal political committee.	С	1			anount	UT	⊏a	ICTI RE	ece		s Period 384.0	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) gment CEO		Me	emo	o Ite	em				
	Pagaint For:			ur-to-Date ▼ 1153.80	P/	R Dedu	uctic	on ((\$192	.30) Bi-We	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial) BRYANT, JEREMY VAUGHN, , ,) or Full O)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 4534 MYSTIQUE WAY	01-1		7:0.001		03	/		31	1	Ŷ	2018	Y
	City ROSWELL	State GA		Zip Code 30075-2087				-				6134941 s Period	3
	FEC ID number of contributing federal political committee.	С				70.00							
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt NA Accts		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 210.00	P/	R Dedu	uctio	on ((\$35.0)0 E	Bi-Wee	ekly)	
c.	Full Name of Individual (Last, First, Middle Initial) FLANNERY, SCOTT F, , ,) or Full O)rgai	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 8508 TRELADY CT	1 -		1		^M 03	/	L	31	J.		y y 2018	
	City PLANO	State TX		Zip Code 75024-6827								6234941 s Period	3
	FEC ID number of contributing federal political committee.	С				anount	01	_a			J	78.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo	o Ite	em				
	Receipt For: // Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 234.00	P/	R Ded	uctio	on	(\$39.0	00 I	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			••••••				,			,	532.6	60
Т	OTAL This Period (last page this line number only	y)		•				-					

SCHEDULE A (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

				Detailed Summary Page	×	11a 13] 11 14	H		11c 15	12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of	sol	iciting	contribu	tions	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial JAMES, GREGORY J, , ,) or Full C	Orgar	nization Name		Date of Receipt								
	Mailing Address 2323 KINGS POINT DRIVE			7: 0 1		03 / D D / Y Y Y Y 2018								
	City LARGO	State FL		Zip Code 33774-1009								6324941 s Period	3	
	FEC ID number of contributing federal political committee.	С						7			-	74.	66	
	Name of Employer (for Individual) Optum Services, Inc		upat Med	ion (for Individual) Dir		Me	emo) Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 253.31	P	/R Ded	uctic	on	(\$37.:	33	Bi-We	ekly)		
B.	Full Name of Individual (Last, First, Middle Initial LOVELADY, JOHN H, , ,) or Full C	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 6268 ORCHARD PARK					03	/	E	D D 31] '	/ Y	2018	Y	
	City FRISCO	State TX		Zip Code 75034-5126								6 424941 s Period	3	
	FEC ID number of contributing federal political committee.	С				384.60							60	
	Name of Employer (for Individual) United HealthCare Services Inc		upat gn C	ion (for Individual) EO		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1153.80	P/	'R Dedi	uctic	on	(\$192	2.30) Bi-We	eekly)		
C.	Full Name of Individual (Last, First, Middle Initial MATTSON, CARL A, , ,) or Full C	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 539 ROUTE 9P	1				^M 03	1	Ľ	31]	/ Y	2018 Y	Y	
	City SARATOGA SPRINGS	State NY		Zip Code 12866-7279								6484941 s Period	3	
	FEC ID number of contributing federal political committee.	С						y			,	92.	30	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Svc Acct Mgt		M	emo	b It	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 276.90	P	/R Ded	uctio	on	(\$46.	15	Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			•				,		1	,	551.	56	
т	OTAL This Period (last page this line number onl	ly)		••••••				7			-			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 46 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c								
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)											
> UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	(C)								
Full Name of Individual (Last, First, Middle STREIT, BARRY R, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5421 KELLOGG AVENUE			03 / D D / 31	Y Y Y Y 2018							
City EDINA	State MN	Zip Code 55424-1604	Transaction ID : PR255 Amount of Each Receipt								
FEC ID number of contributing federal political committee.	С			153.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of SIs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$76.92 Bi-\	Neekly)							
Full Name of Individual (Last, First, Middle B. NAASZ, SCOTT A, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3311 WILDS RIDGE NW			03 / D D / 31	Y Y Y Y 2018							
City PRIOR LAKE	State MN	Zip Code 55372-4540	Transaction ID : PR255 Amount of Each Receipt								
FEC ID number of contributing federal political committee.	С			76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	P/R Deduction (\$38.46 Bi-Weekly)								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		230.76									
Full Name of Individual (Last, First, Middle C. RAYBURN, MONICA L, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 5127 JACKSON PONDS C		7. 0.4	M M / D D / 31	2018 Y							
City SUGAR LAND	State TX	Zip Code 77479-4656	Amount of Each Receipt								
FEC ID number of contributing federal political committee.	С			78.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-	Neekly)							
SUBTOTAL of Receipts This Page (optional).				308.76							
TOTAL This Period (last page this line numb	er only)										

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 47 OF

ı ب	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)									
11	EIVILED RECEIPIS		for each category of the Detailed Summary Page		K 11a		11b	11c	12	<u> </u>				
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to se	olicit coi	ntrib	outions f	rom such	n committ	3 0.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Ini THOMAS, RICHARD D, , ,	itial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 5121 DUPONT AVENUE SOL													
	City MINNEAPOLIS	State MN	Zip Code 55419-1151						17544941 is Period	3				
	FEC ID number of contributing federal political committee.	С			<u> </u>			- 7-	194.0	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 582.00		P/R Ded	ucti	on (\$97.	.00 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Ini VOJTA, DENEEN, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 5201 KELLOGG AVENUE			03 / 31 / 2018 Transaction ID : PR2553475549413										
	City EDINA	State MN	Zip Code 55424-1304	_						}				
	FEC ID number of contributing federal political committee.	С	33424*1304		Amoun	t of	Each R	eceipt th	is Period 384.6	30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Bus Initiv Clin Aff	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	F	P/R Ded	uctio	on (\$192	2.30 Bi-W	'eekly)					
с.	Full Name of Individual (Last, First, Middle Ini FLAGSTAD, KARSTEN S, , ,	itial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 1002 141ST LANE NE				03	1	31	/ Y	2018 Y	Y				
	City HAM LAKE	State MN	Zip Code 55304-6770						01304941 is Period	3				
	FEC ID number of contributing federal political committee.	С			Ľ.		,		384.6	30				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Tech		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	1	P/R Ded	lucti	on (\$19:	2.30 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)			•			, .		963.2	20				
Г	OTAL This Period (last page this line number	only)	b	- •										

FOR LINE NUMBER:

PAGE 48 OF

IT.			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and S for commercial purposes, other than using the				ibutions							
	NAME OF COMMITTEE (In Full)	name and a	address of any political committee	e to solicit contributions from such com								
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init REIDY, GREGORY D, , ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 4836 W SUNSET BLVD				3							
	City TAMPA	State FL	Zip Code 33629-6448	Transaction ID : PR2554013349 Amount of Each Receipt this Peri								
	FEC ID number of contributing federal political committee.	С			76.92							
	Name of Employer (for Individual) United HealthCare Services Inc	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Init CLUTE, DANIEL J, , ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 7756 N 85TH STREET	03 / D D / Y Y 2018										
	City OMAHA	State NE	Zip Code 68122-1281	Transaction ID : PR2560064449 Amount of Each Receipt this Peri								
	FEC ID number of contributing federal political committee.	С			76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Init GIANCURSIO, DONALD J, , ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 72 MIDNIGHT RIDGE DR	Otata	7. 0.1	03 / D D / Y Y 2018	;							
	City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064949 Amount of Each Receipt this Peri								
	FEC ID number of contributing federal political committee.	С		38	34.60							
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			50	38.44							
Т	OTAL This Period (last page this line number of	only)										

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 49 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		and been any pointour committee	
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle I KUNEMUND, GREGG J, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 9040 RIVERBEND MANOR			M M / D D / Y Y Y Y Y 03 31 2018
City ALPHARETTA	State GA	Zip Code 30022-1813	Transaction ID : PR2560065349413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle I LIPPMAN, SHELDON, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 55 CLIFFIELD ROAD			03 31 Y Y Y Y Y 2018
City BEDFORD	State NY	Zip Code 10506-1210	Transaction ID : PR2560065449413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		194.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	—
Primary General Other (specify) ▼		582.00	P/R Deduction (\$97.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle I LUCHT, JEFFREY D, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 33 FOUR SEASONS DRIV			03 / D D / Y Y Y Y 2018
City ALTON	State NH	Zip Code 03809-4872	Transaction ID : PR2560065649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		194.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Underwriting	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 582.00	P/R Deduction (\$97.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			580.30
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

	EWIZED RECEIPTS			for each category of the Detailed Summary Page		× 11a		_	1b	11c	12	−
	y information copied from such Reports and Sta for commercial purposes, other than using the r								se of s			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (I	Un	itedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia MILICH, DAVID, , ,	al) or Full C)rga	nization Name	Date of Receipt							
	Mailing Address 2702 BIRCHMERE COURT			1		M 03		1	^{D D} 31	/ Y	2018	Y
	City KATY	State TX		Zip Code 77450-1303							066049	
				77430-1303	_	Amou	unt of	f Ea	ach Re	eceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	С	_			<u> </u>	_	-			19	2.32
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO			Mem	no It	em			
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻								
	Primary General Other (specify) ▼		-	576.96		P/R D	educt	tion	(\$96.1	6 Bi-W	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia NOEL, TIMOTHY J, , ,	al) or Full C	rga	nization Name		Date	of R	lece	ipt			
	Mailing Address 4316 FREMONT AVENUE SOU	ITH				M 03		/	D D D 31	/ Y	2018	Y
	City MINNEAPOLIS	State MN		Zip Code 55409-1721							398849 nis Perio	
	FEC ID number of contributing federal political committee.	C	_					-7		- 7	38	4.60
	Name of Employer (for Individual) United HealthCare Services Inc		cupa P Pr	tion (for Individual) d			Mem	no It	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1153.80]	P/R De	educt	tion	(\$192.	30 Bi-V	Veekly)	
с.	Full Name of Individual (Last, First, Middle Initia CRONIN, JAMES, , ,	al) or Full C	rga	nization Name		Date	of R	lece	ipt			
	Mailing Address 241 WALLACE RD					M 03		/	31	/ Y	2018	Y
	City	State		Zip Code		Tra	nsac	tior	n ID : I	PR2560	821149	413
	BEDFORD	NH		03110-5144		Amou	unt of	f Ea	ach Re	eceipt th	nis Perio	bd
	FEC ID number of contributing federal political committee.	C	_					,		9	38	4.60
	Name of Employer (for Individual) United HealthCare Services Inc	Occ SVF		tion (for Individual)			Mem	no It	em			
	Receipt For: Primary General Other (specify)	1		ar-to-Date ▼ 1153.80]	P/R D	educ	tion	(\$192	.30 Bi-V	Veekly)	
	UBTOTAL of Receipts This Page (optional)				• -	Ē	-	,	-		96	1.52
Т	OTAL This Period (last page this line number or	יייי)		•••••••	•	l		-	_			

SCHEDULE A (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

	EIVIZED RECEIPTS			Detailed Summary Page	×	11a		11	b	11c		12	
						13		14		15		16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
$\Big)$	UnitedHealth Group Incorporated				(C)								
Α.	Full Name of Individual (Last, First, Middle Initial THOMPSON, CHARLES NICHOLAS, , ,) or Full O	rgar	nization Name	[Date of	Re	ecei	pt				
	Mailing Address 5217 EDGEWOOD ROAD					м м 03	/	ľ	31	/ Y		ү 018	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2561	3589	94941:	3
	LITTLE ROCK	AR		72207-5413	/	Amount	of	Ead	ch Re	eceipt tl	nis P	Period	
	FEC ID number of contributing federal political committee.	С						-			_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Affs		Me	emo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) V	, .99. oguto		1153.80	P	/R Ded	uctio	on ((\$192	.30 Bi-\	Veek	dy)	
			Ţ	1100.00									
В.	Full Name of Individual (Last, First, Middle Initial LUND, BRIAN W, , ,) or Full O	rgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 464 EAST NORTH AVE					MM	/			/ Y		Y	Y
	<u></u>	Ctoto		Zin Codo	41	03	ι.	L	31	1 L	20	018	
	City GRANTSBURG	State WI		Zip Code 54840-7423						PR2561			
			_	54040-7425	-	Amount	OT	Ea	cn Re	eceipt tl	IS P	riod	
	FEC ID number of contributing federal political committee.	С	_				_	-			_	78.0	0
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir	•	ion (for Individual)		Me	emo	o Ite	əm				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General				P/	R Ded	uctio	on (\$39.0	0 Bi-W	eekly	/)	
	Other (specify) v		,	234.00									
C.	Full Name of Individual (Last, First, Middle Initial CAVANAUGH, LARRY W, , ,) or Full O	rgar	nization Name	[Date of	Re	ecei	pt				
	Mailing Address 520 NE 20TH ST # 1010					^M 03	/		31	/ Y)18 [°]	Y
	City	State		Zip Code		Trans	act	ion	ID : I	PR2563	2110	04941	3
	WILTON MANORS	FL		33305-2162	/	Amount	of	Ead	ch Re	eceipt t	nis P	Period	
	FEC ID number of contributing federal political committee.	С						y		,	_	78.0	0
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		M	emc	o Ite	əm				
	United HealthCare Services Inc	Spc	Ben	Govt Dntl SIs Mgr									
		Aggregate	Yea	r-to-Date ▼									
	Primary General			234.00	P.	/R Ded	ucti	on ((\$39.0	00 Bi-W	eekly	y)	
	Other (specify)		-	204.00									
s	UBTOTAL of Receipts This Page (optional)			••••••				,			_	540.6	0
т	OTAL This Period (last page this line number on	ly)		·····				-					
										/			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 52 OF

		Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contribution	ns
NAME OF COMMITTEE (In Full)				
> UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group PA	AC)	
Full Name of Individual (Last, First, Middle A. MACKENZIE, ANDREW C, , ,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 1912 IRVING AVE S			M M / D D / Y Y Y Y 03 31 2018	1
City MINNEAPOLIS	State MN	Zip Code 55403-2823	Transaction ID : PR2564297149413 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		384.60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)	
Full Name of Individual (Last, First, Middle B. WILLSON, JOSH A, , ,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 201 ADAMS CT	1-		03 / D D / Y Y Y Y Y 2018	
City COLLEYVILLE	State TX	Zip Code 76034-6811	Transaction ID : PR2564802549413 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		76.92	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P SLS SB and Spec Ben	Memo Item	
Receipt For:	Aggregate	Year-to-Date ▼		
Primary General Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)	
Full Name of Individual (Last, First, Middle CARLSON, CHRISTOPHER CH		organization Name	Date of Receipt	
Mailing Address 10618 WEST RIVER ROAD			03 / D D / Y Y Y Y Y 2018]
City BROOKLYN PARK	State MN	Zip Code 55443-1233	Transaction ID : PR2564802649413 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		384.60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cnsmr & Cust Experience	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional).			846.12	
TOTAL This Period (last page this line number	er only)			T.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 53 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)	(cł	(check only one)									
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		× 11a]11b	11c	12					
	ny information copied from such Reports and S													
or	for commercial purposes, other than using the	name and a	address of any political committee	e to s	solicit co	ntrik	outions 1	from such	1 committ	ee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Init HANSEN, PAUL DANIEL, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt							
	Mailing Address 18430 62ND PLACE NORTH				03 31 2018									
	City MAPLE GROVE	State MN	Zip Code 55311-4585						80274941 nis Period	3				
	FEC ID number of contributing federal political committee.			<u> </u>				194.0	00					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) htroller Mkt Grp		Μ	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 582.00		P/R Ded	ucti	on (\$97	.00 Bi-We	ekly)					
B.	Full Name of Individual (Last, First, Middle Init KENNY, KATHERINE L, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt							
	Mailing Address 22408 FITZGERALD DRIVE				м м 03	/	31) / Y	ү ү 2018	Y				
	City LAYTONSVILLE	State MD	Zip Code 20882-2301						30324941	3				
	FEC ID number of contributing federal political committee.	C			Amoun			receipt th	nis Period 78.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP of Acct Mgmt		М	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00		P/R Ded	ucti	on (\$39.	.00 Bi-We	ekly)					
С.	Full Name of Individual (Last, First, Middle Init MARDEN, PAUL O, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt							
	Mailing Address 718 HICKORY HILL RD		1		03		31		ү ү 2018					
	City FRANKLIN LAKES	State NJ	Zip Code 07417-1707						80334941 his Period	3				
	FEC ID number of contributing federal political committee.	С			Ľ.		y .	,	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80		P/R Ded	lucti	on (\$19	2.30 Bi-W	√eekly)					
s	UBTOTAL of Receipts This Page (optional)			•					656.6	60				
T	OTAL This Period (last page this line number	only)		-	Γ.		-							

SCHEDULE A (FEC Form 3X) DEOFIDTO

FOR LINE NUMBER:

PAGE 54 OF

		Use separate schedule(s)	(check o	nly o	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
Any information copied from such Reports and								
or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	ne name and a	ddress of any political committee	e to solicit o	contri	outions t	rom sucr		ee.
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle MOQUIST, DARREN C, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 5004 ARDEN AVE			03		31) / Y	y y 2018	Y
City EDINA	State MN	Zip Code 55424-1314					30344941 is Period	3
FEC ID number of contributing federal political committee.	C						384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R D	educt	ion (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle B. O'HARE, TAMMY A, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 2420 SAINT GEORGE WA	/		03		31		2018	Ŷ
City BROOKEVILLE	State MD	Zip Code 20833-3265					0394941: is Period	3
FEC ID number of contributing federal political committee.	С					-	78.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs		Mem	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/R De	educti	on (\$39.	00 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle BERNS, DEBRA J, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt			
Mailing Address 3209 GALLERIA UNIT 1705			03	3	31		2018 Y	
City EDINA	State MN	Zip Code 55435-2556					30404941 is Period	3
FEC ID number of contributing federal political committee.	С		Ē		y		384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of CompInc/Ethics Off		Mem	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (optional).					, .	. ,	847.2	20
TOTAL This Period (last page this line number	er only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 55 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle WICKS, TIMOTHY A, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 2600 WEST LAFAYETTE F PO BOX 454			03 31 / Y Y Y Y Y 2018
City EXCELSIOR	State MN	Zip Code 55331-9417	Transaction ID : PR2565448649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle CARTER, WILLIAM CHARLES, ,		organization Name	Date of Receipt
Mailing Address PO BOX 920679	1		03 31 / Y Y Y Y Y 2018
City HOUSTON	State TX	Zip Code 77292-0679	Transaction ID : PR2565448749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. ZAMORE, DENISE V, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 180 FELT ROAD	04-4-	7. 0.1	03 / D D / Y Y Y Y Y 2018
City SOUTH WINDSOR	State CT	Zip Code 06074-3864	Transaction ID : PR2567129549413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ssc Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			538.44
TOTAL This Period (last page this line number	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

			for each category of the Detailed Summary Page		11a 13		11b	11c	12	17
or for commercial purp	oses, other than using the		I ay not be sold or used by a address of any political com		for the p		ose of	soliciting	contribu	tions
NAME OF COMMIT		d PAC (I	UnitedHealth Group	p PAC)						
Full Name of Individ ARNONE, WENE	dual (Last, First, Middle Init DY D, , ,	ial) or Full C	Organization Name		Date of	Red	ceipt			
Mailing Address 524	43 E DESERT PARK LANE				м м 03	/	31	/ Y	ү ү 2018	Y
City PARADISE VALLEY	1	State AZ	Zip Code 85253-3015						90054941	3
FEC ID number of of federal political com	contributing	C	63233-3013	/	Amount	of I	Each R	eceipt th	iis Period 384.	60
Name of Employer United HealthCare S	· · · ·		upation (for Individual) In CEO		Ме	emo	Item			
Receipt For: Primary Other (specify	General) ▼	-	Year-to-Date ▼ 961.50		/R Dedu	ıctio	on (\$192	2.30 Bi-W	/eekly)	
B. PARRILLO, CH	dual (Last, First, Middle Init	ial) or Full C	Organization Name		Date of	Red	ceipt			
	01 WEXCROFT DRIVE				м м 03	/	D D D 31	/ Y	2018	Y
City BRENTWOOD		State TN	Zip Code 37027-3824	/					7 7824941 iis Period	3
FEC ID number of of federal political com	0	С					,	-	76.	92
Name of Employer United HealthCare S			upation (for Individual) Ntwk Contrctng		Me	mo	Item			
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 230.70		/R Dedu	ictio	n (\$38.4	46 Bi-We	eekly)	
Full Name of Individ c. MOYER, BRU	dual (Last, First, Middle Init	ial) or Full C	Organization Name		Date of	Red	ceipt			
#80	42 BROADWAY STREET 02				03 ^M	/	31	/ Y	ү 2018	Y
City SAN ANTONIO		State TX	Zip Code 78209-6463						77834941	3
FEC ID number of of federal political com	0	С			Amount				iis Period 78.	00
Name of Employer (Optum Services, Inc			upation (for Individual) Gen Mgmt		Me	emo	ltem			
Receipt For: Primary Other (specify	General	Aggregate	Year-to-Date ▼ 234.00		9/R Dedu	uctic	on (\$39.)	00 Bi-We	eekly)	
SUBTOTAL of Receip	ots This Page (optional)								539.	52
TOTAL This Period (la	ast page this line number of	only)					,			

FOR LINE NUMBER:

PAGE 57 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle Ir A. HINTON, DUSTIN, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address W132N6475 MARACH RD			M M / D D / Y Y Y Y 03 31 2018
City	State WI	Zip Code	Transaction ID : PR2571978749413
MENOMONEE FALLS	VVI	53051-6085	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) V		1153.80	P/R Deduction (\$192.30 Bi-Weekly)
			-
Full Name of Individual (Last, First, Middle Ir CARLSON, KEVIN JAMES, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 4511 BROWNDALE AVENU			03 / D D / Y Y Y Y Y 2018
City EDINA	State MN	Zip Code 55424-1142	Transaction ID : PR2572590049413
	IVIIN	55424-1142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		576.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir c. WIFFLER, THOMAS P, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1421 SOMERFIELD DRIVE			03 / D D / Y Y Y Y 03 31 2018
City BOLINGBROOK	State IL	Zip Code 60490-3207	Transaction ID : PR2572992749413
		00700-0207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual)		upation (for Individual)	Memo Item
United HealthCare Services Inc Receipt For:		Unit CEO	_
Primary General Other (specify)		Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			961.50
TOTAL This Period (last page this line number	only)	······	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

			for each category of the Detailed Summary Page	×	11a 13		11b		11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the nar				or the		pose		oliciting	contribu	tions
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (I	UnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial) GOETZ, MERRITT D, David, ,	or Full C	Drganization Name	D	ate of	Re	ceip	t			
	Mailing Address 901 CLEARVIEW DR				^M 03	/		31	/ Y	2018	Y
	5	State TN	Zip Code							7734941	3
	NASHVILLE		37205-1915	_ A	mount	of	Eacl	h Reo	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C			_		,		-9	384.	60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) CInt Svc Acct Mgt	1	Me	emo	lter	n			
		ggregate	e Year-to-Date ▼								
	Primary General Other (specify) ▼		1153.80	P/I	R Dedu	uctic	on (\$	\$192.3	30 Bi-W	/eekly)	
	Full Name of Individual (Last, First, Middle Initial) QUINN, PATRICK G, , ,	or Full C	Drganization Name	D	ate of	Re	ceip	t			
	Mailing Address 15972 WETHERBURN RD			1	03	/		31	/ Y	2018	Y
	City CHESTERFIELD	State MO	Zip Code 63017-7341				-			1874941 is Period	3
	FEC ID number of contributing federal political committee.	C					-		-9	116.	92
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO	1	Me	emo	lter	n			
	Receipt For: A Primary General Other (specify) ▼	ggregate	e Year-to-Date ▼ 330.76	P/F	R Dedu	uctio	on (\$	58.46	6 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) GROZDANICH, PATTIE, , ,	or Full C	Drganization Name	D	ate of	Re	ceip	t			
	Mailing Address 12540 ROBINSON ST APT 6201				^M 03	/		31	/ Y	ү 2018	Y
	City OVERLAND PARK	State KS	Zip Code 66213-1418							51884941	3
		_	002101110		mount	of	⊦acl	n Reo	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C		Į,	-	_	y		y	76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Contrctng		Me	emo) Iter	m			
	Receipt For: A Primary General Other (specify)	ggregate	e Year-to-Date ▼ 230.76	P/I	R Dedi	uctio	on (\$	\$38.4	6 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			ſ			1			578.4	14
т	OTAL This Period (last page this line number only)	·····	Ī			-		-		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

	Detailed Summary Page	X 11a 11b 11c 12								
ny information copied from such Reports r for commercial purposes, other than us	and Statements may not be sold or used by an ing the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)										
^{>} UnitedHealth Group Incorp	orated PAC (UnitedHealth Group	PAC)								
Full Name of Individual (Last, First, Mic RICHARD, DARYL P, , ,	Idle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 24 WEST RIDGE DRI		03 / D D / Y Y Y Y Y 03 31 2018								
City	State Zip Code	Transaction ID : PR2574979049413								
WEST HARTFORD	CT 06117-2065	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	76.92								
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Comm	Memo Item								
Receipt For:	Aggregate Year-to-Date ▼									
Primary General		P/R Deduction (\$38.46 Bi-Weekly)								
Other (specify)	230.76									
Full Name of Individual (Last, First, Mic SIMPSON, TRENT L, , ,	Idle Initial) or Full Organization Name	Date of Receipt								
Mailing Address 3111 NORCREST AVE	N	03 31 2018								
City	State Zip Code	Transaction ID : PR2574985049413								
STILLWATER	MN 55082-1779	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	76.92								
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt	Memo Item								
Receipt For:	Aggregate Year-to-Date ▼									
Primary General Other (specify) ▼	230.76	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Mic CIANFROCCO, HEATHER F		Date of Receipt								
Mailing Address 2799 WEST BARDON	NER ROAD	03 31 2018								
City	State Zip Code	Transaction ID : PR2574986249413								
GIBSONIA	PA 15044-8462	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C	384.60								
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item								
United HealthCare Services Inc	Bus Segment CEO	-								
Receipt For:	Aggregate Year-to-Date ▼									
Primary General		P/R Deduction (\$192.30 Bi-Weekly)								
Other (specify)	1153.80									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 60 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a □ 11b □ 11c □ 12
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate			
Full Name of Individual (Last, First, Middle Initi A. KAPLAN-LEWIS, DEBRA N, , ,	ial) or Full C	Organization Name	Date of Receipt
Mailing Address 41 WILDWOOD DR			03 / D D / Y Y Y Y 2018
City	State MA	Zip Code	Transaction ID : PR2574986949413
SOUTHBOROUGH	IVIA	01772-1989	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initi B. BURNETT, JAMIE, , ,	ial) or Full C	Organization Name	Date of Receipt
Mailing Address 4625 EWING AVENUE SOUTH	4		03 31 2018
City	State	Zip Code	Transaction ID : PR2574988249413
MINNEAPOLIS	MN	55410-1745	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		78.00
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initi C. LANG JACOBSEN, HEATHER A,		Organization Name	Date of Receipt
Mailing Address 11382 MOUNT CURVE RD			03 31 2018
City	State	Zip Code	Transaction ID : PR2574991449413
EDEN PRAIRIE	MN	55347-2918	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item
Receipt For:	· · ·	, 0	
Primary General Other (specify)	Ayyreyale	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			539.52
TOTAL This Period (last page this line number of			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 61 OF

171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ one	e)					
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15		Г	17	
	y information copied from such Reports and S for commercial purposes, other than using the							soliciting	contr	ibutic	ons	
$\overline{\}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group F	PAC)								
Α.	Full Name of Individual (Last, First, Middle Init ALLAZETTA, DAVID W, , ,	ial) or Full O	Organization Name		Date of	Rec	eipt					
	Mailing Address 339 DARTMOUTH HILLS STF	REET		03 31 2018								
	City S		Zip Code		Transaction ID : PR2574995449413							
	LAS VEGAS	NV	89138-1544		Amount	of E	Each Re	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	С			192.30							
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	Item					
	United HealthCare Services Inc	Hlth	n Plan CEO		_							
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		- F	P/R Ded	uctior	n (\$96.1	5 Bi-We	ekly)				
			576.90									
	Full Name of Individual (Last, First, Middle Init WILLIAMS, JOSEPH RANDY, , ,	ial) or Full O	Organization Name		Date of	Poo	oint					
р.	Mailing Address 3221 FORSYTH DRIVE						eipt	/ .	Y	V V	-	
					03	,	31	, 1	2018			
	City	State	Zip Code		Trans	actio	n ID : F	PR25750	008849	9413		
	GREENSBORO	NC	27407-7221		Amount	of E	Each Re	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	С			153.85							
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) M&R Reg VP of SIs				emo	ltem					
	Receipt For:	Aggregate	Year-to-Date V		1							
	Primary General Other (specify) ▼		, 461.55		P/R Dedu	uctior	า (\$153.	.85 Bi-W	/eekly))		
С.	Full Name of Individual (Last, First, Middle Init FRIDELL, CATHERINE MARIE, ,		Organization Name		Date of	Rec	eipt					
	Mailing Address 11 E STONEWALL DRIVE				03 ^M	/	D D 31	/ Y	2018			
	City	State DE	Zip Code		Trans	actio	on ID : F	PR2575	027549	9413		
	MIDDLETOWN		19709-3810		Amount	of E	Each Re	eceipt th	is Per	iod		
	FEC ID number of contributing federal political committee.	С			<u> </u>	,				76.66	;	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms		M	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 233.31	F	P/R Ded	uctio	n (\$38.3	33 Bi-We	eekly)			
⊢	UBTOTAL of Receipts This Page (optional)			▶ ▶		, ,			42	22.81		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 62 OF

	EMIZED RECEIPIS			or each category of the Detailed Summary Page		X 11a		11k	· –	11c 15	12		17		
	y information copied from such Reports and State for commercial purposes, other than using the nat					for the		pose	e of s	oliciting	contr	ibutio	ons		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) DUNCAN, MICHELE M, , ,	or Full O	rgar	nization Name		Date of Receipt									
	Mailing Address 3038 FAIRWAY CIRCLE					03 / D D / Y Y Y Y 2018									
	City CHASKA	State MN		Zip Code 55318-3408		Transaction ID : PR2575029649413									
		C		33310-3400		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (•	ion (for Individual) Ipli		N	lemo	o Ite	m						
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	r-to-Date ▼ 1153.80		P/R Dec	ductio	on (\$192.	30 Bi-W	/eekly))			
в.	Full Name of Individual (Last, First, Middle Initial) O'BRIEN, JENNIFER M, , ,	or Full O	rgar	nization Name		Date c	of Re	eceip	pt						
	Mailing Address 395 WOODLAWN AVE					03	/	D	31	/ Y	2018		ſ		
	City SAINT PAUL	State MN	Zip Code 55105-1339				-		R25750 ceipt th						
	FEC ID number of contributing federal political committee.	С						-9-	_	-	3	84.6	D		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Chief Compli Off Aggregate Year-to-Date ▼ 1153.80					Memo Item								
	Receipt For: A Primary General Other (specify) ▼ I						P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) JONCZYK, MICHAEL, , ,	or Full O	rgar	nization Name		Date c	of Re	eceip	pt						
	Mailing Address 6336 URBANDALE LANE NORTH					03 31 2018									
	City MAPLE GROVE	State MN		Zip Code 55311-1384	-			-		R2575					
	FFO ID number of contribution	С	ï			Amour		Eac	in Re	ceipt th		76.92	2		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	•	ion (for Individual) sury		Memo Item									
	Receipt For: A Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•				7		9	84	46.12	2		
т	OTAL This Period (last page this line number only	′)		····· •	-			-		-		-			

FOR LINE NUMBER:

PAGE 63 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle MADDOX, JEFFREY L, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5610 PURDUE AVE			03 / D D / Y Y Y Y 2018						
City DALLAS	State TX	Zip Code 75209-4431	Transaction ID : PR2575039549413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ALLENBURG, THOMAS J, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6224 LOCH MOOR DR	03 / D D / Y Y Y Y Y 2018								
City	State	Zip Code	Transaction ID : PR2575039849413						
EDINA	MN	55439-1618	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle JORDAN, GARELL E, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6104 S 64TH DRIVE			03 / D D / Y Y Y Y 2018						
City LAVEEN	State AZ	Zip Code 85339-2917	Transaction ID : PR2575050249413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			346.14						
TOTAL This Period (last page this line numb	per only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 64 OF

		Use separate schedule(s)	(check only one)								
IEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c	12						
Any information copied from such Reports and or for commercial purposes, other than using the	Statements mane and a	l ay not be sold or used by any p ddress of any political committed	rson for the purpose to solicit contribution	of soliciting of from such	16 1 contributi 1 committe	0ns e.					
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	.C)								
Full Name of Individual (Last, First, Middle I A. LINDSAY, VIVIAN M, , ,	nitial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 14930 SW 39 ST			03 31 2018								
City	State	Zip Code	Transaction II	Transaction ID : PR2575054949413							
DAVIE	FL	33331-2767	Amount of Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С				192.3	0					
Name of Employer (for Individual)		upation (for Individual)	Memo Item	1							
United HealthCare Services Inc Receipt For:		P Ops	_								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$	96 15 Bi-We	ekly)						
Other (specify) V		576.90		50.10 Di 110	Jointy)						
Full Name of Individual (Last, First, Middle I B. CLACKO, MARY ANN GAVINSKI,		organization Name	Date of Receipt								
Mailing Address 6358 COTEAU TRAIL				D / Y 31	y y 2018	Y					
City	State	Zip Code	Transaction II								
	MN	55344-5205	Amount of Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item	١							
Receipt For:	Aggregate	Year-to-Date ▼	1								
Primary General Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I c. MCCARTY, CARY J, , ,	nitial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 8800 RUMFIELD RD				D / Y 31	2018	Y					
	State TX	Zip Code	Transaction II			;					
NORTH RICHLAND HILLS		76182-6131	Amount of Each	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С			y	78.0	0					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Iten	١							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$	39.00 Bi-We	eekly)						
SUBTOTAL of Receipts This Page (optional)					347.2	2					
TOTAL This Period (last page this line numbe	r only)			,							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 65 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)		aarooo or any poincal committe	s to concil contributions from such committee.							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 11359 ENTREVAUX DRIVE			03 31 2018							
City	State	Zip Code	Transaction ID : PR2575060249413							
EDEN PRAIRIE	MN	55347-2862	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
United HealthCare Services Inc	VP	Gen Mgmt								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I ZAETTA, CHRISTOPHER ROBER		organization Name	Date of Receipt							
Mailing Address 5840 RIDGE ROAD			03 / D D / Y Y Y Y 2018							
City	State	Zip Code	Transaction ID : PR2575068349413							
EXCELSIOR	MN	55331-8153	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment Gen Counsel	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I VERCHICK, TAMI, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 9916 DUSTY WINDS AVE			03 / D D / Y Y Y Y 2018							
City LAS VEGAS	State NV	Zip Code 89117-5986	Transaction ID : PR2575068949413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc	Occ Dir I	upation (for Individual) T	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			538.44							
TOTAL This Period (last page this line numbe	r only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 66 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17				
Any information copied from such Reports and or for commercial purposes, other than using the			erson for	the p		ose of	solicitir	ng contribu	tions			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	(C)									
Full Name of Individual (Last, First, Middle I CHRISTIAN, DENISE, , ,	nitial) or Full C	organization Name	Da	Date of Receipt								
Mailing Address 5 WINGATE COURT			N	03	/	D D D 31	1	2018	Y			
City	State PA	Zip Code						507144941				
FLOURTOWN		19031-1117	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Clin Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I B. NICHOLS, SANDRA B, , ,	organization Name	Da	ate of	Re	ceipt							
Mailing Address 12706 YOUNG LANE		N	03 / D D / Y Y Y Y 03 31 2018									
City NORTH POTOMAC	State MD	Zip Code 20878-6112						507454941 this Perioc				
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc	Occ Sha		Me	mo	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I UPCHURCH, KAREN A, , ,	nitial) or Full C	organization Name	Da	ate of	Re	ceipt						
Mailing Address 5023 OAKMONT PLACE			Ν	03	/	D D D D D D D D D D D D D D D D D D D	1	2018	Y			
	State	Zip Code						50844494 ⁻				
WESTERVILLE	OH	43082-8781	An	nount	of	Each R	eceipt t	this Period				
FEC ID number of contributing federal political committee.	С			_		,	. ,	76	92			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)								846.	12			
TOTAL This Period (last page this line number			Ē			, .	- 7					

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 67 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle HEROLD, STACI L, , ,		rganization Name	Date of Receipt							
Mailing Address 15008 GREEN OAKS TR S	SE	Zip Code	03 / 0 + D + D = 2018							
PRIOR LAKE	MN	55372-2159	Transaction ID : PR2575093049413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle WHEELER, TISA, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 6085 WATER ST APT 2453			03 / D D / Y Y Y Y 2018							
City PLANO	State TX	Zip Code 75024-0084	Transaction ID : PR2575138549413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		92.32							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 276.96	P/R Deduction (\$46.16 Bi-Weekly)							
Full Name of Individual (Last, First, Middle CARTER, JOCELYN CHISHOL		organization Name	Date of Receipt							
Mailing Address 601 SILVERSTONE DRIVE	1		03 / D D / Y Y Y Y 2018							
City MADISON	State MS	Zip Code 39110-7581	Transaction ID : PR2575141949413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			. 361.54							
TOTAL This Period (last page this line numb	er only)	•••••								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 68 OF

	Use separate schedule(s)	(check only one)							
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)		uness of any pullical committee							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I DEWALL, PATRICK J, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7662 RIDGEVIEW WAY			03 / D D / Y Y Y Y 03 31 2018						
City CHANHASSEN	State MN	Zip Code 55317-4507	Transaction ID : PR2575145349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I JONES, RON, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10066 ESCAMBIA BAY CT			03 / D D / Y Y Y Y Y 2018						
City NAPLES	State FL	Zip Code 34120-4621	Transaction ID : PR2575163549413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P CInt Relationship	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		750.00	P/R Deduction (\$125.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I HAMANN, CHAD A, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7638 RIDGEVIEW WAY	State	Zin Code	03 / D D / Y Y Y Y 03 31 2018						
City CHANHASSEN	MN	Zip Code 55317-4507	Transaction ID : PR2575170149413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			826.90						
TOTAL This Period (last page this line number	er only)	······ •							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 69 OF

		Use separate schedule(s)	(check onl	y one)								
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12						
Any information copied from such Reports and												
or for commercial purposes, other than using t	ne name and a	louress of any political committee	e lo solicit co	nundutions f	IUTII SUCP	i committe	e.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle I MCGUIRE, THOMAS J, , ,	nitial) or Full C	organization Name	Date o	f Receipt								
Mailing Address 41 CUMBERLAND ROAD			03									
City St. WEST HARTFORD C		Zip Code 06119-1121		saction ID : t of Each R			3					
FEC ID number of contributing federal political committee.	С				-	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	м	emo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Ded	luction (\$192	2.30 Bi-W	′eekly)						
Full Name of Individual (Last, First, Middle I DEMARIS, PETER JOHN, , ,	nitial) or Full C	organization Name	Date o	f Receipt								
Mailing Address 2301 OLIVER AVE S	04-44	Zin Code	03	/ D D 31	/ Y	2018	Y					
City MINNEAPOLIS	State MN	Zip Code 55405-2448		action ID :			}					
FEC ID number of contributing federal political committee.	С			t of Each R		76.9	2					
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	м	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Ded	uction (\$38.	46 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle I GRANBERG, MITCHELL W, , ,	nitial) or Full C	organization Name	Date o	f Receipt								
Mailing Address 6721 GALWAY DRIVE			03	31		2018						
City EDINA	State MN	Zip Code 55439-1313		saction ID : t of Each R			5					
FEC ID number of contributing federal political committee.	С				9	192.3	80					
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Dep	upation (for Individual) uty Gen Counsel	M	emo Item								
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Dec	luction (\$96.	.15 Bi-We	ekly)						
SUBTOTAL of Receipts This Page (optional)				. , .	,	653.8	2					
TOTAL This Period (last page this line number	er only)											

FOR LINE NUMBER:

PAGE 70 OF

	Use separate schedule(s)	(check only one)							
EIMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mand a	not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. CONDON, CRAIG, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 482 FAIROAK DRIVE			03 31 2018						
City SEVERNA PARK	State MD	Zip Code 21146-3130	Transaction ID : PR2575203149413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I VP SIs & Bus Dev	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FRANCIS, KEVIN B, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 15815 MINNETONKA BLVE)		M M / D / Y						
City MINNETONKA	State MN	Zip Code 55345-1410	Transaction ID : PR2575203349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CARRIS, DONNA M, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 5 PARK PLACE UNIT # 130	State	Zin Codo	03 / D D / Y Y Y Y Y 2018						
City ANNAPOLIS	MD	Zip Code 21401-3392	Transaction ID : PR2575212549413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		74.28						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 257.12	P/R Deduction (\$37.14 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			843.48						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 71 OF

	CEIDTE		Use separate schedule(s)	(ch	eck only	/ on	ie)	L			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12		
			y not be sold or used by any pe dress of any political committee								
NAME OF COMM		I PAC (L	InitedHealth Group PA	NC)							
	ividual (Last, First, Middle Initia R, JEFFREY P, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt				
Mailing Address	11842 DRIFTWOOD ROAD			M M / D D / Y Y Y Y 03 31 2018							
City EDEN PRAIRIE		State MN	Zip Code 55344-3262		Transaction ID : PR2575214649413 Amount of Each Receipt this Period						
FEC ID number of federal political co	0	С		<u> </u>		7	- 41-	76.9	92		
Name of Employe	, ,		pation (for Individual) Bundled Payment Svs		Me	emo	ltem				
Receipt For: Primary Other (spec	General Cify) ▼	Aggregate Y	Year-to-Date ▼ 230.76	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	ekly)		
	ividual (Last, First, Middle Initia TTHEW MACKINNON, ,		ganization Name		Date of	Re	ceipt				
Mailing Address	4649 EWING AVENUE SOUTH				м м 03	/	D D D 31	/ Y	2018	Ŷ	
City MINNEAPOLIS		State MN	Zip Code 55410-1745	-			-		2234941	3	
FEC ID number of	FEC ID number of contributing federal political committee.								is Period 384.	60	
Name of Employe			pation (for Individual) eputy Gen Counsel		Me	emo	Item				
Receipt For: Primary Other (spec	General cify) ▼	Aggregate Y	Year-to-Date ▼ 1153,80	F	P/R Dedu	uctic	on (\$192	30 Bi-W	'eekly)		
	ividual (Last, First, Middle Initia RLENE DAWN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt				
Mailing Address	9243 GREEN BRIAR RD			03 31 2018							
City BLOOMINGTON		State MN	Zip Code 55437-1939						23254941 is Period	3	
FEC ID number of federal political co		С			<u> </u>		y	. y	76.	3 2	
Name of Employe United HealthCar	. ,		pation (for Individual) een Mgmt	Memo Item							
Receipt For: Primary Other (spec	General Cify)	Aggregate Y	Year-to-Date ▼ 230.76		P/R Ded	uctio	on (\$38.	46 Bi-We	ekly)		
SUBTOTAL of Rec	eipts This Page (optional)		•••••				,	,	538.4	14	
TOTAL This Period	l (last page this line number or	ıly)	••••••	-			-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 72 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	-								
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middl A. KIRKPATRICK, SUSAN A, , ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 417 STERLING STREET			03 / D D / Y Y Y Y 03 31 2018						
City LANCASTER	State MA	Zip Code 01523-1847	Transaction ID : PR2575233649413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. CHOATE, THOMAS C, , ,	e Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 8222 STONE MASON CT			03 / D D / Y Y Y Y 2018						
City WINDERMERE	State FL	Zip Code 34786-5624	Transaction ID : PR2575247849413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	`	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middl c. DARRAH, JACQUELINE M, ,		organization Name	Date of Receipt						
Mailing Address 16942 HUBBARD TRAIL			03 / D D / Y Y Y Y 2018						
City LAKEVILLE	State MN	Zip Code 55044-5846	Transaction ID : PR2575248549413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ssc Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	l)		230.76						
TOTAL This Period (last page this line num	ber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 73 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mido BRANT, PAUL T, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 17 ROCKY BROOK RO	AD		M M / D D / Y Y Y Y 03 31 2018						
City WILTON	State CT	Zip Code 06897-1919	Transaction ID : PR2575250249413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Mido B. SHETTY, PRASANNA, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 41 HOYA ST			03 / D D / Y Y Y Y Y Y 2018						
City RANCHO MISSION VIEJO	State	Zip Code 92694-1283	Transaction ID : PR2575252049413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Sys Anlys	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Midc C. KORF, GRETCHEN R, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2120 WESTON LANE N			03 / D D / Y Y Y Y Y 2018						
City PLYMOUTH	State MN	Zip Code 55447-2372	Transaction ID : PR2575252249413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		538.44						
TOTAL This Period (last page this line nu	nber only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 74 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle BACHMANN, ANITA HART, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 815 NORTHERN SHORES			03 / D D / Y Y Y Y Y 2018						
City GREENSBORO	State NC	Zip Code 27455-3459	Transaction ID : PR2575258449413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		133.34						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 666.68	P/R Deduction (\$66.67 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ZARN, MARY H , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 11192 BLUESTEM LANE			03 / D D / Y Y Y Y Y 2018 2018						
City EDEN PRAIRIE	State MN	Zip Code 55347-4731	Transaction ID : PR2575269149413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		75.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$37.50 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. ESSLINGER, JOHN J, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4944 W 151ST TERRACE	1		03 / D D / Y Y Y Y 2018						
City LEAWOOD	State KS	Zip Code 66224-9744	Transaction ID : PR2575288949413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
United HealthCare Services Inc		upation (for Individual) I Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			285.26						
TOTAL This Period (last page this line number	er only)								

FOR LINE NUMBER:

PAGE 75 OF

			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	<u> </u>
	y information copied from such Reports and Sta for commercial purposes, other than using the r								
$\overline{)}$	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)					
A.	Full Name of Individual (Last, First, Middle Initia HAMBLIN, JILLIAN, , ,	ll) or Full O	rganization Name	Date	of Re	eceipt			
	Mailing Address 3103 BEACON GROVE ST			03		D D D 31	/ Y	2018	Y
	City	State TX	Zip Code					29034941	3
	SPRING	1	77389-4348	Amou	nt of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						76.9	92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Memo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R De	∍ducti	on (\$38.4	46 Bi-We	ekly)	
В.	Full Name of Individual (Last, First, Middle Initia BEAUREGARD, THOMAS RAYMON		rganization Name	Date	of Re	eceipt			
	Mailing Address 555 MILTON ROAD			03		D D 31	/ Y	2018	Y
	City GOSHEN	State CT	Zip Code 06756-1613					29514941:	}
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 384.60					30	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Innovation		Memo	ttem			
	Receipt For:	Aggregate	Year-to-Date ▼	1					
	Other (specify) ▼		, 1153.80	P/R De	ductio	on (\$192	.30 Bi-W	/eekly)	
С.	Full Name of Individual (Last, First, Middle Initia	ll) or Full O	rganization Name	Date	of Re	eceipt			
	Mailing Address 8 CLOISTER COURT			03	3	D D D 31	L	2018	
	City LADERA RANCH	State CA	Zip Code 92694-1556			-		30564941 is Period	3
	FEC ID number of contributing federal political committee.	С			_	, . , .	,	384.6	30
Name of Employer (for Individual) United HealthCare Services Inc		Occu Regi		Memo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R De	∍ducti	on (\$192	2.30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•			,		846.1	2
т	OTAL This Period (last page this line number or	וy)	••••••			-			

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 76 OF

TTEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12				
		, ,	13 14 15 16 1				
for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	InitedHealth Group PA					
Full Name of Individual (Last, First, Middle KRINN, DOUGLAS L, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3008 CYPRESS CIRCLE N	NORTH		03 31 2018				
City	State	Zip Code	Transaction ID : PR2575310149413				
MEDINA	MN	55340-8809	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item				
Receipt For:		Year-to-Date V	—				
Primary General Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle HUNT, BRADLEY W, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 6636 W SHORE DR			03 31 2018				
City	State	Zip Code	Transaction ID : PR2575310449413				
EDINA	MN	55435-1529	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle GOLDBERG, JEFFREY A, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3410 BRADLEY LANE			03 31 2018				
City	State	Zip Code	Transaction ID : PR2575326949413				
CHEVY CHASE	MD	20815-3262	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		78.00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item				
Receipt For:		Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 77 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mathematic name	l ay not be sold or used by any p address of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle A. PEEL, CHAD J, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 7185 GUNFLINT TRAIL			03 31 2018					
City CHANHASSEN	State MN	Zip Code 55317-4743	Transaction ID : PR2575329849413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		80.00					
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Prd	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. VAN HAM, COLLEEN HASTINGS		Organization Name	Date of Receipt					
Mailing Address 727 N EVERGREEN AVE			03 / D D / Y Y Y Y 03 31 2018					
City ARLINGTON HEIGHTS	State IL	Zip Code 60004-5566	Transaction ID : PR2575341949413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle TELESKY, MICHAEL J, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 2602 PENNINGTON PLAC		Za Osta	M M / D D / Y Y Y Y 03 / 31 2018					
City VALPARAISO	State IN	Zip Code 46383-9163	Transaction ID : PR2575350949413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		78.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			542.60					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 78 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Mi DOLL, KATHLEEN A, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3184 MULLIGAN LAN	Ξ		M M / D D / Y Y Y Y 03 31 2018					
City CHASKA	State MN	Zip Code 55318-3226	Transaction ID : PR2575385149413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc VP CInt Mgmt NMT							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Mi B. WINKLER, YASMINE, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1429 WEST WIGWAM			03 / D D / Y Y Y Y 31 2018					
City MOUNT PROSPECT	State	Zip Code 60056-2940	Transaction ID : PR2575390949413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mi C. FENLON, STEVEN R, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4925 DREW AVE S			03 / D D / Y Y Y Y 03 31 2018					
City MINNEAPOLIS	State MN	Zip Code 55410-1743	Transaction ID : PR2575392049413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		192.30					
Name of Employer (for Individual) United HealthCare Services Inc	Dep	upation (for Individual) uty Gen Counsel	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optic	nal)		653.82					
TOTAL This Period (last page this line n	umber only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 79 OF

			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose of	soliciting	g cont	tributio	ons
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial BRATTEBO, CRAIG L, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 10202 HARMONY CIRCLE				м м 03	/	D D 31	/ Y	ې 20	18	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-5019	A				PR2575 eceipt th			
	FEC ID number of contributing federal political committee.	С								192.3	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/	R Ded	uctio	on (\$96.	15 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initial GOTHARD, CAROL, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 16492 BROOKLANE BOULEVA		I		м м 03	1	D D D 31	/ Y	y 201	8	Y
	City NORTHVILLE	State MI	Zip Code 48168-8417					PR25754 eceipt th			
	FEC ID number of contributing federal political committee.	C			76.36					6	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	upation (for Individual) Fin		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 236.35	P/I	R Dedu	uctio	on (\$38.)	18 Bi-We	eekly)		
С.	Full Name of Individual (Last, First, Middle Initial MCGAVICK, KEVIN M, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 705 NOTTINGHAM COURT				^M 03	1	D D D 31	JL	201		
	City CRANBERRY TOWNSHIP	State PA	Zip Code 16066-6527	A				PR2575 eceipt th	-		•
FEC ID number of contributing federal political committee.		С		ļ			y .	, y		76.92	2
		Occupation (for Individual) Dir Bus Dvlp			M	əmc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/	R Ded	ucti	on (\$38.	46 Bi-W	eekly)	1	
s	UBTOTAL of Receipts This Page (optional)		····· •	[, .		:	345.58	8
Т	OTAL This Period (last page this line number on	ly)	·····	ĺ			-				

FOR LINE NUMBER:

PAGE 80 OF

		Use separate schedule(s)	(check only one)					
IIEWIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle A. O'HARA, KARIN R, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 1431 HENRY COURT			M M / D D / Y Y Y Y 03 31 2018					
City CHANHASSEN	State MN	Zip Code 55317-2200	Transaction ID : PR2575428749413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item					
Receipt For: Primary General Other (specify) \forall	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. CASTILLO, EFREM, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 307 JOLIET AVE			M M / D D / Y Y Y Y 03 31 2018					
City SAN ANTONIO	State TX	Zip Code 78209-5243	Transaction ID : PR2575441349413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Seg Chief Med Off	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. AXBERG, PAMELA JEAN STEC		organization Name	Date of Receipt					
Mailing Address 1427 BROOKSHIRE COUF			03 / D D / Y Y Y Y 2018					
City NEW BRIGHTON	State MN	Zip Code 55112-6390	Transaction ID : PR2575443849413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		8.68					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 397.62	P/R Deduction (\$4.34 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			470.20					
TOTAL This Period (last page this line number	er only)							

FOR LINE NUMBER:

PAGE 81 OF

ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)					
			for each category of the Detailed Summary Page		X 11a		11b	11c	12	
	y information copied from such Reports and S									
or	for commercial purposes, other than using the	e name and a	address of any political committee	e to s	solicit co	ntrik	outions	from such	n committ	ee.
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)						
	Full Name of Individual (Last, First, Middle Ini SPILKER, TIMOTHY M, , ,	tial) or Full C	Organization Name							
Α.	Mailing Address 32 FITCH LANE			_	Date o					14
	Maning Address 52 FITCH LANE				03		31) / Ү	2018	Y
	City	State	Zip Code		Trans	sact	ion ID :	PR25754	44634941	3
	NEW CANAAN	СТ	06840-5051	_	Amoun	t of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-		384.	60
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	tem			
	United HealthCare Services Inc	Reg	gn CEO							
	Receipt For: Primary General	Aggregate	Year-to-Date V							
	Other (specify)		1153.80	11.	P/R Ded	lucti	on (\$19	2.30 Bi-W	/eekly)	
			-9F							
в.	Full Name of Individual (Last, First, Middle Ini HAUTMAN, MILLA, , ,	tial) or Full C	Organization Name		Date o	f Re	eceipt			
	Mailing Address 410 SYCAMORE CIRCLE				03	/	31) / Y	y y 2018	Y
	City	State	Zip Code						4714941	3
	PLYMOUTH	MN	55441-5667	_	Amoun	t of	Each F	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u> </u>	_			384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off		М	emo	b Item			
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		1	P/R Deduction (\$192.30 Bi-Weekly)						
<u> </u>	Full Name of Individual (Last, First, Middle Ini BOOKER, ROBERT E, , ,	tial) or Full C	Organization Name		Date o	f Re	eceipt			
	Mailing Address 16632 HANSON BLVD NW				03		31		2018	Y
	City	State	Zip Code		Trans	sact	ion ID :	PR2575	44724941	3
	ANDOVER	MN	55304-2089		Amoun	t of	Each F	Receipt th	is Period	
	FEC ID number of contributing federal political committee.	С					y	. ,	384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90]	P/R Dec	lucti	on (\$19	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)			•					1153.	30
_T	OTAL This Period (last page this line number	only)		-	Γ.		-			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 82 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpc	orated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Midd A. GEHLBACH, THOMAS E, , ,		rganization Name	Date of Receipt
Mailing Address 5380 YELLOWSTONE T	1	7.0.4	03 / D D / Y Y Y Y 03 31 2018
City MINNETRISTA	State MN	Zip Code 55331-9163	Transaction ID : PR2575448849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Underwriting	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. MCGLINCH, THOMAS S , , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 910 MIDWEST TRAIL N			03 / D D / Y Y Y Y 2018
City LAKE ELMO	State MN	Zip Code 55042-9658	Transaction ID : PR2575451649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Treasury	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Midd MURPHY, ERIC D, , ,	lle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5201 BLAKE ROAD			03 / D D / Y Y Y Y 2018
City EDINA	State MN	Zip Code 55436-1127	Transaction ID : PR2575453749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		538.44
TOTAL This Period (last page this line nur	mber only)	••••••	

FOR LINE NUMBER:

PAGE 83 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I EIVILED KEGEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle FRANZ, PHILLIP R, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 60 WALLACE ROAD			03 31 2018					
City MIDDLETOWN	State NJ	Zip Code 07748-2932	Transaction ID : PR2575463149413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		0.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$0.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle SADUSKE, NANETTE M, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4276 NICOLET DRIVE			03 / D D / Y Y Y Y Y 2018					
City GREEN BAY	State WI	Zip Code 54311-9798	Transaction ID : PR2575470249413					
		54311-9796	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.52					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻						
Primary General Other (specify) ▼		234.77	P/R Deduction (\$38.26 Bi-Weekly)					
Full Name of Individual (Last, First, Middle STARMANN, LYNN A, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 11701 WEMBLEY RD			03 31 Y Y Y Y Y 2018					
City LOS ALAMITOS	State CA	Zip Code 90720-4235	Transaction ID : PR2575494549413 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			153.44					
TOTAL This Period (last page this line numb	per only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 84 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements manual and a	L ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. HOWELL, NICHOLAS F, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 300 ORANGE GROVE AVE	INUE		M M / D D / Y Y Y Y 03 31 2018						
City SOUTH PASADENA	State CA	Zip Code 91030-1616	Transaction ID : PR2575510049413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. JOSEPH, MOLLY E, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 9209 GRAND SUMMIT BLV	/D		03 31 YYYYY 2018						
City DRIPPING SPRINGS	State TX	Zip Code 78620-2882	Transaction ID : PR2575521749413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1152.00	P/R Deduction (\$192.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle HEBERT, PAUL B, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 13 GOVERNORS ROW	State	Zin Code	03 / D D / Y Y Y Y 03 / 31 / 2018						
City WEST HARTFORD	CT	Zip Code 06117-1931	Transaction ID : PR2575522349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		250.00						
United HealthCare Services Inc		upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	P/R Deduction (\$125.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			1018.60						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

PAGE 85 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle A. DI RE, BERNADETTE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1 NORFOLK LANE			M M / D D / Y Y Y Y 03 31 2018
City HOLLISTON	State MA	Zip Code 01746-2362	Transaction ID : PR2575522549413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. CROCKETT, DOUGLAS F, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5938 DEER HOLLOW COU	RT		M M / D D / Y Y Y Y 03 31 2018
City PITTSBORO	State IN	Zip Code 46167-9583	Transaction ID : PR2575526049413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		114.28
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 357.12	P/R Deduction (\$57.14 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. COHEN, SANFORD P, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 28 CRESCENT LANE			03 / D D / Y Y Y Y 03 31 2018
City LEVITTOWN	State NY	Zip Code 11756-2506	Transaction ID : PR2575526149413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			575.80
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 86 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	NC)									
Full Name of Individual (Last, First, Middle A. HERNANDEZ, MAYRENE, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 850 SW 189TH AVENUE												
City	State	Zip Code	Transaction ID : PR2575529249413									
PEMBROKE PINES	FL	33029-6047	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)									
Other (specify)		230.76										
Full Name of Individual (Last, First, Middle B. HOLOVNIA, KRISTEN NOEL AN		rganization Name	Date of Receipt									
Mailing Address 4610 LAKEVIEW DRIVE			03 31 2018									
City	State	Zip Code	Transaction ID : PR2575533049413									
EDINA	MN	55424-1518	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. HILL, JANE B, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 34301 299TH PLACE			M M / D D / Y									
	State MN	Zip Code	Transaction ID : PR2575533149413									
AITKIN		56431-5914	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		· · · · · · · · · · · · · · · · · · ·	346.14									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 87 OF

17			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
$\overline{\nabla}$	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia HAMLIN, THOMAS A, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2800 NEWMAN			03 / D D / Y Y Y Y 2018								
	City HOUSTON	State TX	Zip Code 77098-1408	Transaction ID : PR2575536249413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sehvrl Med Dir	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
R	Full Name of Individual (Last, First, Middle Initia SUN, TONY, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 8408 ENSLEY PLACE			03 31 2018								
	City	State	Zip Code	Transaction ID : PR2575540249413								
	LEAWOOD	KS	66206-1402	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄Ied Dir	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia STEINBRECHER, HOLLY, , ,	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2101 LILAC LANE			03 / D D / Y Y Y Y 03 31 2018								
	City FRISCO	State TX	Zip Code 75034-3652	Transaction ID : PR2575544549413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			346.14								
т	OTAL This Period (last page this line number on	nly)										

FOR LINE NUMBER:

PAGE 88 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle Ir MOCK, CURTIS A, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 23 KELTON STREET			03 31 Y Y Y Y Y							
City REHOBOTH	State MA	Zip Code 02769-2530	Transaction ID : PR2575579249413							
		02709-2330	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)							
		, ,	-							
Full Name of Individual (Last, First, Middle Ir B. WINSOR, ELIZABETH C, , ,	iitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 57 WILDERS PASS	Otata	The Orde	03 / D D / Y Y Y Y 03 31 2018							
City CANTON	State CT	Zip Code 06019-2259	Transaction ID : PR2575582849413							
	01	00013-2233	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) O NA Acct	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir C. HARRIS, EUGENE M, , ,	iitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2832 HARBORSIDE WAY			M M / D D / Y							
City SOUTHPORT	State NC	Zip Code 28461-8373	Transaction ID : PR2575585449413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Brkr SIs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			653.82							
TOTAL This Period (last page this line number	only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 89 OF

							(check only one)							
			for each category of the Detailed Summary Page		1 1a		11b	11c		Г	17			
	nation copied from such Reports and Stat mercial purposes, other than using the n				for the		ose of	soliciting	g contr	ributio	ons			
	of COMMITTEE (In Full) edHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)										
	me of Individual (Last, First, Middle Initial ER, BRIAN, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
Mailing	Address 17210 62ND AVE NORTH			03 31 2018										
City MAPLE	E GROVE	State MN	Zip Code 55311-6406					PR25755 eceipt th						
	number of contributing political committee.	С					y			76.92	2			
Optum	of Employer (for Individual) Services, Inc	Occu VP I	pation (for Individual) T		M	emo	Item							
	t For: Irimary General Dther (specify) ▼	Aggregate `	Year-to-Date ▼ 230.76	F	P/R Ded	uctic	on (\$38.4	46 Bi-We	ekly)					
	me of Individual (Last, First, Middle Initial CH, SHAWNA M, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
	Address 1735 HEMLOCK WAY				03	/	D D D 31	/ Y	2018	Y Y 8				
CHANE	HASSEN	State MN	Zip Code 55317-4515					PR25755						
FEC ID	political committee.	C		Amount of Each Receipt this Period)			
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) /led Clin Ops		M	emo	Item							
	t For: rimary General 0ther (specify) ▼	Aggregate `	Year-to-Date ▼ 1000.00	F	P/R Ded	uctic	n (\$200	.00 Bi-W	/eekly))				
	me of Individual (Last, First, Middle Initial ER, MICHAEL R, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
Mailing	Address 213 MAGILL DRIVE				03	/	D D D 31	/ Y	2018					
City GRAF	TON	State MA	Zip Code 01519-1328					PR2575						
	number of contributing political committee.	С			<u> </u>		y .			76.66	3			
Optum	of Employer (for Individual) Services, Inc		pation (for Individual) usiness Development Exe	Memo Item										
	rimary General Vither (specify)	Aggregate	Year-to-Date ▼ 233.31	F	P/R Ded	uctio	on (\$38.:	33 Bi-We	∍ekly)					
SUBTOT	AL of Receipts This Page (optional)			•			,	. ,	5	53.58	3			
TOTAL T	his Period (last page this line number on	ly)	••••••	-						-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 90 OF

ודר			(ch	(check only one)								
	MIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	1 7		
	r information copied from such Reports and Sta or commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initia CHIMENTO, LISA M, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
ſ	Mailing Address 524 FORT WILLIAMS PKWY				м м 03	1	31	/ Y	2018	Y		
	City ALEXANDRIA	State VA	Zip Code 22304-1849	_				PR2575				
-	FEC ID number of contributing	_		_	Amount	OT	Each H	leceipt th				
	ederal political committee.	С			<u>L-</u> -	-	-y	-	384	.60		
(Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) g Dir Optuml Cons		Me	emc	tem					
I	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1153.80		P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)			
	Full Name of Individual (Last, First, Middle Initia IVERSON, LISA M, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
-	Mailing Address 13341 CARRACH AVENUE	Otata	Zie Oo de		03	/	31	/ Y	2018	Y		
	City ROSEMOUNT	State MN	Zip Code 55068-4774					PR25756 leceipt th				
	FEC ID number of contributing rederal political committee.	С		384.60								
- I L	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Segment CFO	Memo Item								
Ī	Receipt For:	Aggregate `	Year-to-Date ▼									
	Other (specify)		, 1153.80		P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)			
	Full Name of Individual (Last, First, Middle Initia MCNUTT, DIANE L, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
-	Mailing Address 11524 ZION ROAD				03	/	31) / Y	2018 Y	Ŷ		
	City BLOOMINGTON	State MN	Zip Code 55437-3636					PR2575				
	FEC ID number of contributing rederal political committee.	С				. OI	,	Joseph and	384			
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Talent Officer		Me	emo	ttem					
Ī	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 1153.80		P/R Ded	ucti	on (\$19	2.30 Bi-V	Veekly)			
รเ	JBTOTAL of Receipts This Page (optional)			•			, .	. ,	1153	80		
тс	TAL This Period (last page this line number or	ly)		-			-					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 91 OF

				or each category of the Detailed Summary Page	×	11a		_	11b 14		110	; [12 16	1 1		
	y information copied from such Reports and State for commercial purposes, other than using the na					for th		rpo	ose		solicit		contrib	utions		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Uni	tedHealth Group F	PAC)											
Α.	Full Name of Individual (Last, First, Middle Initial) COSTA, JOEL, , ,	or Full C	Drgan	ization Name		Date of Receipt										
	Mailing Address 775 WESTCHESTER AVENUE					M M / D D / Y Y Y Y 03 31 2018										
	City SHAKOPEE	State MN		Zip Code									58494			
	SHAROPEE	IVIIN		55379-4557	′	Amou	nt of	fΕ	Eac	h Re	eceip	this	Perio	t		
	FEC ID number of contributing federal political committee.	С						-,	,				230	.76		
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	•	on (for Individual)			Mem	0	Iter	n						
	Receipt For:	Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		- -	692.28	P	/R De	educt	tior	n (\$	6115	.38 B	i-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initial) KING, SARAH D, , ,	or Full C	Drgan	ization Name		Date	of R	lec	eip	t						
	Mailing Address 116 CUTLER ROAD					м 03		/	D	31	/		y y 2018	Y		
	City GREENWICH	State CT		Zip Code 06831-2511									28494 Period			
	FEC ID number of contributing federal political committee.	С						-,	,				384	.60		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) SVP OptumI			Mem	10	lter	n						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1153.80	P	/R De	duct	ior	n (\$	5192.	.30 B	i-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initial) STOCKHOWE, MARK W, , ,	or Full C	Drgan	ization Name		Date	of R	lec	eip	t						
	Mailing Address 2108 MANOR DRIVE		-			03		/	D	31	/		2018	Y		
		State		Zip Code									99494			
	BURNSVILLE	MN		55337-2036	/	Amou	nt of	fΕ	Eac	h Re	eceip	this	Perio	tt		
	FEC ID number of contributing federal political committee.	С				_		,	,		,		76	.92		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) or, Advisory Svcs			Mem	10	ltei	m						
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 230.76	P	P/R De	educt	tior	n (\$	\$38.4	46 Bi-	Wee	ekly)			
s	UBTOTAL of Receipts This Page (optional)												692	.28		
т	OTAL This Period (last page this line number only	y)			•											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 92 OF

			Use separate schedule(s)				(check only one)							
			for each category of the Detailed Summary Page		′ 11a 13		11b	11c		2 6	17			
	nation copied from such Reports and Stat nmercial purposes, other than using the n				for the		pose of	soliciting	g cont	ributio	ons			
	OF COMMITTEE (In Full) edHealth Group Incorporated	PAC (U	nitedHealth Group PA	NC)										
	ame of Individual (Last, First, Middle Initial ILTERS, SCOTT D, , ,) or Full Or	ganization Name		Date of	f Re	eceipt							
Mailing	Address 4 HEMLOCK COURT			03 31 2018										
City MANA	LAPAN	State NJ	Zip Code 07726-4254	_				PR2575						
	D number of contributing I political committee.	С					-			384.60)			
United	of Employer (for Individual) HealthCare Services Inc	Occu COO	pation (for Individual)		M	emo	tem							
	ot For: Primary General Other (specify) ▼	Aggregate \	′ear-to-Date ▼ 1153.80	F	P/R Ded	ucti	on (\$192	2.30 Bi-V	/eekly	()				
	ame of Individual (Last, First, Middle Initial) or Full Or	ganization Name		Date of	f Re	eceipt							
	Address 17829 63RD AVE N				03	1	31	/ Y	, 201	8				
City		State MN	Zip Code	_				PR25756						
	E GROVE		55311-4650	_	Amount	t of	Each R	eceipt th	iis Pe	riod				
	D number of contributing I political committee.	С			Ľ.		-		3	384.60	ס			
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) Segment CEO		M	emo	tem							
Receip		Aggregate	'ear-to-Date ▼											
	Primary General Other (specify) ▼		1153.80		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)				
	ame of Individual (Last, First, Middle Initial SON JR, STEPHEN L, , ,) or Full Or	ganization Name		Date of	f Re	eceipt							
Mailing	Address 2420 DURHAM MANOR DRIVE				^M 03	/	31	/ Y	y 201					
City FRAN	KLIN	State TN	Zip Code 37064-5266	-				PR2575						
FEC II	D number of contributing I political committee.	С								73.84	4			
United	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) Plan CEO		М	emo	tem							
	ot For: Primary General Other (specify)	Aggregate \	/ear-to-Date ▼ 261.52	l f	P/R Ded	lucti	on (\$36.	.92 Bi-W	eekly)					
SUBTOT	AL of Receipts This Page (optional)		•••••				,	. ,	B	343.04	1			
TOTAL	This Period (last page this line number on	ly)		-			-	- 40-		-				

FOR LINE NUMBER:

PAGE 93 OF

TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle CLARK, TERRENCE M, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 8 COOPER AVENUE			M = M / D = D / Y = Y = Y Y 03 31 2018
City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636949413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle CABANILLAS, MARIA A, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2105 SHERIDAN			03 / D D / Y Y Y Y 03 31 2018
City HOUSTON	State TX	Zip Code 77030-2107	Transaction ID : PR2575637349413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle DAVIS, BENTON V, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9825 NORTH 53RD PLAC	1	7.0.4	03 / D D / Y Y Y Y 03 31 2018
City PARADISE VALLEY	State AZ	Zip Code 85253-1634	Transaction ID : PR2575639249413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) GM Clin Comnty Ntwk	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 637.39	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional			846.12
TOTAL This Period (last page this line num	ber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 94 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mand a	I ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle NICOLL, DEREK, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 155 MEADOWVIEW LANE			03 31 2018							
City MEDINA	State MN	Zip Code 55340-4510	Transaction ID : PR2575648649413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.40							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.20	P/R Deduction (\$57.70 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. HERMAN, CRAIG S, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9609 WYOMING CIRCLE			03 31 / Y Y Y Y Y 2018							
City BLOOMINGTON	State MN	Zip Code 55438-1628	Transaction ID : PR2575650249413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. MCFANN, ELENA J, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 18925 24TH AVENUE NOF			03 / D D / Y Y Y Y Y 2018							
City PLYMOUTH	State MN	Zip Code 55447-2072	Transaction ID : PR2575654749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			884.60							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 95 OF

			Use separate schedule(s)				(check only one)							
	D RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	17			
	ion copied from such Reports and Sta ercial purposes, other than using the n				for the		oose of	soliciting	g contri	ibutio	ns			
	F COMMITTEE (In Full) Health Group Incorporated	I PAC (L	JnitedHealth Group PA	C)										
	e of Individual (Last, First, Middle Initia R, JANICE C, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
Mailing A	ddress 21 TREVINO CIRCLE				м м 03	/	D D D 31	/ Y	2018	ү ү 8	1			
City ANGEL F	IRE	State NM	Zip Code 87710					PR25756 eceipt th			_			
	umber of contributing blitical committee.	С					,			84.60				
United He	Employer (for Individual) ealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt		Me	emo	ltem							
	for: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P	P/R Ded	uctic	on (\$192	2.30 Bi-W	/eekly)	1				
	e of Individual (Last, First, Middle Initia I, CARL E, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	ddress 8675 AZURE SKY DRIVE				M M 03	/	D D D 31	/ Y	2018]			
City LAS VEG	24	State NV	Zip Code 89129-2227					PR25756						
FEC ID n	umber of contributing plitical committee.	С			Amount	. 01		eceipt th		78.00				
Name of Southwes	Employer (for Individual) t Medical Assoc. Inc.		upation (for Individual) Med Dir		Me	emo	ltem							
	ior: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ , 234.00		/R Dedu	uctic	on (\$39.(00 Bi-We	ekly)					
	e of Individual (Last, First, Middle Initia HELL, JILL K, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	ddress 11499 ASHLEY COURT				03 ^M	1	31	/ Y	2018]			
City INVER G	ROVE HEIGHTS	State MN	Zip Code 55077-5251				-	PR25750 eceipt th						
	umber of contributing plitical committee.	С					y	. y		76.92				
United He	Employer (for Individual) ealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item										
	or: nary General er (specify)	Aggregate	Year-to-Date ▼ 230.76	F	P/R Ded	uctio	on (\$38	46 Bi-We	∍ekly)					
SUBTOTAL	of Receipts This Page (optional)		••••••				9	9	5:	39.52				
TOTAL This	s Period (last page this line number or	ly)	••••••	-						-				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 96 OF

			Use separate schedule(s)				(check only one)							
11 ⊏[MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
	nformation copied from such Reports and Stat r commercial purposes, other than using the n													
N/	AME OF COMMITTEE (In Full)													
) U	InitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)										
	II Name of Individual (Last, First, Middle Initial STIDMAN, CHRISTOPHER J, , ,) or Full O	rganization Name		Date of	Re	ceipt							
Ma	ailing Address 6504 CHEROKEE TRAIL				м м 03	/	D D D 31	/ Y	ү ү 2018	Y				
Ci	ty DINA	State MN	Zip Code 55439-1109						6838494 ⁻					
	EC ID number of contributing				mount	OT	Each R	eceipt tr	nis Perioo					
	deral political committee.	С		15			7		384	.60				
	ame of Employer (for Individual) hited HealthCare Services Inc		upation (for Individual) CInt Relationship		Me	emo	Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/	R Dedu	uctio	on (\$192	2.30 Bi-V	Veekly)					
	III Name of Individual (Last, First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt							
	ailing Address 2751 MEETING PLACE	1			м м 03	/	31	/ Y	2018	Y				
Ci	•	State FL	Zip Code				-		68574941	-				
			32814-6136		mount	of	Each R	eceipt th	nis Perioo	3				
	EC ID number of contributing deral political committee.	С		384.60						.60				
	ame of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item							
Re		Aggregate	Year-to-Date ▼											
_	Other (specify) ▼		1153.80	P/I	R Dedu	uctio	on (\$192	.30 Bi-W	/eekly)					
	III Name of Individual (Last, First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt							
Ma	ailing Address 707 STONINGTON ROAD				03 ^M	/	D D D 31	/ Y	2018 Y	Y				
Ci S	ty ILVER SPRING	State MD	Zip Code 20902-1549						6928494 his Period					
	EC ID number of contributing deral political committee.	С					,	,		.92				
	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Corp Strat	Memo Item										
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/	'R Dedi	uctio	on (\$38.	46 Bi-W	eekly)					
SUE	TOTAL of Receipts This Page (optional)		>				, .	. ,	846	.12				
тот	AL This Period (last page this line number on	ly)	····· •											

FOR LINE NUMBER:

PAGE 97 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle FARRELL, STEPHEN J, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 50 MAJOR DOANE RD			03 31 Y Y Y Y Y 2018
City WELLFLEET	State MA	Zip Code 02667-7836	Transaction ID : PR2575696249413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) $ earrow$	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. PROKOCKI, ELIZABETH SOBER		rganization Name	Date of Receipt
Mailing Address 9746 SUNSET HILL DR			03 31 Y Y Y Y Y 2018
City LONE TREE	State CO	Zip Code 80124-6720	Transaction ID : PR2575705849413
FEC ID number of contributing		00124-0720	Amount of Each Receipt this Period
federal political committee.	C		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ntwk	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		576.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle WILSON, D ELLEN, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 400 STUART STREET 25D			03 31 Y Y Y Y Y 2018
City BOSTON	State MA	Zip Code 02116-5011	Transaction ID : PR2575708849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Human Capital	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			653.82
TOTAL This Period (last page this line number	er only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 98 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
> UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 7647 MARKER ROAD			03 31 2018
City SAN DIEGO	State CA	Zip Code 92130-5616	Transaction ID : PR2575719849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		113.68
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 363.14	P/R Deduction (\$56.84 Bi-Weekly)
Full Name of Individual (Last, First, Middle I B. KNORR, MOLLY LOUISE, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1144 PROSPECT AVENUE			03 / D D / Y Y Y Y 03 31 2018
City HARTFORD	State CT	Zip Code 06105-1124	Transaction ID : PR2575735449413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Risk Adjustment	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 3233 TIMBERWOLF CIRCL	1		03 / D D / Y Y Y Y 2018
City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) Optum Services, Inc	Occi VP F	upation (for Individual) Fin	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			382.90
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 99 OF

		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle I A. KRAL, JESSICA C, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 4358 COOLIDGE AVE			03 31 Y Y Y Y Y 2018
City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction ID : PR2575736149413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle I B. MURRAY, THOMAS M, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 10 CIRCLE WEST			03 31 / Y Y Y Y
City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736549413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment COO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle I C. CESARETTI, GINA L, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 5020 CIRCLE DOWN			M M / D D / Y Y Y Y Y 03 / 31 2018
City GOLDEN VALLEY	State MN	Zip Code 55416-1304	Transaction ID : PR2575739049413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			846.12
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:

PAGE 100 OF

		Use separate schedule(s)	(checl	c only	one))			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	H	_	11b 11c 1 14 15 1 rpose of soliciting contributions from such com ecceipt / 201 tion ID : PR257575514 Each Receipt this Per ion (\$38.46 Bi-Weekly) ecceipt / 31 2011 tion ID : PR2575761849 Each Receipt this Per 31 2011 Each Receipt this Per 33 3 o Item 3 ion (\$192.30 Bi-Weekly) ecceipt / 2012 ion (\$192.30 Bi-Weekly) ecceipt / 31 ion (\$192.30 Bi-Weekly)	12		
Any information copied from such Reports and or for commercial purposes, other than using t			erson for		ourpo	se of s	soliciting		
NAME OF COMMITTEE (In Full)	ne name and a	nucless of any political committe		it cont	lindu(l		JIII SUCH	committ	ee.
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I ALAMOINE, DAVID D, , ,	nitial) or Full C	rganization Name	Da	ite of	Rece	eipt			
Mailing Address 3607 W 89TH ST			N	03 ^M	/		/ Y	ү ү 2018	Y
City BLOOMINGTON	State MN	Zip Code 55431-1826							3
FEC ID number of contributing federal political committee.	С			_	-			76.9	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Proj Mgmt		Me	mo It	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R	Dedu	ction	(\$38.4	6 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle I B. EKLO, BENJAMIN N, , ,	nitial) or Full C	rganization Name	Da	ite of	Rece	eipt			
Mailing Address 3942 CAMPELLO CURVE			Ň	03	/		/ Y	y y 2018	Y
City CHASKA	State MN	Zip Code 55318-4639							3
FEC ID number of contributing federal political committee.	С		An	iount		ach Re	ceipt th	384.6	60
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin		Me	mo It	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R	Dedu	ction	(\$192.	30 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle I C. CUNNINGHAM, MICHAEL J, , ,	nitial) or Full C	rganization Name	Da	ite of	Rece	eipt			
Mailing Address 50 SOUTH 16TH STREET UNIT 4706		Zin Onde		03 ^M		31		2018	
City PHILADELPHIA	State PA	Zip Code 19102-2534							3
FEC ID number of contributing federal political committee.	С			_	y		9	384.6	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D NA Acct		Me	mo It	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R	Dedu	ction	(\$192	.30 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (optional)					y		. ,	846.1	12
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 101 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	oorated PAC (I	JnitedHealth Group P	4C)										
Full Name of Individual (Last, First, Mi BERGDOLL, JENNIFER L, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 523 LOS DOLCES ST			M M / D D / Y Y Y Y Y 03 31 2018										
City LAS VEGAS	State NV	Zip Code 89138-4559	Transaction ID : PR2575793749413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		76.92										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Human Capital Partner	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Mi B. MAURER, CARRIE J, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2899 EDGEWATER C			03 / D D / Y Y Y Y 03 31 2018										
City WOODBURY	State MN	Zip Code 55125-8705	Transaction ID : PR2575798149413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Mi c. WIX, LACOSTA NICOLE, , ,		rganization Name	Date of Receipt										
Mailing Address 910 MANILA ST			03 / D D / Y Y Y Y 2018										
City NASHVILLE	State TN	Zip Code 37206-3437	Transaction ID : PR2575800049413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		75.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$37.50 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optic	onal)		536.52										
TOTAL This Period (last page this line n	umber only)												

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 102 OF

171			Use separate schedule(s)	(ch	neck only	/ or	ne)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (L	JnitedHealth Group PA	AC)										
<u> </u>	Full Name of Individual (Last, First, Middle Initia LEVINE, CAROL L, , ,	ll) or Full O	rganization Name		Date of	Ro	reint							
.	Mailing Address 9100 LARKSPUR LANE				03	/	31	/ Y	2018	Y				
	City EDEN PRAIRIE	State MN	Zip Code 55347-2004		Trans		ion ID :		30334941					
	FEC ID number of contributing federal political committee.	С					7		384.					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80		P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia HJERPE, ADAM C, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 13932 UTAH AVE S			03 / 31 / 2018 Transaction ID : PR2575806249413										
	City SAVAGE	State MN	Zip Code 55378-2159	_										
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1153.80	F	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE ERIN, , ,	ll) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 3108 SONIA DRIVE				^M 03	1	31	/ Y	2018	Y				
	City LAS VEGAS	State NV	Zip Code 89107-3246	_					8121494 is Period					
	FEC ID number of contributing federal political committee.	С					,	,	78.	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) : Affs Dir		Me	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 234.00		P/R Ded	uctio	on (\$39.	.00 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	•			,	,	847.	20				
т	OTAL This Period (last page this line number or	וy)	••••••	-										

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 103 OF

		Use separate schedule(s)	(chec	k only	on	e)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	H	_	11b	11c	12	<u> </u>
Any information copied from such Reports and or for commercial purposes, other than using t			erson foi		burp				
NAME OF COMMITTEE (In Full)								1 oommini	
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle SHAPIRO, DAVID A, , ,	Initial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 5215 MORGAN AVENUE S				03	/	D 31	/ Y	Y Y 2018	Y
City MINNEAPOLIS	State MN	Zip Code 55419-1026						81424941 iis Period	3
FEC ID number of contributing federal political committee.	С			_		y		384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	mo	Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R	Dedu	ictio	ın (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle B. MECKEY, SAMUEL JAMES, , ,	Initial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 1828 WYNDAM DRIVE	01-1-	7. 0.4	ľ	03	/	D D D 31	/ Y	2018	Y
City SHAKOPEE	State MN	Zip Code 55379-5437						31454941 iis Period	3
FEC ID number of contributing federal political committee.	С			iount		1		384.0	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops		Me	mo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R	Dedu	ctio	n (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle C. SEXTON, ELLEN R, , ,	Initial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 14750 CRESTWOOD COU			_ L	03	/	D D D 31		ү ү 2018	
City ELM GROVE	State WI	Zip Code 53122-1603						82324941 iis Period	3
FEC ID number of contributing federal political committee.	С					y	. ,	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	mo	ltem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/F	Dedu	ictio	on (\$192	2.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional).						,	,	1153.8	30
TOTAL This Period (last page this line number	er only)					y	1.45		

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 104 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	4C)
Full Name of Individual (Last, First, Middle I MCNATT, RICHARD ELLIOTT, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1120 KENSINGTON COUR	Т		03 / D D / Y Y Y Y Y 2018
City ALPHARETTA	State GA	Zip Code 30022-6274	Transaction ID : PR2575824949413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle I B. KAUFMAN, PHILIP R, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 1680 NORTH FARM ROAD			03 31 2018
City ORONO	State MN	Zip Code 55356-9309	Transaction ID : PR2575829849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle I C. HUNTLEY, MICHELLE M, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 19503 HARMONY AVE			03 31 / Y Y Y Y Y 03 31 2018
City ROGERS	State MN	Zip Code 55374-4843	Transaction ID : PR2575832049413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			846.12
TOTAL This Period (last page this line numbe	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 105 OF

IT.				Jse separate schedule(s)	(ch	neck only	or or	ie)							
	EMIZED RECEIPTS			or each category of the Detailed Summary Page		× 11a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
$\overline{\langle}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia JERDE, MARY J, , ,	l) or Full O	rgar	ization Name	Date of Receipt										
	Mailing Address 304 EAST VERA LANE					03	/	D D D 31	/ Y	ү ү 2018	Ŷ				
	City TEMPE	State AZ		Zip Code 85284-4036						8374494 his Period					
	FEC ID number of contributing federal political committee.	С								76	.92				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Clin Ops		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.76		P/R Dedu	uctio	on (\$38.	46 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia BEESON, MARY JANE, , ,	l) or Full O	rgar	ization Name		Date of	Re	ceipt							
	Mailing Address 204 BLUE INDIGO CT					03 / D D / Y Y Y 2018									
	City PONTE VEDRA BEACH	State FL						-		3395494 ⁴	-				
	FEC ID number of contributing federal political committee.	С				Amount	OI		eceipt tr	nis Perioo 192					
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 576.90		P/R Dedu	uctic	on (\$96. ⁻	15 Bi-We	eekly)					
C.	Full Name of Individual (Last, First, Middle Initia GOLDEN, WILLIAM J, , ,	l) or Full O	rgar	ization Name		Date of	Re	ceipt							
	Mailing Address 106 SOUND COURT	-				03	/	D D D 31	/ Y	ү ү 2018	Y				
	City NORTHPORT	State NY		Zip Code 11768-3527	_					8593494 nis Perioc					
	FEC ID number of contributing federal political committee.	С				<u> </u>	_	9	y	192	.30				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Regi	•	ion (for Individual) EO		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 3076.90		P/R Ded	uctio	on (\$96.	15 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)			•••••				9	. ,	461	.52				
т	OTAL This Period (last page this line number on	ly)		•				,							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 106 OF

				Detailed Summary Page	×	11a 13		11 14	- H		11c 15	12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na					or the p		pos	se of		liciting	contribu	tions
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated												-
A.	Full Name of Individual (Last, First, Middle Initial) COTTINGTON, NYLE BRENT, , ,) or Full O	Orgar	nization Name	C	Date of	Re						
	Mailing Address 15050 47TH STREET NE	State		Zip Code	[03) /	L	31 31		25750	2018 6534941	Ŷ
	SAINT MICHAEL	MN		55376-1613	A							s Period	5
	FEC ID number of contributing federal political committee.	С						,			-y	76.	
	Name of Employer (for Individual) United HealthCare Services Inc		upati Acct	ion (for Individual) ng		Me	emo) Ite	em				
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 230.76	P/	R Dedu	uctio	on	(\$38.4	46	Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) PEZHMAN, PAYMAN, , ,	-	Orgar	nization Name	C	Date of	Re	cei	ipt				
	Mailing Address 3016 GROVELAND SCHOOL RC			Zin Codo		03	/	L	31		/ Y	2018	
	City WAYZATA	State MN		Zip Code 55391-2816								8354941 s Period	3
	FEC ID number of contributing federal political committee.	С						,			-y=	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment Gen Counsel		Me	emo) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1153.80	P/	R Dedu	uctio	on ((\$192	.30) Bi-We	eekly)	
C.	Full Name of Individual (Last, First, Middle Initial)) or Full O	Orgar	nization Name	C	Date of	Re	cei	ipt				
	Mailing Address 405 MEADOW LANE					03	/	L	^D 31	J.		2018	
	City BENSON	State MN		Zip Code 56215-1033	A							8504941 s Period	3
	FEC ID number of contributing federal political committee.	С					_	,			y	194.	00
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP I		ion (for Individual)		Me	∋mo	o Ite	em				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 582.00	P/	R Ded	uctio	on	(\$97.0	00	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•	[,			9	655.	52
Т	OTAL This Period (last page this line number onl	ly)		•				- -		1	- 7 -		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 107 OF

17				lse separate schedule(s)	(cł	neck only	on o	ie)							
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b	11c	12					
	y information copied from such Reports and Sta														
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	lame and a	laare	ss of any political committee	tos	SOUCIT CON	dirid	utions fr	om suci	1 commit	lee.				
\rangle	UnitedHealth Group Incorporated	I PAC (l	Jnit	tedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia JENSEN PFIEFFER, KIM M, , ,	l) or Full O	rgan	ization Name	Date of Receipt										
	Mailing Address 9449 ASPEN RD					03	/	D D D 31	/ Y	2018	Y				
	City LAKEVILLE	State MN		Zip Code 55044-8148						92974941 iis Period					
	FEC ID number of contributing federal political committee.	С						7		76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc		upati Acctr	on (for Individual) ng		Me	emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 230.76		P/R Dedu	uctio	on (\$38.4	46 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia MEDEIROS, MICHAEL W, , ,	l) or Full O	rgan	ization Name		Date of	Re	ceipt							
	Mailing Address 7112 LANGMUIR DRIVE														
	City MCKINNEY	State TX		Zip Code 75071-4606	-			-		3064941	-				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt NA Accts		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 234.00		P/R Dedu	ıctic	on (\$39.0	00 Bi-W€	ekly)					
с.	Full Name of Individual (Last, First, Middle Initia ZITZER, CHRISTOPHER C, , ,	l) or Full O	rgan	ization Name		Date of	Re	ceipt							
	Mailing Address 2848 FRANCE AVE S	1				03	/	31	/ Y	ү ү 2018	Y				
	City ST LOUIS PARK	State MN		Zip Code 55416-4204				-		93334941 iis Period	-				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	y	76.	92				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (•	on (for Individual) bli		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 230.76		P/R Ded	uctio	on (\$38.4	46 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			••••••	I					231.	84				
т	OTAL This Period (last page this line number or	ıly)		•••••	-			,							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 108 OF

				Detailed Summary Page	×		\square	11	- H		11c	12				
Δn	y information copied from such Reports and State	mente mo	<u> </u>	the sold or used by any na		13 or the i		14 005			15 licitina	16	17 tions			
or	for commercial purposes, other than using the na															
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Jni	tedHealth Group PA	(C)											
Α.	Full Name of Individual (Last, First, Middle Initial) MATTERA, RICHARD J, , ,) or Full O	rgar	nization Name		Date of	Re	cei	ipt	-						
	Mailing Address 483 HIGHCROFT ROAD		_		M M / D D / Y 03 31								Y			
	City	State		Zip Code		Trans	acti	ion	ID :	PF	R25759	3844941	3			
	WAYZATA	MN		55391-1548	_ /	\mount	of	Ea	ch R	ec	eipt thi	is Period				
	FEC ID number of contributing federal political committee.	С					-	7			-	384.6	30			
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) up Gen Counsel		Me	emo) Ite	em							
	Receipt For:			r-to-Date ▼												
	Primary General Other (specify) ▼		7	1153.80	P/	/R Dedu	uctic	on	(\$192	2.3	0 Bi-W	'eekly)				
В.	Full Name of Individual (Last, First, Middle Initial) RILEY, FELICITY SPRING, , ,) or Full O)rgar	nization Name		Date of	Re	cei	ipt							
	Mailing Address 2315 BEVERLY ROAD				03 31 2018											
	City	State		Zip Code	Transaction ID : PR2575943349413											
	SAINT PAUL	MN	_	55104-5003		\mount	of	Ea	ch R	ec	eipt thi	is Period				
	FEC ID number of contributing federal political committee.	С					-				-	217.3	38			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP ⁻	•	ion (for Individual)		Me	emo	o Ite	em							
_	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 441.45	P/	'R Dedu	uctic	on ((\$108	8.69	9 Bi-We	eekly)				
с.	Full Name of Individual (Last, First, Middle Initial) SALVO, GIANCARLO, , ,) or Full O)rgar	nization Name		Date of	Re	cei	ipt		3					
	Mailing Address 1027 SW 149 LANE					^M 03	1		D D 31]	/ Y	2018	Y			
	City SUNRISE	State FL		Zip Code 33326-1957								96494941	3			
	FFC ID number of contributing		_	JJJ20-1307		\mount	of	Ea	ch R	ec	eipt thi	is Period				
	FEC ID number of contributing federal political committee.	С						<u> </u>			y	76.9	92			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) g SIs Dir		Me	emo	o Ite	em							
	Receipt For:			r-to-Date ▼	\neg											
	Primary General Other (specify)		-	230.76	P,	/R Ded	uctic	on	(\$38.	46	Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)							,	-			678.9	90			
т	OTAL This Period (last page this line number only	y)			ĺ	_			_		-					

FOR LINE NUMBER:

PAGE 109 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middl A. RICHARDS, ALISON L, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 257 WEST GRANTLEY			03 / D D / Y Y Y Y 2018								
City ELMHURST	State IL	Zip Code 60126-2237	Transaction ID : PR2575987949413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 2 NA Strat Initiv	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middl B. SCHULTZ, STACY A, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4012 S XERXES AVENU			03 / D D / Y Y Y Y Y 03 31 2018								
City MINNEAPOLIS	State MN	Zip Code 55410-1146	Transaction ID : PR2575990949413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middl C. BRIGGS, MARC R, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 13534 TUSCALEE HILL			M M / D D / Y Y Y Y 03 31 2018								
City DRAPER	State UT	Zip Code 84020-5653	Transaction ID : PR2576001649413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		406.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 932.34	P/R Deduction (\$203.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	l)		867.52								
TOTAL This Period (last page this line num	nber only)										

FOR LINE NUMBER:

PAGE 110 OF

		Use separate schedule(s)	(check only one)									
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
│ UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. SANN, DAVID, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 8326 ELKO DRIVE			03 31 / Y Y Y Y 2018									
City ELLICOTT CITY	State MD	Zip Code 21043-6913	Transaction ID : PR2576026449413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		84.62									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 253.86	P/R Deduction (\$42.31 Bi-Weekly)									
Full Name of Individual (Last, First, Middle ADAMS, GAYLE Q, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 39 CANYON RIDGE DRIVE			03 / D D / Y Y Y Y Y 2018									
City SANDIA PARK	State NM	Zip Code 87047-8509	Transaction ID : PR2576040349413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Strategic Acct Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle) C. BYRNES, CHRISTOPHER A, , ,		organization Name	Date of Receipt									
Mailing Address 3920 GLENWOOD STREE	Т		03 / D D / Y Y Y Y Y 03 31 2018									
City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042849413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			469.22									
TOTAL This Period (last page this line number	er only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 111 OF

IT.				se separate schedule(s)	(ch	neck only	on	e)							
	EMIZED RECEIPTS			r each category of the etailed Summary Page		× 11a		11b	11c	12					
	y information copied from such Reports and Sta														
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	addre	ss of any political committee	to s	olicit con	trib	utions fr	om suci	n commi	ttee.				
\rangle	UnitedHealth Group Incorporated	I PAC (l	Unit	edHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia KANDALAFT, KEVIN P, , ,	l) or Full O	Organ	ization Name		Date of	Re	ceipt							
	Mailing Address 4189 WINDSOR POINT PLACE					03 31 2018									
	City EL DORADO HILLS	State CA		Zip Code 95762-3797						0436494 iis Perioo					
FEC ID number of contributing federal political committee.								у. I		76	.92				
United HealthCare Services Inc HI				on (for Individual) a CEO		Me	emo	Item							
				-to-Date ▼ 230.76		P/R Dedu	uctio	on (\$38.4	46 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initia MONICAL, KENT, , ,	l) or Full O	Organ	ization Name		Date of	Re	ceipt							
Mailing Address 9795 E PIEDRA DRIVE						03 / D D / Y Y Y Y 2018									
	City SCOTTSDALE	State AZ		Zip Code 85255-9231	-)513494 iis Period	-				
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc	Occ SVF		Me	emo	Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia REX, JOHN F, , ,	l) or Full O	Organ	ization Name		Date of	Re	ceipt							
	Mailing Address 503 HARRINGTON ROAD	1				03 ^M	/	31	/ Y	y y 2018	Y				
	City WAYZATA	State MN		Zip Code 55391-1512						0600494 iis Perioo					
	FEC ID number of contributing federal political committee.					<u> </u>		,	,	384					
	Name of Employer (for Individual) United HealthCare Services Inc		upatio G CF0	on (for Individual) D		Me	emo	ltem							
Receipt For: Aggregat Primary General Other (specify)			Year	-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•				, .	9	846	.12				
т	OTAL This Period (last page this line number or	lly)		•••••				,	-						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 112 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using the												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle I A. MCEWAN, JOSHUA M, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4711 WEST 28TH STREET			03 31 2018									
City SAINT LOUIS PARK	State MN	Zip Code 55416-1927	Transaction ID : PR2576085749413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		393.84									
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	upation (for Individual) Tax	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1061.52	P/R Deduction (\$196.92 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I DUDA, MICHAEL R, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5208 RICHWOOD DRIVE			03 / D D / Y Y Y Y 03 31 2018									
City EDINA	State MN	Zip Code 55436-2322	Transaction ID : PR2576089949413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I C. JOHNSON, DARRIN D, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 11 BERTON COURT			03 / D D / Y Y Y Y Y 2018									
City MIDDLETOWN	State DE	Zip Code 19709-9932	Transaction ID : PR2576103749413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			970.74									
TOTAL This Period (last page this line numbe	er only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 113 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middl DIAMOND, TIFFANY D, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 5 HARVEY DRIVE			03 / D D / Y Y Y Y 2018										
City GOFFSTOWN	State NH	Zip Code 03045-2315	Transaction ID : PR2576105549413										
		03043-2313	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		76.92										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		230.76	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middl B. KENT, CHRIS, , ,	Date of Receipt												
Mailing Address 13273 CARLINGFORD L	ANE		03 / D D / Y Y Y Y 2018										
City ROSEMOUNT	State MN	Zip Code 55068-6308	Transaction ID : PR2576119049413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middl c. BOADO, ANDREA M, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 14924 PONDVIEW CIRC	LE		03 / D D / Y Y Y Y 2018										
City	State	Zip Code	Transaction ID : PR2576144649413										
WAYZATA	MN	55391-2249	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Peputy Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		538.44										
TOTAL This Period (last page this line num	ber only)												

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 114 OF

		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)	ted PAC (I	JnitedHealth Group P	AC)								
			,								
Full Name of Individual (Last, First, Middle I NELSON, STEVEN H, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 640 LOCUST HILLS DRIVE			03 31 2018								
City WAYZATA	State MN	Zip Code 55391-1973	Transaction ID : PR2576144849413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I B. FRIDNER, JOHN E, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 782 PENFIELD DR			03 / D D / Y Y Y Y 2018								
City CAROL STREAM	State IL	Zip Code 60188-4738	Transaction ID : PR2576147549413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. MYHRAN, LYNN M, , ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 2280 FOX STREET			M M / D D / Y Y Y Y 03 / 31 / 2018								
City ORONO	State MN	Zip Code 55356-9652	Transaction ID : PR2576158449413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			847.20								
TOTAL This Period (last page this line number	r only)	······									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 115 OF

	-	Use separate schedule(s)	(check on	check only one)								
ITEMIZED RECEIPTS for each category of the Detailed Summary Page					11b	11c	12					
Any information copied from such Reports a				purpo								
or for commercial purposes, other than usin	g the name and a	ddress of any political committe	e to solicit co	ntribu	tions fro	om such	committe	96.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Midd A. PAUNOVICH, VUKASIN, , ,	le Initial) or Full O	rganization Name	Date c	of Rec	eipt							
Mailing Address 1209 KEITH RD			03 31 2018									
City WAKE FOREST	State NC	Zip Code 27587-7301	Transaction ID : PR2576306749413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C					-7-	384.6	60				
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT		lemo I	ltem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Dec	Juctior	n (\$192.	30 Bi-W	eekly)					
Full Name of Individual (Last, First, Midd B. BENSON, JEAN C, , ,	le Initial) or Full O	rganization Name	Date c	of Rec	eipt							
Mailing Address 14951 HIGHLAND COUF	1		03									
City PRIOR LAKE	State MN	Zip Code 55372-4109					10949413	3				
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin		lemo I	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Midd C. SCHMALTZ, CHRISTOPHER		rganization Name	Date c	of Rec	eipt							
Mailing Address 4807 BEACH DR SW			M 03	/	D D 31	/ Y	y y 2018	Y				
City SEATTLE	State WA	Zip Code 98116-4342					1284941 s Period	3				
FEC ID number of contributing federal political committee.	C					9	416.6	6				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.32	P/R Deduction (\$208.33 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	al)					,	1185.8	6				
TOTAL This Period (last page this line nur	nber only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 116 OF

				Detailed Summary Page	×	11a 13		11 14	1b		11c	12					
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of								
<u></u>	NAME OF COMMITTEE (In Full)	anie aliu a		use of any political contributed	10 501			Juli		U	ii suoli	commu					
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)												
Α.	Full Name of Individual (Last, First, Middle Initial LONG, PAUL NELSON, , ,) or Full O	Orgai	nization Name		Date of Receipt											
	Mailing Address 12352 PRINCETON AVE				03 / D D / Y Y Y Y 2018												
	City EDEN PRAIRIE	Zip Code 55347-1936	Transaction ID : PR2578734949413 Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С		76.92													
	Name of Employer (for Individual) United HealthCare Services Inc	tion (for Individual) Mgmt		Me	emo	o It	em										
	Receipt For: Primary General Other (specify) ▼	Yea	ar-to-Date ▼ 230.76	P/	R Dedi	uctio	on	(\$38.4	46	Bi-We	ekly)						
B.	Full Name of Individual (Last, First, Middle Initial ASNER, BARTLEY S, , ,	nization Name	Date of Receipt														
	Mailing Address 25 OFFSHORE								03 / D D / Y Y Y Y 2018								
	City NEWPORT BEACH	State CA		Zip Code 92657-2162								1944941 s Period	3				
	FEC ID number of contributing federal political committee.	С				384.60 Memo Item											
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) ed Grp Physn													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)												
	Full Name of Individual (Last, First, Middle Initial DUFFEY, KRISTY O, , ,) or Full O	Orgai	nization Name		ate of	Re	ece	ipt								
	Mailing Address 8906 WINGED FOOT DRIVE					03	/	L	31	J		2018 Y					
	City PASADENA	State MD		Zip Code 21122-6670	A							s Period	3				
	FEC ID number of contributing federal political committee.	С				_		,			9	384.	60				
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) in Off		Me	emo	o It	em								
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1153.80	P/	R Ded	uctio	on	(\$192	2.3	0 Bi-W	eekly)					
s	UBTOTAL of Receipts This Page (optional)			•	[1		Ì	,	846.	12				
т	OTAL This Period (last page this line number on	ly)		•••••				7			-9						

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 117 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions be to solicit contributions from such committee.									
UnitedHealth Group Incorpora	ated PAC (I	United Health Group P	AC)									
Full Name of Individual (Last, First, Middle A. CIAVOLA, LAURA, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1686 WILDFIRE LANE			03 31 2018									
City FRISCO	State TX	Zip Code 75033-7325	Transaction ID : PR2578824349413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. BUSBEE, NATHANAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 611 ORPINGTON RD			03 / D D / Y Y Y Y 03 / 31 / 2018									
City BALTIMORE	State MD	Zip Code 21229-2128	Transaction ID : PR2578826749413									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. COHEN, JAY J, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 98 VISTA DEL SOL			M M / D D / Y Y Y Y 03 31 2018									
City LAGUNA BEACH	State CA	Zip Code 92651-6748	Transaction ID : PR2578829649413 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)) Med Grp Physn	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			653.82									
TOTAL This Period (last page this line numb	er only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 118 OF

		Use separate schedule(s) for each category of the	(check only one)							
ITEMIZED RECEIPTS	X 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
		uuress of any pointeal contrintite								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I A. MILLER, TRACI R, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 729 PINE TRAIL			03 31 2018							
City ARNOLD	State MD	Zip Code 21012-1628	Transaction ID : PR2578829949413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I FARMER, RACHEL C, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 1929 ALBIZIA COURT			03 / D D / Y Y Y Y Y 2018							
	State LA	Zip Code	Transaction ID : PR2595208349413							
BATON ROUGE		70808-3973	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		346.14	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I LONIGRO, ANTHONY S, , ,		organization Name	Date of Receipt							
Mailing Address 3186 WEST CANYON AVE			M M / D D / Y Y Y Y 31 2018							
City SAN DIEGO	State CA	Zip Code 92123-5426	Transaction ID : PR2595225849413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			269.22							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 119 OF

	EMIZED RECEIPTS			etailed Summary Page	×]11a		-	11b		11c	12			
	y information copied from such Reports and Staten for commercial purposes, other than using the nam							rp							
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	Jnit	edHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) of SNYDER, MARY RACHEL, , ,	or Full O	rgani	ization Name	[Date of Receipt									
	Mailing Address 1075 BOSTON POST RD	_			03 31 Y Y Y Y 2018										
	5	State CT		Zip Code 06443-3363		Transaction ID : PR2595229349413									
				00443-5303	Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual)		Memo Item									
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Year	-to-Date ▼ 1153.80	P/	′R De	duct	tio	n (\$′	192.	30 Bi-V	Veekly)			
B.	Full Name of Individual (Last, First, Middle Initial) of SHORT, MARIANNE D, , ,	Date of Receipt													
	Mailing Address 2215 SUMMIT AVENUE			03 / D D / Y Y Y Y 2018											
	City SAINT PAUL	State MN		Zip Code 55105-1002		Transaction ID : PR2601133549413 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.			384.60											
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) EVP Gen Counsel						Memo Item							
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Year	-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) of SWANSON, AMY N, , ,	or Full O	rgani	ization Name		Date	of R	lec	ceipt						
	Mailing Address 621 SPARROW WAY					M 03		/		^р 31	/ Y	2018	Y		
	3	State OH		Zip Code								1407494			
	WADSWORTH	ОП		44281-7716	A	Amou	nt o	fE	Each	Re	ceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.		_			_	_		9			192	2.30		
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Bus Dev		Memo Item									
	Receipt For: Ag Primary General Other (specify)	gregate	Year	-to-Date ▼ 576.90	P	/R De	educ	tio	n (\$9	96.1	5 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)			•					,		- 1	961	.50		
Т	OTAL This Period (last page this line number only)			•	ĺ				,		-				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 120 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle RODRIGUEZ, ROGER, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 10501 SW 102 AVENUE			M M / D J Y										
City MIAMI	State FL	Zip Code 33176-3511	Transaction ID : PR2601176849413										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. MCBEATH, ROBERT, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 2537 RED ARROW DRIVE	<u>.</u>		03 / D D / Y Y Y Y 2018										
City LAS VEGAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708949413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) O Med Grp Physn	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. DAVIS, KELLY MARIE, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 905 N LEBANON ST			03 / D D / Y Y Y Y 2018										
City ARLINGTON	State VA	Zip Code 22205-1433	Transaction ID : PR2605734249413										
FEC ID number of contributing	C	22205-1433	Amount of Each Receipt this Period										
federal political committee. 		upation (for Individual)	Memo Item										
United HealthCare Services Inc		t Affs Dir											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			961.50										
TOTAL This Period (last page this line numb	per only)												

SCHEDULE A (FEC Form 3X) _ _ _ _ .

FOR LINE NUMBER:

PAGE 121 OF

				Use separate schedule(s)	(cł	neck only	or or	ne)			
	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		oose of		g contribu	tions
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (Un	itedHealth Group PA	C)						
 A.	Full Name of Individual (Last, First, Middle Initia MALONE, TRACY, , ,	l) or Full C	Orga	nization Name		Date of	Re	ceipt			
	Mailing Address 900 S 22ND ST					03	/	D D D 31	/ Y	2018	Ŷ
	City ARLINGTON	State VA		Zip Code 22202-2625						73694941 iis Period	3
FEC ID number of contributing federal political committee.								-		384.	60
United HealthCare Services Inc				tion (for Individual) ternal Affs		Me	emo	Item			
Receipt For: Aggre Primary General Other (specify) ▼			ggregate Year-to-Date ▼ 1153.80					on (\$192	2.30 Bi-W	/eekly)	
В.	Full Name of Individual (Last, First, Middle Initia WEISSEL, MICHAEL E, , ,	ll) or Full C	Orga	nization Name		Date of	Re	ceipt			
Mailing Address 99 HAGEN ROAD				7:- 0- t-		03	/	D D 31	/ Y	ү ү 2018	Y
	City NEWTON	State MA		Zip Code 02459-2731	-			-		34294941 iis Period	3
	FEC ID number of contributing federal political committee.	C				384.60					
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Optum Exec				Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1153.80					P/R Deduction (\$192.30 Bi-Weekly)				
с.	Full Name of Individual (Last, First, Middle Initia MATECZUN, JOHN MATTHEW, , ,		Orga	nization Name		Date of	Re	ceipt			
	Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403			7. 0.1		03	/	31		2018	
	City LONGBOAT KEY	State FL		Zip Code 34228-4207						84514941 iis Period	3
	FEC ID number of contributing federal political committee.	С				<u> </u>		y		384.	60
United HealthCare Services Inc			cupa es M&	tion (for Individual) &V		Me	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 1153.80		P/R Dedi	uctio	on (\$192	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)			•••••	I			,	. ,	1153.	30
т	OTAL This Period (last page this line number or	וy)		•	-			,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 122 OF

ITEMIZED RECEIPTS				etailed Summary Page	×]11a		1	11b	11c		12	
An	y information copied from such Reports and State	mente mo		t he sold or used by any pr		13 or th		_	14	15 solicitir		16	17
	for commercial purposes, other than using the nar												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	Jnit	edHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) FICKER, MARK D, , ,	or Full O	rgan	ization Name		Date of Receipt							
	Mailing Address 173 LAURELWOOD DRIVE					03 31 2018							Y
	City NOVATO	State CA		Zip Code 94949-8427					on ID : I				3
		C	-	94949-0427	A	Amou	nt of	fΕ	Each Re	eceipt	this I	Period 76.	36
									<u></u>		-	70.	50
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (•	on (for Individual)		Memo Item							
	Receipt For: A Primary General Other (specify) ▼	-to-Date ▼ 233.31	P/	'R De	duct	ior	n (\$38.3	33 Bi-V	/eek	ly)			
в.	Full Name of Individual (Last, First, Middle Initial) LANDO, LISA MARIE, , ,	or Full O	rgan	ization Name		Date	of R	ec	eipt				
	Mailing Address 60 PINEAPPLE STREET APT 3J				[™] 03		/	D D D 31	/		018	Y	
	City BROOKLYN	State NY		Zip Code 11201-6839				-	n ID : F Each Re				3
	FEC ID number of contributing federal political committee.			С					p. I		_	76.	92
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Gen Mgmt					Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) FLYNN, VIRGINIA A, , ,	or Full O	rgan	ization Name		Date	of R	ec	eipt				
	Mailing Address 30 VAN TERRACE					^M 03		/	31	/		018	Y
	5	State NY		Zip Code					on ID : I				3
	SPARKILL			10976-1406	A	Amou	nt of	fΕ	Each Re	eceipt	this I	Period	
	FEC ID number of contributing federal political committee.	C				_		9		. y	_	76.	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Clin Ops			Mem	0	ltem				
	Receipt For:	1		-to-Date ▼	-								
	Primary General Other (specify)	99. ° 9 « ! °	7	230.76	P/	/R De	educt	tior	n (\$38.4	46 Bi-V	Veek	.ly)	
s	UBTOTAL of Receipts This Page (optional)										_	230.	50
Т	OTAL This Period (last page this line number only	·)		•••••	ĺ					- 7	Ξ		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 123 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle FERGUSON, SANDRA, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 710 SOUTH SHERATON	DRIVE		M M / D D / Y Y Y Y 03 31 2018						
City AKRON	State OH	Zip Code 44319-1918	Transaction ID : PR2608061949413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. BODELL, LESLIE, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 18710 34TH AVENUE NO	03 31 2018								
City PLYMOUTH	State MN	Zip Code 55447-1000	Transaction ID : PR2609811349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. WRIGHT, NORMAN L, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5205 KELSEY TERRACE			03 31 / Y Y Y Y Y 03 31 2018						
City EDINA	State MN	Zip Code 55436-1172	Transaction ID : PR2609812349413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of of Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			846.12						
TOTAL This Period (last page this line num	per only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 124 OF

		Use separate schedule	(check only one)							
	EIVIIZED RECEIPIS		for each category of the Detailed Summary Page		X 11a	11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
<u> </u>	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Grou	up PAC)					
A.	Full Name of Individual (Last, First, Middle Initia STRAUSS, DAVID E, , ,	l) or Full O	Drganization Name		Date of	Receipt				
	Mailing Address 5000 FRANCE AVENUE S UNIT 33				03	/ D 31	D / Y	ү ү 2018	Y	
City State MN MINNEAPOLIS FEC ID number of contributing federal political committee.			Zip Code 55410-2061		action ID : of Each F			3		
								384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Total Rewards, HC Svs		Me	emo Item				
Receipt For: Aggreg Primary General Other (specify) ▼			Year-to-Date ▼ 1153.	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia SMITH, MELANIE J, , ,	l) or Full O	Organization Name		Date of	Receipt				
	Mailing Address 15340 HIGHLAND PLACE				M M 03	/ D 1		2018	Y	
	City MINNETONKA	State MN	Zip Code 55345-4613			action ID : of Each F			3	
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Recruit Ops	Me	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 230.	.76	P/R Deduction (\$38.46 Bi-Weekly)					
С.	Full Name of Individual (Last, First, Middle Initia STEVENS, J M, , ,	l) or Full O	Drganization Name		Date of	Receipt				
	Mailing Address 93 CONSERVATION ROAD	1			03	/ D 31		ү ү 2018	Y	
	City SUFFIELD	State CT	Zip Code 06078-2442			action ID : of Each F			3	
	FEC ID number of contributing federal political committee.	С				, ,	,	76.9	92	
			upation (for Individual) IT Proj Mgmt		Me	emo Item				
	eceipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 230.76				P/R Ded	uction (\$38	8.46 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			····· >				538.4	4	
Т	OTAL This Period (last page this line number or	ly)		····· ►						

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 125 OF

ıт.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	eck only	/ on	e)					
11	EIVILED RECEIPIS		for each category of the Detailed Summary Page		′ 11a		11b	11c	12			
	y information copied from such Reports and S											
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	address of any political committee	e to so	Dicit cor	ITID	utions ti	om sucr	committe	96.		
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini BAKER, MICHAEL, , ,	tial) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 2383 HIGHOVER TRAIL				M M / D D / Y Y Y Y 03 31 2018							
	City CHANHASSEN	State MN	Zip Code 55317-4744						3054941 is Period	3		
	FEC ID number of contributing federal political committee.	С			384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80] [P/R Ded	uctic	on (\$192	2.30 Bi-W	'eekly)			
в.	Full Name of Individual (Last, First, Middle Ini CORCORAN, SUSAN M, , ,	tial) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 4 DONBUSH ROAD				м м 03	/	D D D 31	/ Y	2018	Y		
		State MN	Zip Code	_					8534941:	3		
	NORTHOAKS		55127-2095	_	Amount	of	Each R	eceipt th	is Period	_		
	FEC ID number of contributing federal political committee.	С		Ľ.	_	7	-	76.9	92			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Acctng		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76				P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Ini DICKINSON, DAVID PAUL, , ,	tial) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 57 ATKINSON LANE				03	/	D D D 31	/ Y	2018	Y		
	City SUDBURY	State MA	Zip Code 01776-1938						88894941 is Period	3		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	114.2	28		
	Name of Employer (for Individual) Optum Services, Inc	Occi VP I	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 357.12]	P/R Ded	uctio	on (\$57.	14 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			•			y	,	575.8	60		
т	OTAL This Period (last page this line number	only)		•								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 126 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I A. VAIL, ABIGAIL LONDON, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3636 DEXTER DRIVE			03 31 2018						
City	State FL	Zip Code	Transaction ID : PR2614315649413						
TALLAHASSEE	rL	32312-1022	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		346.14	P/R Deduction (\$57.69 Bi-Weekly)						
			1						
Full Name of Individual (Last, First, Middle I BURKHOLDER, CHAD, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2423 DUBONNET DRIVE	03 31 2018								
City	State	Zip Code	Transaction ID : PR2615073449413						
MACUNGIE	PA	18062-8857	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Other (specify) ▼		, 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. OCONNOR, THOMAS P, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1510 JAMES STREET			03 31 2018						
City	State	Zip Code	Transaction ID : PR2615082049413						
DURHAM	NC	27707-1514	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
United HealthCare Services Inc Receipt For:		Plan CEO	_						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			884.58						
TOTAL This Period (last page this line number	er only)	······							

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 127 OF

	Use separate schedule(s)	(check on	ly one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	47		
Any information copied from such Reports a or for commercial purposes, other than usir									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mido A. SOLOMON, RANDALL L, , ,	lle Initial) or Full O	rganization Name	Date o	f Receipt					
Mailing Address 760 HAIGHT STREET			03	/ D 3 [·]		2018	Y		
City SAN FRANCISCO	State CA	Zip Code 94117-3317		saction ID			3		
FEC ID number of contributing federal political committee.	C				-	76.9	92		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sehvrl Med Dir		lemo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Mido B. BIRNBAUM, MICHAEL, , ,	lle Initial) or Full O	rganization Name	Date o	of Receipt					
Mailing Address 55 DEAN STREET			03	/ D		2018	Ŷ		
City BROOKLYN	State	Zip Code 11201-6245		saction ID			3		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mido C. NIEMYER, ELIZABETH S, , ,	lle Initial) or Full O	rganization Name	Date o	of Receipt					
Mailing Address 9237 ENGLISH MEADC	1		M 03	/ D		у у 2018	Y		
City LAYTONSVILLE	State MD	Zip Code 20882-1348		saction ID			3		
FEC ID number of contributing federal political committee.	С			y	9	184.6	62		
Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (upation (for Individual) Dps		1emo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 553.86	P/R Dec	duction (\$9	2.31 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (option	al)			, ,		646.1	4		
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 128 OF

		Use separate schedule(s)	(check or	nly on	ne)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<u> </u>	
Any information copied from such Reports and									
or for commercial purposes, other than using	the name and a	duress of any political committee		UNTRID	utions f	IOIN SUCK	i committe	ee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle KNUTSON, DIANE M, , ,	Initial) or Full C	rganization Name	Date	of Re	ceipt				
Mailing Address 701 PENNSYLVANIA AVE Suite 200			03		D D D 31	/ Y	ү ү 2018	Y	
City Washington	State DC	Zip Code 20004-3610					2394941 is Period	3	
FEC ID number of contributing federal political committee.	С				-		38.4	46	
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) Ntwk Pricing		Vlemo	Item				
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76			P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. TRAW, KEVIN JON, , ,	Initial) or Full C	rganization Name	Date	of Re	ceipt				
Mailing Address 518 13TH ST			03		D D 31	/ Y	y y 2018	Y	
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038			-		65649413 is Period	3	
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir Bus Process			Item				
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		230.76	P/R De	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle JOHNSON, MARK OWEN, , ,	Initial) or Full C	rganization Name	Date	of Re	ceipt				
Mailing Address 8687 RILEY CURVE	State	Zin Code	03		31	JL	2018		
City CHANHASSEN	MN	Zip Code 55317-4822			-		93394941 is Period	3	
FEC ID number of contributing federal political committee.	С				y .		92.3	30	
Name of Employer (for Individual) Optum Services, Inc	Optum Services, Inc VP Gen Mgmt				tem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 276.90	P/R De	ductio	on (\$46.	.15 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (optional)					y 1	,	207.6	8	
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 129 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
IIEWIIZED KECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, M AOOMB, JULIET, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 28 MARLBOROUGH			03 / D D / Y Y Y Y 03 31 2018						
City BOSTON	State MA	Zip Code 02116-2133	Transaction ID : PR2618988749413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		2500.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	P/R Deduction (\$2500.00 Bi-Weekly)						
Full Name of Individual (Last, First, M BROWN, ROGER ALAN, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 512 EAST STATE AV		7. 0.1	03 / D D / Y Y Y Y 2018						
City PHOENIX	State AZ	Zip Code 85020-4940	Transaction ID : PR2622557949413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, M OLSON, MARK C, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 891 14TH ST UNIT 1210	State	Zip Code							
City DENVER	CO	80202-3259	Transaction ID : PR2622561649413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (opti	onal)		2961.52						
TOTAL This Period (last page this line	number only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 130 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 person for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	-								
> UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mido A. MOURAS, DENNIS J, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6376 MARSH ROAD			03 31 2018						
City	State	Zip Code	Transaction ID : PR2623702949413						
COTTRELLVILLE	MI	48039-1314	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
United HealthCare Services Inc	Hlth	Plan CEO							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		576.90	P/R Deduction (\$96.15 Bi-Weekly)						
			-						
Full Name of Individual (Last, First, Midd MULES, REBECCA HUMBERT		rganization Name	Date of Receipt						
Mailing Address 660 DOVER STREET			03 / D D / Y Y Y Y 2018						
City BALTIMORE	State MD	Zip Code 21230-2228	Transaction ID : PR2624442649413						
FEC ID number of contributing		21230-2220	Amount of Each Receipt this Period						
federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		961.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mido C. STALLWOOD, GREGG E, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4842 JUNIPER DR			M M / D D / Y Y Y Y 03 31 2018						
City PALM HARBOR	State FL	Zip Code 34685-2688	Transaction ID : PR2625499049413						
	12	34063-2066	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (upation (for Individual) Dps	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		961.50						
TOTAL This Period (last page this line nu	mber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 131 OF

			for each categ Detailed Sumn		✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na				erson for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth	n Group PA	.C)
A.	Full Name of Individual (Last, First, Middle Initial COLLETTE, CHRISTOPHER LOUIS, , ,) or Full O	rganization Name		Date of Receipt
	Mailing Address 4776 MANITOU ROAD	1			03 31 Y Y Y Y Y 2018
	City EXCELSIOR	State MN	Zip Code 55331-9400	`	Transaction ID : PR2625499549413
	FEC ID number of contributing federal political committee.	C	55551-9400		Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ UnitedHIth Grp	dual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1153.80	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial RELLER, TAMI, , ,) or Full O	rganization Name	1	Date of Receipt
	Mailing Address 5120 MIRROR LAKES DRIVE				03 31 2018
	City EDINA	State MN	Zip Code 55436-1342		Transaction ID : PR2625501949413 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indivi Grp Chief Mktg O	,	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1153.80	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA MARIE, , ,) or Full O	rganization Name	1	Date of Receipt
	Mailing Address 5040 INTERLACHEN BLUFF	1			03 / D D / Y Y Y Y 2018
	City EDINA	State MN	Zip Code 55436-1360		Transaction ID : PR2625503749413
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individ Gen Mgmt	dual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	234.78	P/R Deduction (\$38.26 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)				845.72
т	OTAL This Period (last page this line number on	ly)			

FOR LINE NUMBER:

PAGE 132 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			person for the purpose of soliciting contributions						
	g the name and a	ddress of any political committe	ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)			A (C)						
> UnitedHealth Group Incorpo	rated PAC (I	United Health Group P	AC)						
Full Name of Individual (Last, First, Middl	e Initial) or Full C	rganization Name							
A. LAWTON, MICHAEL S, , ,			Date of Receipt						
Mailing Address 1720 CROSS PINES DR			03 31 2018						
City	State	Zip Code	03 31 2018 Transaction ID : PR2625505449413						
FLEMING ISLAND	FL	32003-4915	Amount of Each Receipt this Period						
FEC ID number of contributing									
federal political committee.	С		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc		Plan CEO							
Receipt For:	Aggregate	Year-to-Date ▼	—						
Primary General			P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify)		1153.80							
Full Name of Individual (Last, First, Middl	e Initial) or Full C	ragnization Name	<u> </u>						
B. COWEN, WESLEY RYAN, , ,		iganization Name	Date of Receipt						
Mailing Address 825 VIRGINIA PARK CIR	CLE NE								
			03 31 2018						
	State GA	Zip Code	Transaction ID : PR2625532349413						
ATLANTA	GA	30306-4081	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item						
Receipt For:		Year-to-Date ▼	—						
Primary General	Aggregate		P/R Deduction (\$38.46 Bi-Weekly)						
Other (specify) V		230.76							
Full Name of Individual (Last, First, Middl C. CULHANE, DEBORAH ANNE		rganization Name							
Mailing Address 100 COVE WAY	, , ,		Date of Receipt						
UNIT 301			03 31 2018						
City	State	Zip Code	Transaction ID : PR2626356049413						
QUINCY	MA	02169-5857	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Optum Services, Inc	VP	Gen Mgmt							
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify)		1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Other (speery)		Apr Apr An	-						
			846.12						
SUBTOTAL of Receipts This Page (optiona	u)								
TOTAL This Period (last page this line num	ber only)		•						

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 133 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and Stat for commercial purposes, other than using the na			erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initial HINES, GREGORY M, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 3660 SILVERWOOD RD	1		03 / D D / Y Y Y Y Y 03 31 2018								
	City WEST SACRAMENTO	State CA	Zip Code 95691-5403	Transaction ID : PR2626886549413								
	FEC ID number of contributing federal political committee.	С	3001-0400	Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initial STOCKSTAD, LYNNE DEANNE, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 55 GIDEONS POINT RD			03 / D D / Y Y Y Y Y 2018								
	City EXCELSIOR	State MN	Zip Code 55331-9526	Transaction ID : PR2626915549413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Chief Mktg Off	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial VAN DER WALDE, LAMBERT, , ,) or Full O	rganization Name	Date of Receipt								
	Mailing Address 45 AUDUBON CAUSEWAY	1		03 / D D / Y Y Y Y 2018								
	City LANTANA	State FL	Zip Code 33462-4756	Transaction ID : PR2628332349413								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIth Reform/Modernizatn	P/R Deduction (\$192.30 Bi-Weekly)								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80									
S	JBTOTAL of Receipts This Page (optional)		••••••	. 1153.80								
т	OTAL This Period (last page this line number on	ly)	····· •									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 134 OF

			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and State for commercial purposes, other than using the na			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Initial) KORNHAUSER, MICHAEL STEWART, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address 180 SUMMIT LANE			03 31 2018									
	City	State	Zip Code	Transaction ID : PR2628335749413									
	BALA CYNWYD	PA	19004-2931	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.92									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item									
	Receipt For:	Aaareaate	Year-to-Date ▼										
	Primary General Other (specify) ▼	33. 334.0	347.76	P/R Deduction (\$57.96 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, BRUCE E, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2509 WELBORN STREET UNIT	С		03 31 2018									
	City	State	Zip Code	Transaction ID : PR2628833649413									
	DALLAS	ТХ	75219-4039	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60 Memo Item									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) JARVIE, BRUCE MICHAEL, , ,) or Full C	Organization Name	Date of Receipt									
	Mailing Address 18750 KIPHEART DRIVE			03 / D D / Y Y Y Y 03 31 2018									
	City	State	Zip Code	Transaction ID : PR2629554549413									
	LEESBURG	VA	20176-8220	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) Fin	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		••••••	577.44									
т	OTAL This Period (last page this line number onl	y)											

FOR LINE NUMBER:

(check only one)

PAGE 135 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle WONG, MING TED, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 21066 ASHLEY LANE	Ototo	Zie Oode	03 / D D / Y Y Y Y 2018								
City LAKE FOREST	State CA	Zip Code 92630-5867	Transaction ID : PR2629556849413								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.00	P/R Deduction (\$60.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. TITA, MARYBETH ALEXIS, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 16 BEACH WOOD ROAD			03 / D D / Y Y Y Y Y 03 31 2018								
City FERNANDINA BEACH	State FL	Zip Code 32034-6504	Transaction ID : PR2632077849413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92 Memo Item								
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. OTTESON, WILLIAM JOHN, ,		rganization Name	Date of Receipt								
Mailing Address 4545 OXFORD AVE			03 / D D / Y Y Y Y Y 2018								
City EDINA	State MN	Zip Code 55436-1405	Transaction ID : PR2632082549413								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	l)		273.84								
TOTAL This Period (last page this line num	ber only)	•									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 136 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated										
 A.	Full Name of Individual (Last, First, Middle Initia MILLIGAN JR, CHARLES JOSEPH, , ,	al) or Full C	Prganization Name	Date of Receipt							
	Mailing Address 9180 COORS BLVD NW # 100	4		03 31 2018							
	City ALBUQUERQUE	State NM	Zip Code 87120-3114	Transaction ID : PR2632083549413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		80.00							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 240.00	P/R Deduction (\$40.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia HIBBERT, LINDA F, , ,	al) or Full C	organization Name	Date of Receipt							
	Mailing Address 924 BENTLEY COURT	M = M / D = D / Y = Y = Y = Y Y 03 31 2018 1 1 1									
	City CHALFONT	State PA	Zip Code 18914-3762	Transaction ID : PR2632085349413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.66							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 233.31	P/R Deduction (\$38.33 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 2780 COUNTRYSIDE DRIVE V	VEST		03 / D D / Y Y Y Y 2018							
	City ORONO	State MN	Zip Code 55356-9676	Transaction ID : PR2632087849413 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			541.26							
т	OTAL This Period (last page this line number or	nly)									

FOR LINE NUMBER:

PAGE 137 OF

IT.	TEMIZED RECEIPTS						(check only one)							
11	EIVILED RECEIPIS		for each category of the Detailed Summary Page				11b	11c	12	<u> </u>				
	y information copied from such Reports and S													
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	doress of any political committee	e to s	Olicit col	ntric	outions t	rom sucr	1 committ	ee.				
	UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)										
А.	Full Name of Individual (Last, First, Middle Ini TUFFIN, MICHAEL J, , ,		organization Name		Date of	f Re	eceipt							
	Mailing Address 5904 ASHBY MANOR PLACE				03 / D D / Y Y Y Y 03 31 2018									
	City Sta ALEXANDRIA VA		Zip Code 22310-2267	_					08794941 is Period	3				
FEC ID number of contributing federal political committee.					Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Public Affairs		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80		P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Ini KEANEY, CRAIG J, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 6233 CRESCENT DRIVE				03 / D D / Y Y Y Y 03 31 2018									
	City EDINA	State MN	Zip Code 55436-2572		Transaction ID : PR2632088349413 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80		– P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Ini WALTER, JEFFREY D, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 1490 SETTLER ST				03		31		2018					
	City ELBURN	State IL	Zip Code 60119-7841	_					08884941 is Period	3				
	FEC ID number of contributing federal political committee.	С			Ľ.		,	, y	76.9	92				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) T Architecture		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76		P/R Ded	lucti	on (\$38	.46 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			•			, .		846.′	12				
Г	OTAL This Period (last page this line number	only)		-										

FOR LINE NUMBER:

PAGE 138 OF

	Use separate schedule(s) (check only one) FIPTS for each category of the									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle TEMPLE, MARTHA R, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 194 LITTLE LANE			03 31 2018							
City DURHAM	State CT	Zip Code 06422-1303	Transaction ID : PR2632873649413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. WALTHOUR, JOHN ALAN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5049 COLFAX AVE S			03 / D D / Y Y Y Y Y Y 2018							
City MINNEAPOLIS	State MN	Zip Code 55419-1145	Transaction ID : PR2632877049413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Rsch	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle PLATT, LAWRENCE DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3830 KING STREET	State	Zip Code								
ALEXANDRIA	VA	22302-1906	Transaction ID : PR2632880749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			846.12							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 139 OF

	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle A. HAPGOOD, WADE, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 330 NW 82ND			03 / D D / Y Y Y Y 03 31 2018								
City TOPEKA	State KS	Zip Code 66617-2223	Transaction ID : PR2634167049413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		115.38								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 346.14	P/R Deduction (\$57.69 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CASTILLO, FLORA M, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name STILLO, FLORA M, , ,										
Mailing Address 202 N ROSBOROUGH AVE			03 / D D / Y Y Y Y 2018								
City VENTNOR CITY	State NJ	Zip Code 08406-2022	Transaction ID : PR2634177949413								
	_	00400-2022	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		96.15								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		480.75	P/R Deduction (\$0.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. PRIBLE, JOHN M, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1923 SHIVER DR	04-4-	Zip Ood-	03 / D D / Y Y Y Y 03 31 2018								
City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656649413 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).		•	596.13								
TOTAL This Period (last page this line number	er only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 140 OF

				Detailed Summary Page	×	11a		11	b	11c		12				
						13		14		15		16	17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	atements mand a	ay r addr	not be sold or used by any poless of any political committee	erson for the sol	or the icit cor	purp ntrib	pos outic	se of s ons fro	oliciting om suc) co h co	ntribut mmitte	ions ee.			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)	C)										
A.	Full Name of Individual (Last, First, Middle Initia SCHEID, ADREAN ELISABETH, , ,	al) or Full Organization Name Date of Receipt														
	Mailing Address 2915 CATHEDRAL AVENUE N	100				03 / D D / Y Y Y Y 2018										
	City WASHINGTON	State DC		Zip Code 20008-3406	A	Transaction ID : PR2634880449413 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ernal Affs		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1153.80	P/	'R Ded	uctio	on ((\$192.	30 Bi-V	16 ing contribution uch committee. 2018 34880449413 this Period 384.60 i-Weekly) 2018 34881549413 this Period 92.30 Weekly) 2018 3488549413 this Period 92.30 Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia		Drga	nization Name		Date of Receipt										
	Mailing Address 2902 S ESPERANZA AVENUE			Zip Code												
	City TAMPA	State FL		Transaction ID : PR2634881549413 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С				92.30 Memo Item P/R Deduction (\$46.15 Bi-Weekly)										
	Name of Employer (for Individual) United HealthCare Services Inc		cupa d Di	tion (for Individual) r												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 276.90	P/											
С.	Full Name of Individual (Last, First, Middle Initia PESCATELLO, SARA M, , ,	al) or Full C	Drga	nization Name		Date of	Re	ecei	ipt							
	Mailing Address 2149 CALIFORNIA STREET N APT #D			1		M = M / D = D / Y = Y = Y = Y										
	City WASHINGTON	State DC		Zip Code 20008-1834	A								3			
	FEC ID number of contributing federal political committee.	С				_		, ,		9	_	384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 1153.80	P/	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)					-		,		9	-	861.5	0			
т	OTAL This Period (last page this line number o	nly)		••••••	.			-			_		-			

FOR LINE NUMBER:

PAGE 141 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I A. POWER, ROBERT B, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 20 SMITH LANE			M M / D D / Y Y Y Y 03 31 2018							
City SAINT JAMES	State NY	Zip Code 11780-3810	Transaction ID : PR2634892849413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. ROOS, THOMAS EDWARD, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 3199 KAGEN AVE NE			03 / D D / Y Y Y Y Y 03 31 2018							
City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451249413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Acctng Off	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I c. SMITH, KENNETH JOHN, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 1200 WASHINGTON ST #2			M M / D D / Y Y Y Y Y 03 31 2018							
City BOSTON	State MA	Zip Code 02118-2132	Transaction ID : PR2636734549413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			538.44							
TOTAL This Period (last page this line numbe	er only)									

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

FOR LINE NUMBER:

PAGE 142 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
	EIVILLED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
<u>.</u>	NAME OF COMMITTEE (In Full)											
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia LIST, CHRISTINE, , ,	ll) or Full O	rganization Name	Date of Receipt								
	Mailing Address 340 DAVIS ST			03 / D D / Y Y Y Y 2018								
	City NORTHBOROUGH	State MA	Zip Code 01532-2420	Transaction ID : PR2637694649413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt								
	Mailing Address 121 3RD STREET NE			03 / D D / Y Y Y Y 2018								
	City	State	Zip Code	Transaction ID : PR2638112749413								
	WASHINGTON	DC	20002-7313	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.20								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Regl Affs	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.11	P/R Deduction (\$38.10 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia HAUSCHILDT, TODD CURTIS, , ,	ll) or Full O	rganization Name	Date of Receipt								
	Mailing Address 111 4TH AVE N UNIT 703			03 / D D / Y Y Y Y 2018								
	City MINNEAPOLIS	State MN	Zip Code 55401-1538	Transaction ID : PR2638114749413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) T	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			230.04								
т	OTAL This Period (last page this line number or	וy)	-									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 143 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
I LIVILLU RECEITIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (I	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Mic ZEGLINSKI, MICHAEL G, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1 TRIMONT LANE #610A			03 / D D / Y Y Y Y 2018							
City PITTSBURGH	State PA	Zip Code 15211-1206	Transaction ID : PR2639701849413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mic EDWARDS, MICHAEL F, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 379 DURHAM ROAD			03 / D D / Y Y Y Y 03 31 2018							
City WYCKOFF	State NJ	Zip Code 07481-1018	Transaction ID : PR2639702049413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mic C. SKOMO, DAVID A, , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4002 PHILLIPS COUR	T	Zin Code								
City MARS	PA	Zip Code 16046-2140	Transaction ID : PR2639702749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	nal)		846.12							
TOTAL This Period (last page this line nu	umber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 144 OF

	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×]11a		-	11b		11c	12		
	y information copied from such Reports and State for commercial purposes, other than using the na							Jrp						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) CALABRESE, DAVID CHRISTIAN, , ,	or Full O)rgan	ization Name		Date of Receipt								
	Mailing Address 85 LITTLE POND RD					03 31 2018								
	City	State		Zip Code		Tra	nsac	ctio	on ID) : P	PR2639	7083494	13	
	NORTHBOROUGH	MA		01532-1686	A	Amou	int o	of E	Each	Re	ceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С				76.92								
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) macy Programs			Merr	10	ltem					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year	r-to-Date ▼ 230.76	P/	/R De	educ	tio	on (\$2	238.	50 Bi-V	Veekly)		
B.	Full Name of Individual (Last, First, Middle Initial) SURRELL, CHRISTOPHER P, , ,	or Full O	rgan	ization Name		Date of Receipt								
	Mailing Address 620 DARTINGTON WAY					03 / D D / Y Y Y Y Y 2018								
	City JOHNS CREEK	State GA		Zip Code 30022-8045		Transaction ID : PR2639758149413 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				Memo Item								
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) 9 Bus Dev										
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year	r-to-Date ▼ 299.28	P/	P/R Deduction (\$72.72 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) BIGHAM, ANNE ELIZABETH, , ,	or Full O	rgan	ization Name		Date	of F	Rec	ceipt					
	Mailing Address 2610 HOLLY LANE NORTH					M 03	5	/		31	L	2018		
		State MN		Zip Code								771449		
	PLYMOUTH			55447-1727	A	\mou	int o	of E	Each	Re	ceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С							,		9	38	4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Clin Ops		Ц	Men	no	ltem	I				
	Receipt For: A Primary General Other (specify)	.ggregate	Year	r-to-Date ▼ 1153.80	P	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•					,			60	6.96	
Т	OTAL This Period (last page this line number only	')			ĺ				,					

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 145 OF

	Use separate schedule(s)		(cheo	k only	/ or	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I DUTTA, SUMIT, , ,	,	rganization Name	D	ate of	Re	ceipt			
Mailing Address 1112 W WRIGHTWOOD A				^M 03	1	31	D / Y	ү ү 2018	Y
City CHICAGO	State IL	Zip Code 60614-1315						77384941 his Period	
FEC ID number of contributing federal political committee.	С						1.45	384.	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/F	R Dedu	uctio	on (\$19	2.30 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middle I B. KOUZIOS, CHRISTOPHER J, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 2650 CONNOLLY LN				м м 03	/	31) / Y	2018	Y
City WEST DUNDEE	State IL	Zip Code 60118-1756						79004941	-
FEC ID number of contributing federal political committee.	С			mount	OI			nis Period 74.	
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 253.31	P/F	R Dedu	uctio	on (\$37.	.33 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle I C. NELSON, ELLEN RUTH, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 11882 TILDEN PLACE				03	1	31	D / Y	ү ү 2018	Y
City WELLINGTON	State FL	Zip Code 33414-6056						79534941 his Period	
FEC ID number of contributing federal political committee.	С		ļ	_	_	y 1	. ,	384.	60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgmt		Me	emo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/I	R Dedu	uctio	on (\$19	2.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional)						,	. ,	843.	86
TOTAL This Period (last page this line number	er only)					-	-		

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 146 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	ιC)
Full Name of Individual (Last, First, Middl A. SMITH, DELYLE ANDREW, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address PO BOX 447			03 / D D / Y Y Y Y 2018
City MT PROSPECT	State IL	Zip Code 60056-0447	Transaction ID : PR2639801549413
	I.E	00030-0447	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		74.66
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		253.31	P/R Deduction (\$37.33 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. WU, LAMBERT ANTHONY, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 11008 CHERWELL COU	RT		03 31 2018
City	State	Zip Code	Transaction ID : PR2640461649413
LAS VEGAS	NV	89144-4526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) d Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. STOW, CHRISTINA L, , ,	le Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4709 ALTON PL NW			03 31 2018
City	State	Zip Code	Transaction ID : PR2640466449413
WASHINGTON	DC	20016-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
United HealthCare Services Inc		External Affs	
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	al)	••••••	536.18
TOTAL This Period (last page this line nun	nber only)	••••••	

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

PAGE 147 OF

	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using th			
	io name dhù a		to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle Ir ASCHUTT, ERIC A, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 2359 US HWY 51			03 / D D / Y Y Y Y 03 31 2018
City MC FARLAND	State WI	Zip Code 53558-9142	Transaction ID : PR2640846249413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WAGNER, JOSEPH F, , ,			Date of Receipt
Mailing Address 3405 MEREDITH RIDGE RC			03 / D D / Y Y Y Y 2018
City PHOENIX	State MD	Zip Code 21131-1456	Transaction ID : PR2640875849413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		88.00
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		214.46	P/R Deduction (\$44.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir ESTESS, SHARON SENGER, ,		rganization Name	Date of Receipt
Mailing Address 128 ASHBROOKE TRAIL	Otata	Zin Onda	03 / D D / Y Y Y Y 31 2018
City MADISON	State MS	Zip Code 39110-6855	Transaction ID : PR2640876549413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir F	upation (for Individual) Fin	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			549.52
TOTAL This Period (last page this line number	r only)		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 148 OF

IT.			Use separate schedule(s)	(check o	nly or	ne)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
	NAME OF COMMITTEE (In Full)		address of any political committee		Untill		UIII SUCI	1 COMMIN	.ee.
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)					
A.	Full Name of Individual (Last, First, Middle Initia METKO, SARA D, , ,	l) or Full O	Organization Name	Date	of Re	eceipt			
	Mailing Address 23665 HIGHVIEW LANE			M 03		D D 31	/ Y	y y 2018	Y
	City LAKEVILLE	State MN	Zip Code 55044-6025					37734941 is Period	3
	FEC ID number of contributing federal political committee.	С			_			76.	92
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir 1	upation (for Individual) Tax		Memo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R De	ducti	on (\$38.4	16 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia MINTO, RYAN J, , ,	l) or Full O	Organization Name	Date	of Re	eceipt			
	Mailing Address 1505 HERITAGE CLUB AVE	1		M 03		D D D 31	/ Y	ү ү 2018	Y
	City WAKE FOREST	State NC	Zip Code 27587-7698					38244941 is Period	3
	FEC ID number of contributing federal political committee.	С						95.	92
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Govt Affs		Memo	b Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 290.76	P/R De	ductio	on (\$47.9	96 Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,	l) or Full O	Organization Name	Date	of Re	eceipt			
	Mailing Address 7618 BRITTANY PARC CT	1		03		31	/ Y	y y 2018	Y
	City FALLS CHURCH	State VA	Zip Code 22043-2907					02414941 is Period	
	FEC ID number of contributing federal political committee.	С			_	, .	, ,	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Rsch		Memo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R De	∍ducti	on (\$192	30 Bi-W	/eekly)	
s	UBTOTAL of Receipts This Page (optional)		•	Γ.		,	,	557.4	44
Т	OTAL This Period (last page this line number on	ly)	•				-		

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 149 OF

IT.			Use separate schedule(s)	(che	eck only	on	ie)				
			for each category of the Detailed Summary Page	×	11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\}$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		InitedHealth Group PA	()							
	Sinted leant Group incorporated			0)							
Α.	Full Name of Individual (Last, First, Middle Initia FISHMAN, EINA GAIL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 27708 WATER ASH DRIVE			03 / D D / Y Y Y Y 03 31 2018							
	City WESLEY CHAPEL	State FL	Zip Code 33544-8752)2784941 is Period	3	
	FEC ID number of contributing federal political committee.	С					, .	-	384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄Ied Dir		Me	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P	/R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)		
в.	Full Name of Individual (Last, First, Middle Initia BRUECKMAN, BRIAN D, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 4601 PARK COMMONS DRIVE #417	1			03	/	D D D 31	/ Y	ү ү 2018	Y	
	City SAINT LOUIS PARK	State MN	Zip Code 55416-4993				-		2944941 is Period	3	
	FEC ID number of contributing federal political committee.	С				U			384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC Operations		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/	/R Dedu	ictic	on (\$192	2.30 Bi-W	'eekly)		
C.	Full Name of Individual (Last, First, Middle Initia MARTIN, STEPHANIE A, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 7002 N VIA DE MANANA				03	/	D D 31	/ Y	2018	Y	
	City SCOTTSDALE	State AZ	Zip Code 85258-3951						31804941 is Period	3	
	FEC ID number of contributing federal political committee.	С					y .	. <u>,</u>	76.	92	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Strat Accts		Me	emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P	P/R Dedu	uctio	on (\$38.	.46 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)						, ,		846.	12	
т	OTAL This Period (last page this line number on	ly)	•				,				

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

FOR LINE NUMBER:

(check only one)

PAGE 150 OF

				Detailed Summary Page	×	11a 13	\square	11 14	- H	_	11c	12						
		mation copied from such Reports and Statements may not be sold or used by a							se of s	sol								
or	for commercial purposes, other than using the na																	
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Unit	tedHealth Group PA	C)		_	_		_								
A.	Full Name of Individual (Last, First, Middle Initial) YOUNG, ALLISON, , ,	or Full O	Organ	ization Name	Date of Receipt													
	Mailing Address 15222 ALMA MATER CT				03 / D D / Y Y Y Y 2018													
	City BATON ROUGE	State LA		Zip Code 70810-8389	—	Transaction ID : PR2642830349413 Amount of Each Receipt this Period												
	FEQ ID sumber of contribution	С																
	Name of Employer (for Individual) United HealthCare Services Inc							o Ite	em									
	Receipt For: A Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76						on	(\$38.4	46	Bi-We	ekly)						
	Full Name of Individual (Last, First, Middle Initial)	or Full O	Organ	ization Name		Date of	Re	ecei	ipt									
	Mailing Address 2900 THOMAS AVE S UNIT 1623						/		D D 31		/ Y	2018	Y					
	City MINNEAPOLIS							Transaction ID : PR2642831249413 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92													
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	em									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)													
C.	Full Name of Individual (Last, First, Middle Initial) FOX, ELIZABETH NICOLE, , ,		Organ	ization Name		Date of	Re	ecei	ipt									
	Mailing Address 1021 NORTH GARFIELD STREE #308			7.0.1		03	1	L	31	L		2018						
	City ARLINGTON	State VA		Zip Code 22201-2559								3204941 s Period	3					
	FEC ID number of contributing federal political committee.	С				_		,			,	192.3	30					
	Name of Employer (for Individual) United HealthCare Services Inc		upati Govt	on (for Individual) Affs		Me	emo	o Ite	em									
	Receipt For: Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)													
s	UBTOTAL of Receipts This Page (optional)			••••••				,			,	346.1	4					
т	OTAL This Period (last page this line number only	y)		•••••				7			-							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 151 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	C)
Full Name of Individual (Last, First, Middle Init A. CRESTA, BRIAN M, , ,	ial) or Full C	Organization Name	Date of Receipt
Mailing Address 5 OGDEN LANE			03 / D D / Y Y Y Y 2018
	State MA	Zip Code	Transaction ID : PR2642837549413
MIDDLETON		01949-1669	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item
Receipt For:		Year-to-Date ▼	
Primary General Other (specify) ▼	Ayyı eyale	230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle Init B. WILLENBRING, LYNN CATHERINE		Organization Name	Date of Receipt
Mailing Address 7903 20TH STREET NORTH			03 31 2018
City	State	Zip Code	Transaction ID : PR2642839349413
OAKDALE	MN	55128-5325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		434.78
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 652.17	P/R Deduction (\$217.39 Bi-Weekly)
Full Name of Individual (Last, First, Middle Init C. SIVERTSEN, DARREN G, , ,	ial) or Full C	Organization Name	Date of Receipt
Mailing Address 11632 SLEEPY HEAVEN PLA	.CE		03 / D D / Y Y Y Y 03 31 2018
City	State	Zip Code	Transaction ID : PR2643132649413
LAS VEGAS	NV	89138-7557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			588.62
TOTAL This Period (last page this line number of			

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 152 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle A. SOCZYNSKI, PAUL F, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 915 SOUTH 91ST STREET			M M / D D / Y Y Y Y 03 31 2018
City WEST ALLIS	State WI	Zip Code 53214-2848	Transaction ID : PR2643197749413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$37.50 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. CRAGLE, STEVE LAURENCE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6604 MOHAWK TRAIL			03 / D D / Y Y Y Y Y 2018
City EDINA	State MN	Zip Code 55439-1030	Transaction ID : PR2643200649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CMO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. NEELY, MARC, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1159 BUFFALO RIDGE RD			03 / D D / Y Y Y Y 2018
City CASTLE PINES	State CO	Zip Code 80108-8190	Transaction ID : PR2643203149413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			228.84
TOTAL This Period (last page this line number	er only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 153 OF

				Detailed Summary Page	×	11a	Γ		11	b		11c	1	2	
				ugo		13			14			15		16	17
	y information copied from such Reports and State for commercial purposes, other than using the nar														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) HAMMOND, MICHAEL JOSEPH, , ,	or Full O	Drga	nization Name		Date	of I	Red	cei	pt					
	Mailing Address 244 NE 59TH TERR					M 03		/	ľ	31		/ Y	۲ 202	18 18	Y
	City	State		Zip Code		Tra	nsa	cti	on	ID :	PF	R26446	4484	9413	
	ТОРЕКА	KS		66617-1661	_ 4	Αmoι	int o	of I	Ea	ch R	lec	eipt th	s Pe	riod	
	FEC ID number of contributing federal political committee.	С						_	,		ļ	-9-		76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occi	•	tion (for Individual) r			Mer	no	lte	əm					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ar-to-Date ▼ 230.76	 P	/R De	eduo	ctio	on ((\$38.	.46	6 Bi-We	ekly)		
	Full Name of Individual (Last, First, Middle Initial) MCKOY, PHILIP GREGORY JAMES, ,		Drga	nization Name		Date	of I	Red	cei	pt					
	Mailing Address 927 LINCOLN AVE					[™] 03		/	ľ	31	1	/ Y	y 201	ү 8	Ŷ
	City SAINT PAUL	State MN		Zip Code 55105-3149					-			26446 eipt thi			
	FEC ID number of contributing federal political committee.	С							,			-7-	;	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) o CIO			Mer	no	lte	əm					
	Receipt For: A Primary General Other (specify) ▼ I	ggregate	Yea	ar-to-Date ▼ 1153.80	P	/R De	educ	ctio	n ((\$192	2.3	0 Bi-W	eekly	()	
с.	Full Name of Individual (Last, First, Middle Initial) MISTRY, RASHMITA, , ,	or Full O	Drga	nization Name		Date	of I	Red	cei	pt					
	Mailing Address 6658 WATERTON CIRCLE					[™] 03		/	ľ	31		/ Y	y 201	8 8	Y
	City	State		Zip Code	<u> </u>	Tra	nsa	cti	on	ID :	PF	R26451	6914	19413	5
	MUKILTEO	WA		98275-4805		Amou	int o	of I	Ea	ch R	lec	eipt th	s Pe	riod	
	FEC ID number of contributing federal political committee.	С				<u> </u>			,			9	3	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt			Mer	mo	lte	em					
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ar-to-Date ▼ 1153.80	P	P/R D	edu	ctic	on ((\$19:	2.3	80 Bi-W	'eekly	y)	
S	JBTOTAL of Receipts This Page (optional)				.								8	346.1	2
т	OTAL This Period (last page this line number only)		·····					,						

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

FOR LINE NUMBER:

(check only one)

PAGE 154 OF

			Detailed Summary F		×	11a 13] 11 14		11c		12 16	17			
		nation copied from such Reports and Statements may not be sold or used by any mercial purposes, other than using the name and address of any political commit							se of s	soliciti		ntributi	ons			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Gro	oup PA	C)											
A.	Full Name of Individual (Last, First, Middle Initial) NEALE, MATTHEW, , ,) or Full O	rganization Name		C	Date of	Re	ecei	ipt							
	Mailing Address 11380 WILD HERON PT															
	City EDEN PRAIRIE	State MN	Zip Code 55347-4729		Transaction ID : PR2645175249413 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			76.92											
	Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc VP IT						emo	o Ite	em							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 230.76						uctio	on ((\$38.4	l6 Bi-V	Veekl	у)				
B.	Full Name of Individual (Last, First, Middle Initial) HOFFMAN, SHERRI LINKOFF, , ,) or Full O	rganization Name			Date of	Re	ecei	ipt							
	Mailing Address 3409 DEEP WILLOW AVENUE						/		31	/	Y Y 20	018	Y			
	City PIKESVILLE	State MD	Zip Code 21208-3116		Transaction ID : PR2646294649413 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						-		- 7		76.9	2			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt			Me	emo	o Ite	em							
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 23	0.76	P/	R Dedu	uctic	on ((\$38.4	6 Bi-V	/eekly	y)				
c.	Full Name of Individual (Last, First, Middle Initial, ZENICK, GEOFFREY ALAN, , ,) or Full O	rganization Name			Date of	Re	ecei	ipt							
	Mailing Address 7714 TWISTED OAKS CIRCLE					м м 03	1	L	31	/	20	018				
	City DALLAS	State TX	Zip Code 75231-4711		A	Trans mount						849413 Period	5			
	FEC ID number of contributing federal political committee.	С				_		<u>y</u>		, j	_	76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P CInt Relationship			Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 23	0.76	P/	R Dedi	uctio	on	(\$38.4	46 Bi-\	Veekl	ly)				
s	UBTOTAL of Receipts This Page (optional)			•••••• •				,			_	230.7	6			
т	OTAL This Period (last page this line number onl	y)		····· ►	[_								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 155 OF

	Use separate schedule(s)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 I I I I I I I	<u> </u>
Any information copied from such Reports an or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full)	and name and a	any pointer commute		
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)	
Full Name of Individual (Last, First, Middle SELIG, JOHN M, , ,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 6406 WESTMINSTER			03 / D D / Y Y Y 2018	Y
City BENTON	State AR	Zip Code 72019-6682	Transaction ID : PR2699184649413 Amount of Each Receipt this Period	3
FEC ID number of contributing federal political committee.	С		153.8	34
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Health Mgmt	Memo Item	
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 461.52	P/R Deduction (\$76.92 Bi-Weekly)		
Full Name of Individual (Last, First, Middle AHLSTROM, ALEXIS K, , ,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 3421 OAKWOOD TERRAC		03 / D D / Y Y Y 2018	Y	
City WASHINGTON	State DC	Zip Code 20010-1819	Transaction ID : PR2699187149413	8
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period	2
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.16	P/R Deduction (\$38.36 Bi-Weekly)	
Full Name of Individual (Last, First, Middle C. ZHOU, JINGXIN, , ,	Initial) or Full C	organization Name	Date of Receipt	
Mailing Address 12011 FAIRVIEW CT			03 / D D / Y Y Y 2018	Ŷ
City MINNETONKA	State MN	Zip Code 55343-4516	Transaction ID : PR2699187849413 Amount of Each Receipt this Period	3
FEC ID number of contributing federal political committee.	С		76.9	2
Name of Employer (for Individual) Optum Services, Inc	Occ Dir F	upation (for Individual) Fin	Memo Item	
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)			307.4	8
TOTAL This Period (last page this line numb	er only)			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 156 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle FARRELL, ELIZABETH ANN, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 18777 THE PINES			03 / D D / Y Y Y Y 2018
City EDEN PRAIRIE	State MN	Zip Code 55347	Transaction ID : PR2699980049413
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. MCSWEENEY, ERIN L, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 10 NOUVELLE WAY SUITE	E 805		03 / D D / Y Y Y Y Y 03 31 2018
City NATICK	State MA	Zip Code 01760-1570	Transaction ID : PR2701818049413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P, Mkt Grp CHRO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. FRINGER, TRICIA LYNN, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 2809 STANFORD AVE	1		03 / D D / Y Y Y Y 2018
City DALLAS	State TX	Zip Code 75225-7917	Transaction ID : PR2701818649413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Underwriting	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			1153.80
TOTAL This Period (last page this line numb		· · · · ·	

FOR LINE NUMBER:

PAGE 157 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. O'CONNELL, DANIEL T, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3325 W 18TH AVENUE			03 31 / Y Y Y Y 2018						
City DENVER	State CO	Zip Code 80204-1681	Transaction ID : PR2701819649413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		180.76						
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc Dir Govt Affs								
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$90.38 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. BRUCE, JAMIE ANGELA, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 336 THOREAU BLVD									
City O FALLON	State MO	Zip Code 63366-7451	Transaction ID : PR2701823049413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. SPARKS, KEVIN P, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10681 S CEDAR NILES B	1		03 / D D / Y Y Y Y 2018						
City OLATHE	State KS	Zip Code 66061-7415	Transaction ID : PR2701825549413 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	P/R Deduction (\$96.15 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			757.66						
TOTAL This Period (last page this line numb	er only)								

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

FOR LINE NUMBER:

(check only one)

PAGE 158 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		-	1b	11c	12				
	y information copied from such Reports and Stateme for commercial purposes, other than using the name							se of :						
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P/	AC (U	nitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initial) or ROTH, TROY D, , ,	ganization Name	[Date o	of Re	ecei	ipt							
	Mailing Address 7982 WOOD COURT				^M 03	/		D D 31	/ Y	2018	Y			
	5	ate	Zip Code	Transaction ID : PR2701828949413										
	FRISCO T	X	75034-8203	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.			76.92										
	Name of Employer (for Individual) Optum360 Services Inc	· · ·	pation (for Individual) en Mgmt		N	lemo	o Ite	em						
	Receipt For: Agg Primary General Other (specify) ▼	P/	'R Dec	ducti	ion	(\$38.4	16 Bi-We	eekly)						
в.	Full Name of Individual (Last, First, Middle Initial) or KRAMER, NANCY J, , ,	Full Org	ganization Name		Date of Receipt									
	Mailing Address 5701 STONE TRACE DRIVE			M M / D D / Y										
		ate)H	Zip Code 45040-8315		Transaction ID : PR2702501449413 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.				76.92									
	Name of Employer (for Individual) Optum Services, Inc	Occup Dir R	pation (for Individual) N		Memo Item									
	Receipt For: Agg Primary General Other (specify) ▼	regate Y	/ear-to-Date ▼ 230.76	P/	R Dec	lucti	ion	(\$38.4	l6 Bi-We	eekly)				
с.	Full Name of Individual (Last, First, Middle Initial) or BRENNER, JEFFREY CRAIG, , ,	Full Org	ganization Name		Date o	of Re	ecei	ipt						
	Mailing Address 4610 CEDAR AVE APT 301				^M 03	/		D D D 31	/ Y	2018	Y			
	-	ate	Zip Code		Tran	sact	tion	ו ID : I	PR2702	5063494 ⁻	3			
	PHILADELPHIA	A	19143-2118	A	moun	nt of	Ea	ach Re	eceipt th	nis Period				
	FEC ID number of contributing federal political committee.						,		y	115.	38			
	Name of Employer (for Individual)		pation (for Individual)		N	lemo	o It	em						
	United HealthCare Services Inc Receipt For:		ntegrated Hlth Human Svs	_										
	Primary General Other (specify)	regate Y	éar-to-Date ▼ 346.14	P/	/R Dec	ducti	ion	(\$232	00 Bi-V	Veekly)				
s	UBTOTAL of Receipts This Page (optional)		••••••							269.	22			
Т	OTAL This Period (last page this line number only)		· · · · · · · · · · · · · · · · · · ·	Ī			-							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 159 OF

171			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12					
	y information copied from such Reports and Sta								
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)					
A.	Full Name of Individual (Last, First, Middle Initia BENSON-SCEARCE, DENA L, , ,	l) or Full O	organization Name	Date of Receipt					
	Mailing Address 406B RUDOLPH AVE			03 31 Y Y Y Y Y 03 31 2018					
	City NASHVILLE	State TN	Zip Code 37206-1811	Transaction ID : PR2703224649413 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item					
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia MERZLICKER, CAREY, , ,	l) or Full O	organization Name	Date of Receipt					
	Mailing Address 950 BENTLEY PARK CIRCLE			03 / D D / Y Y Y Y 03 31 2018					
	O FALLON	State MO	Zip Code 63368-8022	Transaction ID : PR2703246949413 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		72.00					
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir I	upation (for Individual) Fin	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$36.00 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia HARVEY, CATHERINE S, , ,	l) or Full O	organization Name	Date of Receipt					
	Mailing Address 541 E ERIE ST UNIT 602			03 / D D / Y Y Y Y 03 31 2018					
	City MILWAUKEE	State WI	Zip Code 53202-6251	Transaction ID : PR2703637049413 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	°							
Name of Employer (for Individual) United HealthCare Services Inc			upation (for Individual) Plan CEO	Memo Item					
	Receipt For: Primary General Other (specify)	P/R Deduction (\$96.15 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			341.22					
т	OTAL This Period (last page this line number or	ıly)	•						

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

FOR LINE NUMBER:

(check only one)

PAGE 160 OF

	WIZED RECEIPTS		Detailed Summary Page	≭ 11a ☐ 11b ☐ 11c ☐ 12										
				13 14 15 16 17										
or fo	information copied from such Reports and Stat r commercial purposes, other than using the n													
	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)										
	ull Name of Individual (Last, First, Middle Initial ROLLINS, CARISSA L, , ,	l) or Full O	Organization Name	Date of Receipt										
	lailing Address 6805 CHEYENNE TRAIL			03 / D D / Y Y Y Y Y 03 31 2018										
	ity	State	Zip Code	Transaction ID : PR2704188949413										
	EDINA	MN	55439-1158	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		384.60										
	ame of Employer (for Individual) Inited HealthCare Services Inc	Occi VP I	upation (for Individual) IT	Memo Item										
R	eceipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) V	P/R Deduction (\$192.30 Bi-Weekly)												
	ull Name of Individual (Last, First, Middle Initial DELANY, ANDREW JOHN, , ,	l) or Full O	Organization Name	Date of Receipt										
N	lailing Address 5166 MEADOWCREEK DRIVE			M M / D D / Y										
	ity	State	Zip Code	Transaction ID : PR2704196349413										
	DUNWOODY	GA	30338-3846	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		384.60										
N U	lame of Employer (for Individual) nited HealthCare Services Inc		cupation (for Individual) Cust Svs	Memo Item										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
	ull Name of Individual (Last, First, Middle Initial SHARFF, RICHARD L, , ,	l) or Full O	Organization Name	Date of Receipt										
_	lailing Address 508 RUMSON ROAD	1		03 / D D / Y Y Y Y 2018										
		State	Zip Code	Transaction ID : PR2705063649413										
_	BIRMINGHAM	AL	35209-4312	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		384.60										
N	ame of Employer (for Individual)	ne of Employer (for Individual) Occupation (for Individual)												
_	Optum Services, Inc	Bus	Segment Gen Counsel											
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$192.30 Bi-Weekly)										
SU	BTOTAL of Receipts This Page (optional)			. 1153.80										
то	TAL This Period (last page this line number on	ly)												

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 161 OF

111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12										
			, ,	13 14 15 16 17										
	y information copied from such Reports and Statem for commercial purposes, other than using the nam													
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (U	nitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) o BUNTEN, BRIAN A, , ,	r Full Org	ganization Name	Date of Receipt										
	Mailing Address 401 TATLOW DR		-	03 / D D / Y Y Y Y 2018										
		tate 10	Zip Code	Transaction ID : PR2705070549413										
		//0	65203-6130	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		118.86										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs	Memo Item										
	Receipt For: Aq	areaate Y	ear-to-Date ▼	-										
	Primary General Other (specify) ▼	P/R Deduction (\$59.43 Bi-Weekly)												
	Full Name of Individual (Last, First, Middle Initial) o SPADE, NATHAN THOMAS, , ,	ganization Name	Date of Receipt											
	Mailing Address 12 WARWICK CIRCLE		03 31 Y Y Y Y 2018											
		tate	Zip Code	Transaction ID : PR2705987049413										
	MECHANICSBURG	PA	17050-2643	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		153.84										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs	Memo Item										
	Receipt For: Age Primary General Other (specify) ▼	gregate Y	rear-to-Date ▼ 461.52	P/R Deduction (\$76.92 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) o AGEN RYAN, BARBARA, , ,	r Full Org	ganization Name	Date of Receipt										
	Mailing Address 180 HIGH PARK LANE #433			03 31 2018										
	5	tate	Zip Code	Transaction ID : PR2705987449413										
	SILVER SPRING	MD	20910-3198	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	;		192.30										
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt	Memo Item										
	Receipt For: Ag: Primary General Other (specify) Image: Control of the specify in the specify in the specify in the specify in the specific spe	gregate Y	/ear-to-Date ▼ 576.90	P/R Deduction (\$96.15 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	465.00										
т	OTAL This Period (last page this line number only).		· · · · · · · · · · · · · · · · · · ·											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 162 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mide BARTHOLET, DANIEL PATRICK,	3 3	rganization Name	Date of Receipt										
Mailing Address 5918 VALEWOOD DRIV	/E State	Zin Oode	03 / D D / Y Y Y Y 2018										
City MINNETONKA	Zip Code 55345-6545	Transaction ID : PR2706451149413											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax	Memo Item										
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate real-to-Date +												
Full Name of Individual (Last, First, Mide MADRID, MERLE, , ,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 514 SOUTH 3RD STRE			03 / D D / Y Y Y Y 03 31 2018										
City COLUMBUS	State OH	Zip Code 43215-5756	Transaction ID : PR2740510349413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		192.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	P/R Deduction (\$96.00 Bi-Weekly)										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.00											
Full Name of Individual (Last, First, Mide C. DRENNAN, KEVIN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1 CREAMERY RD			03 / D D / Y Y Y Y 2018										
City HAMILTON	State NJ	Zip Code 08620-9800	Transaction ID : PR2740511249413 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		653.52										
TOTAL This Period (last page this line nu	mber only)												

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 163 OF

		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th	Statements manual and a	I ay not be sold or used by any puddress of any political committee	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I MATHIS, BRIAN T, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 4632 RESERVOIR ROAD N	IW		03 31 Y Y Y Y Y 03 31 2018							
City WASHINGTON	State DC	Zip Code 20007-1917	Transaction ID : PR2740758749413 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Dev	Memo Item							
Receipt For: Primary General Other (specify) ▼	Receipt For: Aggregate Year-to-Date ▼ Primary General									
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address	ailing Address									
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼]							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address										
City	State	Zip Code	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occu										
		upation (for Individual)	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]							
SUBTOTAL of Receipts This Page (optional)			76.92							
TOTAL This Period (last page this line numbe	er only)		140028.05							

SCHEDULE B (FEC Form 3X)					OR L	INE N	E NUMBER: PAGE 164 OF 183						
IT	EMIZED DISBURSEMENTS	Use sepa for each	(C		only 21b	/ one) 22 🗶 23 26 27							
		Detailed	Summary Page			210 28a	22 x 23 26 27 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_									
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Grou	p F	PAC))						
A.	Full Name (Last, First, Middle Initial) Marc Veasey Congressional Cam	paign Co	ommittee				Date of Disbursement						
	Mailing Address PO Box 50084						03 01 Y Y Y Y 2018						
	City	State	Zip Code				FEC Identification Number						
	Fort Worth Purpose of Disbursement	ТХ	76105										
	Contribution			0	011		C C00506832						
	Candidate Name			1.00	egory		Transaction ID : 41950338 Amount of Each Disbursement this Period						
	Veasey, Marc, , Rep.,				ype	y'							
	Office Sought: 🗶 House Disburse	ment For:					2500.00						
	Senate X	_	General				Contribution						
	State: TX District: 33	Other (spe	city) 🔻				Memo Item						
	Full Name (Last, First, Middle Initial)												
В.	Ted Cruz For Senate		Date of Disbursement										
	Mailing Address 815 A Brazos PMB 550						03 / D D / Y Y Y Y 01 2018						
	CityStateZip CodeAustinTX78701						FEC Identification Number						
	Purpose of Disbursement Contribution					C C00492785							
	Candidate Name			la de la compañía de)11	_	Transaction ID : 41950342						
	Cruz, Rafael, Edward Ted, Mr.,				egory ype	y/	Amount of Each Disbursement this Period						
		ment For:	2018		ype		2500.00						
	x Senate x	1	General				Contribution						
	State: TX District:	Other (spe	cify)				Memo Item						
	State: TX District: Full Name (Last, First, Middle Initial)												
C.	Carlos Curbelo Congress						Date of Disbursement						
	Mailing Address 8724 Sunset Dr #355						03 05 2018						
	City Miami	State FL	Zip Code 33173				FEC Identification Number						
	Purpose of Disbursement Contribution				-		C C00546846						
	Candidate Name)11		Transaction ID : 41953129						
	Curbelo, Carlos, , Rep.,				egory ype	y/	Amount of Each Disbursement this Period						
		ment For:	2018				2000.00						
	Senate x	Sonoto Drimony Cons					Contribution						
	President	Other (spe	cify) 🔻				Memo Item						
_	State: FL District: 26						1 mm						
s	UBTOTAL of Disbursements This Page (optional).						7000.00						
т	OTAL This Period (last page this line number only	/)				•							

	CHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 165 OF 183							
ITEMIZED DISBURSEMENTS		for each	(C	heck	c only 21b	/ one) 22 🗶 23 🗌 26 🗌 27								
		Detailed	Summary Page		$\left - \right $	28a	28b 28c 29 30b							
	y information copied from such Reports and State for commercial purposes, other than using the na													
\square	NAME OF COMMITTEE (In Full)			_										
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Grou	p ⊦	PAC)								
Α.	Full Name (Last, First, Middle Initial) Carlos Curbelo Congress						Date of Disbursement							
	Mailing Address 8724 Sunset Dr #355						03 / D D / Y Y Y Y 03 05 2018							
	City	State FL	Zip Code				FEC Identification Number							
	Miami Purpose of Disbursement	FL	33173	_	_	_	C C00546846							
	Contribution			C)11		Transaction ID : 41953130							
	Candidate Name				egor	y/	Amount of Each Disbursement this Period							
	Curbelo, Carlos, , Rep., Office Sought: x House Disburse	ement For:	2018	Т	ype		500.00							
	Senate	Primary	General				Contribution							
	State: FL District: 26	Other (spe	cify) ▼				Memo Item							
_	Full Name (Last, First, Middle Initial)													
В.	Moulton For Congress			Date of Disbursement										
	Mailing Address PO Box 2013		03 05 2018											
	City	Zip Code 01970				FEC Identification Number								
	Salem Purpose of Disbursement	_	_	C C00547240										
	Contribution	C)11		Transaction ID : 41953149									
	Candidate Name				egor	y/	Amount of Each Disbursement this Period 2500.00							
	Moulton, Seth, , Rep., Office Sought: x House Disburse	ement For:	2018	T:	ype									
	Senate	1	General				Contribution							
	State: MA District: 06	Other (spe	cify)				Memo Item							
_	Full Name (Last, First, Middle Initial)						Data of Disburgament							
С.	People For Derek Kilmer						Date of Disbursement							
	Mailing Address PO Box 1381						03 05 2018							
	City Tacoma	State WA	Zip Code 98402				FEC Identification Number							
	Purpose of Disbursement Contribution	<u>I</u>		-	-		C C00514893							
	Candidate Name			C)11		Transaction ID : 41953151							
	Kilmer, Derek, , Rep.,	у/	Amount of Each Disbursement this Period											
		ement For:	2018		ype		1000.00							
	Senate x	Primary	General				Contribution							
	State: WA District: 06	Other (spe	сіту) 🔻				Memo Item							
						I								
s	UBTOTAL of Disbursements This Page (optional).						4000.00							
т	OTAL This Period (last page this line number only	/)					_ , , , , , , , , , , , , , , , , , , ,							

SCHEDULE B (FEC Form 3X)							NUMBER: PAGE 166 OF 183							
IT	EMIZED DISBURSEMENTS	for each	(c		only 21b	y one) 22 🕱 23 26 27								
		Detailed	Summary Page			28a	28b 28c 29 30b							
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			-	_		N N							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (rou	p P	YAC))							
Α.	Full Name (Last, First, Middle Initial) People For Derek Kilmer						Date of Disbursement							
	Mailing Address PO Box 1381						03 / D D / Y Y Y Y 2018							
	City	State	Zip Code				FEC Identification Number							
	Tacoma Purpose of Disbursement	WA	98402				C C00514893							
	Contribution			0)11									
	Candidate Name			Cate	egory	//	Transaction ID : 41953152 Amount of Each Disbursement this Period							
	Kilmer, Derek, , Rep.,	_			ype		4500.00							
	Office Sought: X House Disburse	ement For:					1500.00							
	President	Primary Other (spe	cifv) ▼				Contribution							
	State: WA District: 06		-), •				Memo Item							
R	Full Name (Last, First, Middle Initial)		Date of Disbursement											
Ь.	21st Century Majority Fund													
	Mailing Address PO Box 20475		03 05 2018											
	City			FEC Identification Number										
	Atlanta Purpose of Disbursement		C C00361956											
	Contribution			C)11		Transaction ID : 41953153							
	Candidate Name			Cate	egory	//	Amount of Each Disbursement this Period							
	21st Century Majority Fund			T	ype									
	Office Sought: House Disburse Senate	ement For: Primary	General											
	President	Other (spe					Contribution							
	State: District:						Memo Item							
с.	Full Name (Last, First, Middle Initial) Eye of the Tiger Political Action Co	ommittee	2				Date of Disbursement							
			•				M M / D D / Y Y Y Y							
	Mailing Address PO Box 2485						03 05 2018							
	City Springfield	State VA	Zip Code 22152				FEC Identification Number							
	Purpose of Disbursement			_	_		C C00467431							
	Contribution			0	11		Transaction ID : 41953154							
	Candidate Name	ommitte			egory	//	Amount of Each Disbursement this Period							
	Eye of the Tiger Political Action C Office Sought: House Disburse	ement For:	5	Ţ	ype		5000.00							
	Senate	Primary	General				Contribution							
	President	Other (spe	cify) 🔻				Memo Item							
_	State: District:	-												
s	UBTOTAL of Disbursements This Page (optional).						11500.00							
Т	OTAL This Period (last page this line number only	/)					, ,							

SCHEDULE B (FEC Form	3X)			F	OR L		UMBER	:		F	AGE	167 OF 183			
ITEMIZED DISBURSEMENTS		Use sepa for each	(c		only 21b	/ one) 22 🗶 23 🗌 26 🗌 27									
		Detailed	Summary Page			28a	28b	_	28c	29	\vdash	30b			
Any information copied from such Reports or for commercial purposes, other than us	s and State sing the na	ments may i me and addi	not be sold or use ress of any politic	ed by al con	any nmitt	perso tee to	n for the solicit co	purp ntribu	ose c itions	f solici from s	ing co uch c	ontributions ommittee.			
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorp	orated	PAC (Un	itedHealth C	Grou	p P	PAC)								
Full Name (Last, First, Middle Initial) A. More Conservatives PAC							Date o	f Disl				V			
Mailing Address 228 S Washington Stro Suite 115	eet								03 / D D / Y Y Y Y 2018						
City		State	Zip Code				FEC lo	lentifi	catior	Numb	er				
Alexandria Purpose of Disbursement		VA	22314	_			С	COOL	54018	7		-			
Contribution				0)11			1		07 ID:41	5215	5			
Candidate Name				Cate	egory	y/						o t this Period			
More Conservatives PAC	Dichurge	ment For:		Ţ	ype			-				2500.00			
Senate		Primary	General									2300.00			
President		Other (spec					Me	emo l		Contribu	ition				
State: District:		1							tom						
Full Name (Last, First, Middle Initial) 3. Tom O'Halleran For Congress								Date of Disbursement							
						M M	/	D	D /	Y	YY				
Mailing Address PO Box 63992								03 22 2018							
City Phoenix	State Zip Code AZ 85082					FEC lo	lentifi	catior	Numb	er					
Purpose of Disbursement							С	C005	58289	0		-			
Contribution	Contribution			011					Transaction ID : 42046714						
Candidate Name					egory	y/	Amount of Each Disbursement this Period								
O'Halleran, Tom, , Rep., Office Sought:	Disburse	ment For:	2018	Ľ	уре							1000.00			
Senate	×	1	General				Contribution								
President		Other (spec	cify)				Me	emo l							
State: AZ District: 01															
Full Name (Last, First, Middle Initial) C. Bera for Congress							Date o	of Disl	ourse	ment					
							M M	/	D	D /	YY	YY			
Mailing Address PO Box 582496							03		22	2	2	018			
City Elk Grove		State CA	Zip Code 95758				FEC lo	lentifi	catior	Numb	er				
Purpose of Disbursement				_	_		С	C004	46106	51					
Contribution				0)11			ansa	ction	ID : 42	04671	5			
Candidate Name					egory	y/	Amour	it of E	Each	Disburs	emen	t this Period			
Bera, Amerish, , Rep., Office Sought: x House	Disburse	ment For: 2	2018	1	ype							2500.00			
Senate							Contribution								
President		Other (spec	cify) 🔻				Me	emo l							
State: CA District: 07															
SUBTOTAL of Disbursements This Page	e (optional).					•			,			6000.00			
TOTAL This Pariod (last page this line a	umbor only	0				_			_	-					
TOTAL This Period (last page this line n	iumber only)							7			1.1.1			

SCH	EDULE B (FEC Form 3X)			F	OR LIN	E NUMBER: PAGE 168 OF 183				
ITEN	NIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page			nly one) 22 🗶 23 🔤 26 🔤 27				
	nformation copied from such Reports and State commercial purposes, other than using the na									
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporated	PAC (Ur	nitedHealth (Grou	p PA	C)				
A. S	Il Name (Last, First, Middle Initial) cott Peters for Congress					Date of Disbursement				
	illing Address PO Box 22074					03 22 2018				
	n Diego	State CA	Zip Code 92192			FEC Identification Number				
С	rpose of Disbursement ontribution			C	11	C C00503110 Transaction ID : 42046741				
P	ndidate Name eters, Scott, , Rep.,				egory/ ype	Amount of Each Disbursement this Period				
	ice Sought: X House Disburse Senate President X ate: CA District: 52	ement For: 2 Primary Other (spe	General			Contribution Memo Item				
B. S	Il Name (Last, First, Middle Initial) cott Peters for Congress illing Address PO Box 22074	Date of Disbursement								
Pu	y n Diego rpose of Disbursement ontribution	FEC Identification Number								
Р	Senate President	ate Name rs, Scott, , Rep., Sought: Sought: President House Primary Other (specify) Disbursement For: 2018 Primary Other (specify)			911 egory/ ype	Transaction ID : 42046742 Amount of Each Disbursement this Period 2500.00 Contribution Memo Item				
-	II Name (Last, First, Middle Initial) riends Of Chris Murphy					Date of Disbursement				
Ma	iling Address PO Box 127					03 22 2018				
Pu C	y eshire rpose of Disbursement ontribution ndidate Name	State CT	Zip Code 06410	0	11	FEC Identification Number C C00492645 Transaction ID : 42046743				
Ν	lurphy, Christopher, , Sen.,	ement For: 2 Primary Other (spe	General		egory/ ype	Amount of Each Disbursement this Period 1500.00 Contribution				
Sta			Convention20	18		Memo Item				
<u> </u>	TOTAL of Disbursements This Page (optional).				-	5000.00				

SCHEDULE B (FEC Form 3X)			Use separate schedule(s)				NUMBER: PAGE 169 OF 183								
ITEMIZED DISBU	RSEMENTS	for each	category of the Summary Page	(c	heck:	k only 21b	one) 22	X	23	26		27			
		Detailed	Summary Faye			28a	28b	1	28c	29		30b			
Any information copied fro or for commercial purpose															
NAME OF COMMITTE	. ,														
	roup Incorporated	PAC (Ur	nitedHealth (Grou	ıp F	PAC)									
Full Name (Last, First, A. Kind for Congre	,						Date o	f Disk			V	YYY			
Mailing Address 205 5t Room							03	/	22			018			
City		State WI	Zip Code				FEC Id	lentific	cation	Numb	er				
La Crosse Purpose of Disburseme Contribution	ent		54601	C	011	-	С		31201						
Candidate Name					egor	×/				ID: 42		4 t this Period			
Kind, Ronald, Ja					ype	y/	7 through		uon	Diobarc					
Office Sought:	House Disburst	ement For:	·									2500.00			
	President	Primary Other (spe	cify) ▼				Me	emo li		Contribu	ition				
State: WI Distr Full Name (Last, First,															
B. Manchin For W							Date o				V	YY			
Mailing Address PO B	ox 5202						03 / D D / Y Y Y Y 22 2018								
City Charleston	State Zip Code WV 25361					FEC ld	lentific	cation	Numb	er					
Purpose of Disburseme Contribution	ent			(011		С	C004		1.00	4004				
Candidate Name	•			Cate	egor	y/				ID : 420 Disburs		o t this Period			
Manchin, Joe, , Office Sought:		ement For:		T	ype							2500.00			
	Senate	Primary	2018 X General							Contrib		2300.00			
State: WV Distr	President	Other (spe					Me	emo It		Contribu					
Full Name (Last, First,	,						Date o	f Dist	nurse	ment					
C. Doug Jones for		e					M M		D		Y Y	YY			
Mailing Address PO Bo	ox 131025						03		22	2	2	018			
City Birmingham		State AL	Zip Code 35213				FEC ld	lentific	cation	Numb	er				
Purpose of Disburseme Contribution	ent	_ ·			04.4		С	C006	64062	23					
Candidate Name				1.00)11					ID:42		3 t this Period			
Jones, Doug, ,	Sen.,				egor ype	y/	Amoun		acri	Disbuis	emen	t tills Fellou			
Office Sought:		ement For:						7				2500.00			
×	Senate X President	Primary Other (spe	cify) ▼				Me	emo li		Contrib	ution				
State: AL Distr	ict:														
SUBTOTAL of Disbursen	nents This Page (optional)								-			7500.00			
TOTAL This Period (last	page this line number onl	y)						. ,		,					

SC	HEDULE B (FEC Form 3X)	11	FC	R LIN	EN	UMBER	BER: PAGE 170 OF 183							
ITI	EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(ch	neck of 21 28	b	one) 22 28b	×	23 28c		26 29		27 30b	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar													
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_										
	UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Fou	o PA	(C)								
Α.	Full Name (Last, First, Middle Initial) Jobs and Innovation Matter PAC (JIM PAC)				Date o		D	D	nt /		YYY	1
	Mailing Address PO Box 15320		1				03		2	2	_	_2	018	
	5	State DC	Zip Code				FEC Id	entif	icatior	n Nu	ımbe	er		
	Washington Purpose of Disbursement	DC	20003				\mathbf{c}	<u> </u>	10.11	10	-			
	Contribution			04	11		C		4941 <i>°</i>	-				
	Candidate Name			Cate	gory/				ction Each				4 t this Per	riod
	Jobs and Innovation Matter PAC ()		pe					2.0.				
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼					emo		Con	tribut	-	1500.00	
	State: District:						IVIE	mo	nem					
В.	Full Name (Last, First, Middle Initial) AMERIPAC: The Fund for a Great Mailing Address 700 13th Street NW, Suite 600	er Ameri	са				Date o		D	-	nt ′ [018]
	City Washington	State DC	Zip Code 20005				FEC Id	entif	icatior	n Nu	ımbe	er		
	Purpose of Disbursement Contribution			0	11		C C00271338 Transaction ID : 42046825							
	Candidate Name AMERIPAC: The Fund for a Great Office Sought: House Senate President State: District:	er Ameri ment For: Primary Other (spec	General		gory/ pe				,		ourse tribut		t this Per 5000.00	riod
C.	Full Name (Last, First, Middle Initial) Dakota Prairie PAC						Date o	_			nt _			
	Mailing Address 918 Pennsylvania Ave SE						м м 03	/	2		/		018	
	City Washington	State DC	Zip Code 20003				FEC Id	entif	icatior	n Nu	ımbe	er		
	Purpose of Disbursement Contribution			0,	11		С		5366		420	4600	6	
	Candidate Name			Category/					ction Each		-		o t this Per	riod
	Dakota Prairie PAC			Ту	pe		-			-				
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General Sify) ▼				Me	emo		Con	ıtribu		5000.00	
							_		_		_			
	JBTOTAL of Disbursements This Page (optional)				-				, , , , , , , , , , , , , , , , , , ,		- 7	-	1500.00	

SCHEDULE B (FEC Form 32					UMBER:	E 171 ()F 183						
ITEMIZED DISBURSEMENTS	BURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (chec			only 21b 28a	one) 22 28b		23 28c		26 29	27 30b			
Any information copied from such Reports a or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated P.	AC (Uni	itedHealth C	Grou	рР	AC)							
Full Name (Last, First, Middle Initial) A. Sean Patrick Maloney For C	ongress	S					Date of	f Dist	burse		Y	YY	Ŷ
Mailing Address PO Box 270							03		22	2	L	2018	
City Newburgh Purpose of Disbursement		tate NY	Zip Code 12550	_	_	_	FEC Id		catior 51242		nber	-	
Contribution Candidate Name Maloney Sean Ren				Cate	egory	/	Tra	insac	ction	ID : 4	20468 Irseme	27 Int this F	Period
Maloney, Sean, , Rep., Office Sought: Senate President State: NY District: 18	x F	ent For: 2 ^p rimary Dther (spec	General		ype		Me	mo l		Contri	bution	2500.0	0
Full Name (Last, First, Middle Initial) B. Country Roads PAC Mailing Address PO Box 1387							Date of	f Dist	burse	D /	Ŷ	y y 2018	Y
City Charleston Purpose of Disbursement Contribution		tate NV	Zip Code 25325	_			FEC Id		catior 48440		nber		
Candidate Name Country Roads PAC		ent For: Primary Dther (spec	General	Cate	911 egory /pe	/	Amount		Each (Disbu	20468 Irseme	nt this F 5000.0	
Full Name (Last, First, Middle Initial) C. Walters for Congress							Date of	f Dist		_			
Mailing Address 9070 Irvine Center Drive	#150						03	/	27			2018	Ŷ
City Irvine Purpose of Disbursement Contribution		tate CA	Zip Code 92618	0	11	1	U	C00	54685	53		02	
Candidate Name Walters, Mimi, , Ms., Office Sought:	Disbursem	ent For: 2	018		egory /pe	/					20593 Irseme	ent this F 2500.0	
State: CA District: 45	F	Primary Dther (spec	x General				Ме	mo l		Contr	ibution	1.485	_
SUBTOTAL of Disbursements This Page (o	ptional)					►	[-	-	- y -	10000.0	
TOTAL This Period (last page this line num	ber only)								,		,		

	CHEDULE B (FEC Form 3X)		Use separate schedule(s)				NUMBER: PAGE 172 OF 183
IT	EMIZED DISBURSEMENTS	for each	category of the	(C	heck	c only 21b	one) 22 🗶 23 26 27
		Detailed	Summary Page			28a	28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na						
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			~	_		
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (rou	рŀ	PAC))
A.	Full Name (Last, First, Middle Initial) Cory Gardner For Senate						Date of Disbursement
	Mailing Address 9227 E Lincoln Ave #200-234						03 27 2018
	City	State	Zip Code				FEC Identification Number
	Lone Tree Purpose of Disbursement	CO	80124				
	Contribution			C)11		C C00492454
	Candidate Name			Cat	egor	v/	Transaction ID : 42059304 Amount of Each Disbursement this Period
	Gardner, Cory, , Sen.,				ype	<i>y,</i>	
		ment For: 2					2500.00
	X Senate X President	-	General				Contribution
	State: CO District:	Other (spe	City) 🔻				Memo Item
_	Full Name (Last, First, Middle Initial)						
Β.	Lahood For Congress						Date of Disbursement
	Mailing Address P.O. Box 10735						03 / D D / Y Y Y Y 03 27 2018
							00 21 2010
	City Peoria	State IL	Zip Code 61612				FEC Identification Number
	Purpose of Disbursement	ιL	01012	_	_	_	C C00575050
	Contribution			C	011		Transaction ID : 42059313
	Candidate Name				egor	y/	Amount of Each Disbursement this Period
	Lahood, Darin, , Rep., Office Sought:	ement For:		T	уре		2500.00
	Office Sought: K House Disburse Senate	Primary					
	President	Other (spec					
	State: IL District: 18						Memo Item
~	Full Name (Last, First, Middle Initial)						Deta of Disburgement
0.	Andy Barr for Congress, Inc.						Date of Disbursement
	Mailing Address PO Box 2059						03 27 2018
	City	State KY	Zip Code 40588				FEC Identification Number
	Lexington Purpose of Disbursement			_	_		C C00467571
	Contribution			C)11		Transaction ID : 42059317
	Candidate Name			Cate	egor	y/	Amount of Each Disbursement this Period
	Barr, Garland, Andy, Rep.,			T	ype		2500.00
	Sonato	ement For: 2	2018 General				
	President	Other (spe					Contribution
_	State: KY District: 06						Memo Item
s	UBTOTAL of Disbursements This Page (optional).					•	7500.00
ļ,	OTAL This Period (last page this line number only	()				_	
1'	This i show has page this line humber only	,					

SCHEDULE B (FEC For			FC	DR LIN	NE NUMBER: PAGE 173 OF 183	
ITEMIZED DISBURSEME	NTS	for each	arate schedule(s) category of the Summary Page	(cł	21	only one) 21b 22 X 23 26 27 28a 28b 28c 29 30b
						person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	orporated I	PAC (Un	itedHealth (Grou	p PA	AC)
Full Name (Last, First, Middle Initia A. Walberg for Congress	al)					Date of Disbursement
Mailing Address PO Box 1362						03 27 2018
City Jackson Purpose of Disbursement		State MI	Zip Code 49204-1362			FEC Identification Number
Contribution				1.00	11	C C00390724 Transaction ID : 42059318
Walberg, Timothy, Lee, Office Sought:		ment For: 2	2018		egory/ /pe	Amount of Each Disbursement this Period
State: MI District: 07		Primary Other (spec	ify) ▼			Contribution Memo Item
Full Name (Last, First, Middle Initia B. Emmer For Congress	al)					Date of Disbursement
Mailing Address PO Box 998		Stata	Zin Codo			03 27 2018
City Anoka Purpose of Disbursement Contribution		State MN	Zip Code 55303	0	11	FEC Identification Number C C00545749 Transaction ID : 42059327
Candidate Name Emmer, Thomas, , , Jr Office Sought: House Senate		ment For: 2 Primary	General		egory/ vpe	
State: MN District: 06		Other (spec	cify)			Memo Item
Full Name (Last, First, Middle Initia C. Ann Wagner for Congre	,					Date of Disbursement
Mailing Address PO Box 50						03 27 2018
City Ballwin Purpose of Disbursement		State MO	Zip Code 63022	_	_	FEC Identification Number
Contribution Candidate Name Wagner, Ann, L., Rep.,				Cate	11 gory/ /pe	Transaction ID: 42059335
Office Sought: Senate President State: MO District: 02	Disburse	ment For: 2 Primary Other (spec	x General			Contribution Memo Item
SUBTOTAL of Disbursements This F	Page (optional)				▶	7500.00
TOTAL This Period (last page this li	ne number only)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)			DR LI		NUMBER: PAGE 174 OF 183						
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(cł	2	1b	one) 22 × 23 26 27 20 × 20 20 20						
Any information copied from such Reports and States or for commercial purposes, other than using the nar				any p								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Grou	p P	AC))						
Full Name (Last, First, Middle Initial) A. Blaine for Congress						Date of Disbursement						
Mailing Address PO Box 98					_	03 / D D / Y Y Y Y 27 2018						
St Elizabeth	State MO	Zip Code 65075				FEC Identification Number						
Purpose of Disbursement Contribution			0	11]	C C00458679 Transaction ID : 42059338						
Candidate Name Luetkemeyer, Blaine, , Rep., Office Sought:	ment For: 2	2018		egory/ /pe		Amount of Each Disbursement this Period 1500.00						
Senate President State: MO District: 03	Primary Other (spec	General				Contribution Memo Item						
Full Name (Last, First, Middle Initial) B. Elise For Congress Mailing Address PO Box 500						Date of Disbursement 03 27 2018						
Glens Falls	State NY	Zip Code 12801				FEC Identification Number						
Purpose of Disbursement Contribution Candidate Name Stefanik, Elise, , ,			Cate	11 gory/ /pe]	C C00547893 Transaction ID : 42059903 Amount of Each Disbursement this Period						
	ment For: 2 Primary Other (spec	X General	.,			2500.00 Contribution Memo Item						
Full Name (Last, First, Middle Initial) C. Johnson for Congress						Date of Disbursement						
Mailing Address PO Box 906						03 / 27 / Y Y Y Y 2018						
City Marietta Purpose of Disbursement	State OH	Zip Code 45750				FEC Identification Number						
Contribution Candidate Name Johnson, William, Leslie, Rep.,			Cate	11 egory/ /pe		Transaction ID : 42059904 Amount of Each Disbursement this Period						
Office Sought: House Disbursed Senate President State: OH District: 06	ment For: 2 Primary Other (spec	x General		_		Contribution Memo Item						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)						6500.00						

SC	HEDULE B (FEC Form 3X)	11				NE NUMBER: PAGE 175 OF 183
	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C	heck c	
	v information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	p PA	AC)
	Full Name (Last, First, Middle Initial) Walden for Congress					Date of Disbursement
	Mailing Address PO Box 1091					03 27 2018
l	City Hood River	State OR	Zip Code 97031			FEC Identification Number
	Purpose of Disbursement Contribution Candidate Name			0	11	C C00333427 Transaction ID : 42059905
,	Walden, Greg, , ,	ement For: 2	2018		egory/ ype	Amount of Each Disbursement this Period
	Senate X President	Primary Other (spec	General			Contribution Memo Item
В.	State: OR District: 02 Full Name (Last, First, Middle Initial) Brian Fitzpatrick For Congress Mailing Address PO Box 939					Date of Disbursement
	City Langhorne	State PA	Zip Code 19047			FEC Identification Number
ī	Purpose of Disbursement Contribution			la de la compañía de)11 egory/	C C00607416 Transaction ID : 42059906 Amount of Each Disbursement this Period
Ì	· · ·	ement For: 2 Primary Other (spec	General	Ty	уре	2500.00 Contribution Memo Item
	Full Name (Last, First, Middle Initial)					Date of Disbursement
-	Mailing Address PO Box 65322					03 27 Y Y Y Y 2018
,	City Washington Purpose of Disbursement	State DC	Zip Code 20035			FEC Identification Number
	Contribution Candidate Name CHERPAC			Cate	11 egory/ ype	C C00540906 Transaction ID : 42059909 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼			Contribution Memo Item
รเ	JBTOTAL of Disbursements This Page (optional).				····· Þ	10000.00
т	DTAL This Period (last page this line number only	/)			Þ	

S	CHEDULE B (FEC Form 3X)			FC	DR I		JMBER:				PAGE	176 O	F 183
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only o	ne)	•• -	0				
			Summary Page			21b 28a	22 28b	-	23 28c	2		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the name				any	person	for the	purpo	ose o	f solic	iting c	ontributio	
\backslash	NAME OF COMMITTEE (In Full)				_								
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	p P	AC)							
Α.	Full Name (Last, First, Middle Initial) Devin Nunes Campaign Committe	е					Date of Disbursement						
	Mailing Address PO Box 6545												
	City Visalia	State CA	Zip Code 93290				FEC Ide	entific	ation	Num	ber		
	Purpose of Disbursement Contribution			0	11		U	C003		-	0004.00		
	Candidate Name			Cate	gory	/					206102 semer	t this P	eriod
	Nunes, Devin, , Mr.,				/pe			-				5000.00	
	Office Sought: X House Disburse	ment For: 2 Primary	2018 General									3000.00	
	State: CA District: 22	Other (spec	cify) ▼				Me	mo Ite		Contrib	oution		
_	Full Name (Last, First, Middle Initial)												
В.	Bill Cassidy For US Senate						Date of	Disb	urser	ment			
	Mailing Address PO Box 80505						м м 03	/	D 28			2018	
	City	State LA	Zip Code				FEC Ide	entific	ation	Num	ber		
	Baton Rouge Purpose of Disbursement	LA	70898	_	_	_	С	C0054	4398	3			
				0	11				1		06107	6	
	Candidate Name			Cate		/	Amount	of E	ach I	Disbur	semer	nt this Pe	eriod
	Cassidy, William, , Sen., Office Sought: House Disburse	ment For: 2	2020	Ty	/pe							2500.00	
	X Senate	Primary	General					-,-	(Contrik	oution	1 465	
	State: LA District:	Other (spec	cify)				Me	mo Ite	em				
_	Full Name (Last, First, Middle Initial)												
C.	Pharmaceutical Care Management Association Pol	itical Action C	Committee (PCMA	PAC)			Date of	Disb					
	Mailing Address 325 7th St, NW 9th Floor						03	/	28			2018	<i>(</i>
	City Washington	State DC	Zip Code 20004				FEC Ide	entific	ation	Num	ber		
	Purpose of Disbursement Contribution		20004	0	11			C003		-			
	Candidate Name Pharmaceutical Care Management Association Political Action	Committee (PCN	/A PAC)	Cate	-	//					206107 semer	nt this Pe	eriod
	Office Sought: House Disburse	ment For:		iy	100							5000.00)
	Senate	Primary	General				_	7	(Contril	oution		
	State: District:	Other (spec	cify) 🔻				Me	mo Ite	em				
							-	_	_	_	_	_	_
s	UBTOTAL of Disbursements This Page (optional).						<u> </u>	- 7		_	7	12500.00	0
т	OTAL This Period (last page this line number only	′)						,			,		

	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					NUMBER: PAGE 177 OF 183										
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(c		conly 21b 28a	22 X 23 26 27 28b 28c 29 30b										
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may r me and addr	not be sold or us ress of any politic	ed by cal con	any nmitt	perso ee to	on for the purpose of soliciting contributions solicit contributions from such committee.										
\setminus	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	рF	PAC)										
A.	Full Name (Last, First, Middle Initial) Project West PAC						Date of Disbursement										
	Mailing Address 9227 East Lincoln Ave #200-435						03 28 2018										
	City	State	Zip Code				FEC Identification Number										
	Lone Tree	CO	80124														
	Purpose of Disbursement Contribution			C	011		C C00525543 Transaction ID : 42061078										
	Candidate Name			Cate	egory	y/	Amount of Each Disbursement this Period										
	Project West PAC			T	ype	, 	5000.00										
		ement For:					5000.00										
	Senate President	Primary Other (spec	General				Contribution										
	State: District:	Other (spec	City) 🔻				Memo Item										
	Full Name (Last, First, Middle Initial)																
Β.	Freedom Fund						Date of Disbursement										
	Mailing Address 701 8th Street NW, Suite 500	SS 701 8th Street NW, Suite 500					03 / D D / Y Y Y Y 28 2018										
	City	State	Zip Code				FEC Identification Number										
	Washington	DC	20001														
	Purpose of Disbursement Contribution)11	11	C C00390674										
	Candidate Name			1.00	1	- 1	Transaction ID: 42061080										
	Freedom Fund				egory ype	y/	Amount of Each Disbursement this Period										
		ement For:			780		5000.00										
	Senate	Primary	General				Contribution										
	President	Other (spec	cify)				Memo Item										
	State: District:																
C.	Full Name (Last, First, Middle Initial) Bluegrass Committee						Date of Disbursement										
							M M / D D / Y Y Y										
	Mailing Address 228 S. Washington Street Ste 115						03 28 2018										
	City Alexandria	State VA	Zip Code 22314				FEC Identification Number										
	Purpose of Disbursement			_	_		C C00235655										
	Contribution			0	11	11	Transaction ID : 42061081										
	Candidate Name			Cate	egory	y/	Amount of Each Disbursement this Period										
	Bluegrass Committee			T	ype		5000.00										
	Office Sought: House Disburse Senate	ement For: Primary	General				5000.00										
	President	Other (spec					Contribution										
	State: District:		, +				Memo Item										
Γ							45000.00										
S	UBTOTAL of Disbursements This Page (optional)						15000.00										
т	OTAL This Period (last page this line number only	y)					, ,										

SCHEDULE B (FEC Form 3X)				OR L	LINE N	NUMBER: PAGE 178 OF 183									
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only										
		Summary Page			21b 28a	22 28b	×	23 28c	-	26 29		27 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the n				any	perso										
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	Brou	p F	PAC)										
Full Name (Last, First, Middle Initial) A. Rely On Your Beliefs Fund						Date o	_			nt		YYY			
Mailing Address One Constitution Ave, NE Ste 300						03		D 2	28	′		018			
City Washington	State DC	Zip Code 20003				FEC lo	lentif	icatio	n Nı	umbe	er				
Purpose of Disbursement Contribution		20000)11		С	C00)3446	48						
Candidate Name			<u> </u>	egor	v/			ction Fach				2 t this Period			
Rely On Your Beliefs Fund				ype	y,	, unour		Laon		Julio					
Office Sought: House Disburs	sement For: Primary Other (spe	General							Con	tribu	-	5000.00			
State: District:		(C.),				Me	emo	Item							
Full Name (Last, First, Middle Initial) B. LOBO PAC						Date o		sburse		nt /	Y Y	Y Y			
Mailing Address PO Box 25852						03 28 2018									
City Albuquerque	StateZip CodeNM87125					FEC lo	lentif	icatio	n Nı	umbe	er	_			
Purpose of Disbursement Contribution			C)11		C	1	4970		420	6108:	3			
Candidate Name				egor ype	y/	Amoun	t of	Each	Dist	ourse	emen	t this Period			
	sement For:		1	ype								1000.00			
Senate	Primary	General						<u>,</u>	Con	tribu	tion	- 44			
State: District:	Other (spe	ecity)				Me	emo	ltem							
Full Name (Last, First, Middle Initial) C. Support to Ensure Victory Everyv	vhere - St	teve PAC				Date o	of Dis	sburse	emer	nt					
Mailing Address 228 South Washington St. Suite 115						03	/	D 2	D 8	′		018			
City Alexandria	State VA	Zip Code 22314				FEC lo	lentif	icatio	n Nı	ımbe	er				
Purpose of Disbursement Contribution Candidate Name			0)11			ansa	05014	ID :						
Support to Ensure Victory Every		teve PAC		egor ype	y/	Amoun	it of	⊢ach	Disl	ourse		t this Period			
	sement For:	Constal						,				5000.00			
Senate President	Primary Other (spe	General ecify) ▼				M	emo	ltem	Con	tribu	tion				
State: District:								nem							
SUBTOTAL of Disbursements This Page (optional)							7		- 7	1	1000.00			
TOTAL This Period (last page this line number or	ıly)							,		,					

S	CHEDULE B (FEC Form 3X)			FO	RLINF	NUMBER: PAGE 179 OF 183						
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		eck only	v one)						
			Summary Page		21b 	22 X 23 26 27 28b 28c 29 30b						
	y information copied from such Reports and State for commercial purposes, other than using the na											
\backslash	NAME OF COMMITTEE (In Full)			_								
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	PAC	;) 						
Α.	Full Name (Last, First, Middle Initial) Prosperity Action, Inc.					Date of Disbursement						
	Mailing Address 320 1st Street, SE					03 28 2018						
	City	State DC	Zip Code			FEC Identification Number						
	Washington Purpose of Disbursement	DC	20003			C 000277690						
	Contribution			01	1	C C00377689						
	Candidate Name			Cate	aorv/	Transaction ID : 42061085 Amount of Each Disbursement this Period						
	Prosperity Action, Inc.			Тур		5000.00						
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼			Contribution Memo Item						
	State: District:	1										
B.	Full Name (Last, First, Middle Initial) Common Values PAC					Date of Disbursement						
	Mailing Address 901 N Washington St Suite 700					03 28 2018						
	City Alexandria	State VA	Zip Code 22314			FEC Identification Number						
	Purpose of Disbursement Contribution			01	1	C C00442368						
	Candidate Name			Cate	orv/	Transaction ID : 42061086 Amount of Each Disbursement this Period						
	Common Values PAC			Тур								
		ement For:				2500.00						
	Senate President	Primary Other (spe	General			Contribution						
	State: District:		city)			Memo Item						
~	Full Name (Last, First, Middle Initial)		unt			Date of Disbursement						
0.	Michigan Republican Party - Fede	rai Acco	uni									
	Mailing Address 520 Seymour Ave.					03 28 2018						
	City	State MI	Zip Code 48933			FEC Identification Number						
	Lansing Purpose of Disbursement Contribution		48933		-	С						
	Candidate Name			01 Cateo Typ	gory/	Transaction ID : 42061087 Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For:		71		5000.00						
	Senate	Primary	General			Contribution						
	President District:	Other (spe	cify) 🔻			Memo Item						
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional).				···· >	12500.00						
т	OTAL This Period (last page this line number only	/)			🕨							

S	CHEDULE B (FEC Form 3X)	Line apparate appendule(a)				NE NUMBER: PAGE 180 OF 183
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	21	only one) 1b 22 X 23 26 27 8a 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	o PA	AC)
Α.	Full Name (Last, First, Middle Initial) Pete Aguilar For Congress Mailing Address PO Box 10954					Date of Disbursement
	City	State CA	Zip Code			FEC Identification Number
	San Bernardino Purpose of Disbursement Contribution	CA	92423	0,	11	C C00510461 Transaction ID : 42061088
	Candidate Name Aguilar, Pete, , Rep., Office Sought: x House Disburse	ement For: 2	2010		gory/ pe	
	Office Sought: x House Disburse Senate President State: CA District: 31	Primary Other (spec	x General			Contribution Memo Item
в.	Full Name (Last, First, Middle Initial) Friends Of Elizabeth Esty					Date of Disbursement
	Mailing Address PO Box 61		1			03 28 2018
	City Cheshire Purpose of Disbursement Contribution	State CT	Zip Code 06410	0	11	FEC Identification Number
	Candidate Name Esty, Elizabeth, , Rep., Office Sought: x House Disburse	ement For: 2	2018		gory/ pe	Amount of Each Disbursement this Period
	State: CT District: 05	Primary Other (spec	General	8		Contribution Memo Item
C.	Full Name (Last, First, Middle Initial) Friends Of Chris Murphy					Date of Disbursement
	Mailing Address PO Box 127					03 / D D / Y Y Y Y 28 2018
	City Cheshire Purpose of Disbursement	State CT	Zip Code 06410			FEC Identification Number
	Contribution Candidate Name Murphy, Christopher, , Sen.,			Cate	11 gory/ pe	C C00492645 Transaction ID : 42061090 Amount of Each Disbursement this Period
	Office Sought: House Senate President State: CT Disburse	ement For: 2 Primary Other (spec	General			Contribution Memo Item
s	UBTOTAL of Disbursements This Page (optional).				►	4500.00
т	OTAL This Period (last page this line number only	/)			🕨	, ,

SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 181 OF 183
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group	PAC	;)
Full Name (Last, First, Middle Initial) A. Moving America Forward	Date of Disbursement				
Mailing Address 972 W. Whitemire Drive					03 28 2018
City Melbourne	State FL	Zip Code 32935			FEC Identification Number
Purpose of Disbursement Contribution Candidate Name	011				C C00375451 Transaction ID : 42061093
Moving America Forward	ment For:		Cate Ty		Amount of Each Disbursement this Period 2500.00
Senate President State: District:	Primary Other (spe	General cify) ▼			Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Friends Of Mia Love					Date of Disbursement
Mailing Address PO Box 255	<u></u>				03 28 2018
City Riverton Purpose of Disbursement Contribution Candidate Name	State UT	Zip Code 84065	0 [,] Cate	11 gory/	FEC Identification Number C C00505776 Transaction ID : 42061094 Amount of Each Disbursement this Period
Love, Mia, , Rep., Office Sought:	ment For: Primary Other (spe	General	Ту 18	pe	2500.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee					Date of Disbursement
Mailing Address 425 2nd Street NE					03 / 28 / Y Y Y Y 2018
City Washington Purpose of Disbursement Contribution	State DC	Zip Code 20002	01	1	FEC Identification Number
Candidate Name Category/ National Republican Senatorial Committee Category/					Transaction ID : 42061104 Amount of Each Disbursement this Period 15000.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional).					20000.00
TOTAL This Period (last page this line number only					169500.00

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 182 OF 183				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only				
	Detailed	Summary Page	210 28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the			d by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	d PAC (Ur	itedHealth G	roup PAC)			
Full Name (Last, First, Middle Initial) A. Committee to Elect Tim Armstea	Date of Disbursement						
Mailing Address 20 Pine Cone Lane	03 26 2018						
City Elkview	State WV	Zip Code 25071		FEC Identification Number			
Purpose of Disbursement Void - Committee to Elect Tim Armstead; check	e of Disbursement Committee to Elect Tim Armstead; check dated 12/15/17 011						
Candidate Name Armstead, Timothy, , WV Del.,	Category/						
	sement For: Primary	General	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 500.00			
President	Other (spe			Void - Committee to Elect Tim Memo Item Armstead; check dated 12/15/17			
State: District: Full Name (Last, First, Middle Initial)							
B. Citizens for Patrick Browne		Date of Disbursement					
Mailing Address 1111 N 11TH ST		03 29 2018					
City Whitehall	State PA	Zip Code 18052-0000		FEC Identification Number			
Purpose of Disbursement Contribution	011	C Transaction ID : 42062740					
Candidate Name	Category/	Amount of Each Disbursement this Period					
Browne, Patrick, , PA Sen., Office Sought: House Disbur	Туре	1000.00					
Senate	sement For:	General		Contribution			
State: District:	Other (spe	cify)		Memo Item			
Full Name (Last, First, Middle Initial) C. Friends of Joseph Scarnati				Date of Disbursement			
- Friends of Joseph Scarnati							
Mailing Address PO Box 177				03 29 2018			
City Brockway	State PA	Zip Code 15824		FEC Identification Number			
Purpose of Disbursement Contribution 011				C Transaction ID : 42062741			
Candidate Name Scarnati, Joseph, , Senator, III	Amount of Each Disbursement this Period						
Office Sought: House Disbur	2500.00						
Senate	Primary	General		Contribution			
State: District:	Other (spe	сиу) 🔻		Memo Item			
SUBTOTAL of Disbursements This Page (optiona	l)		····· ►	3000.00			
TOTAL This Period (last page this line number of	nly)		····· ►	, ,			

SCHEDULI	E B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 183 OF 183
ITEMIZED	DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		eck only 21b 28a	
Any information or for commerci	copied from such Reports and Sta al purposes, other than using the r	tements may name and add	not be sold or use Iress of any politica	ed by a al comr	ny personittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OMMITTEE (In Full) ealth Group Incorporated	I PAC (Ur	nitedHealth G	Group	PAC	;)
Full Name (Last, First, Middle Initial) A. Friends of Marguerite Quinn						Date of Disbursement
Mailing Address P.O. Box 58					03 29 2018	
City Doylestown		State PA	Zip Code 18901-0000			FEC Identification Number
Contribution	Purpose of Disbursement Contribution 011 Candidate Name					C Transaction ID : 42062742
	larguerite, , ,	sement For:	Category/ Type			Amount of Each Disbursement this Period 1000.00
State	Senate President	Primary Other (spe	General ecify) ▼			Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial) B. Friends of Senator Don White Mailing Address 25 Maidstone Drive					Date of Disbursement	
City Indiana		State PA	Zip Code 15701			FEC Identification Number
Purpose of Disbursement 011 Contribution 011 Candidate Name Category/					jory/	Transaction ID : 42062743 Amount of Each Disbursement this Period
Office Sough	t: House Disburs Senate President District:	sement For: Primary Other (spe	General Gerify)	Тур	0e	1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Friends of Warren Kampf					Date of Disbursement	
Mailing Address PO Box 1439						03 / 29 / Y Y Y Y 2018
City Paoli	lishursoment	State PA	Zip Code 19301			FEC Identification Number
Purpose of Disbursement 011 Contribution 011 Candidate Name Category/ Kampf, Warren, , PA Rep., Type					C Transaction ID : 42062744 Amount of Each Disbursement this Period	
Office Sough State:	t: House Disburs	sement For: Primary Other (spe				Contribution Memo Item
SUBTOTAL of	Disbursements This Page (optiona)			►	3000.00
TOTAL This P	eriod (last page this line number or	nly)			►	6000.00