

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 234
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DANIEL J SCHUMACHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015
Mailing Address 5401 LARADA LANE		<b>Transaction ID : PR1596305439483</b>
City EDINA	State MN	Zip Code 55436-1024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 384.60
Name of Employer United HealthCare Services Inc	Occupation Mkt Group COO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4615.20	

Full Name (Last, First, Middle Initial) <b>B. SCOTT E THEISEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015
Mailing Address 1950 MEADOWWOODS TRAIL		<b>Transaction ID : PR1596305639483</b>
City LONG LAKE	State MN	Zip Code 55356-9312
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 38.46
Name of Employer Optum Services, Inc	Occupation Bus Segment CFO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) <b>C. THOMAS D LEWIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2015
Mailing Address 306 CHIPPEWA AVENUE		<b>Transaction ID : PR1596306939483</b>
City TAMPA	State FL	Zip Code 33606-3614
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$96.15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2211.45	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.36
<b>TOTAL</b> This Period (last page this line number only).....▶	