

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2018 through [MM] / [DD] / [YYYY] 06 / 30 / 2018

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

Signature of Treasurer *Sherwood, Susan, , ,* [Electronically Filed] Date 07 / 17 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value=""/>	<input type="text" value="621080.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79753.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="211537.99"/>	<input type="text" value="955561.07"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1009091.44"/>	<input type="text" value="1576641.42"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="202010.00"/>	<input type="text" value="769559.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="807081.44"/>	<input type="text" value="807081.44"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
 Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	194878.76	820461.65
(ii) Unitemized .....	16659.23	129468.59
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	211537.99	949930.24
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2080.83
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	211537.99	952011.07
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	1050.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	211537.99	955561.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	211537.99	955561.07

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	180500.00	516500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	549.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	549.98
29. Other Disbursements (Including Non-Federal Donations).....	21510.00	252510.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	202010.00	769559.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	202010.00	769559.98

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	211537.99	952011.07
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	549.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	211537.99	951461.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. GAUDIO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 E MOUNTAIN VIEW RD  
 City PARADISE VALLEY State AZ Zip Code 85253-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159811850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159814750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MEAD, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1232 GRAY BRANCH RD  
 City MCKINNEY State TX Zip Code 75071-6495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159816150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159816950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KALLMEYER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1297.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159817450492**  
 Amount of Each Receipt this Period 392.85  
 Memo Item  
 P/R Deduction (\$130.95 Bi-Weekly)

**C. QUIRK, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6458 ORCHID LANE  
 City DALLAS State TX Zip Code 75230-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 289.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159819150492**  
 Amount of Each Receipt this Period 48.45  
 Memo Item  
 P/R Deduction (\$16.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1018.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159827450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1159830050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1551133450492**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1499.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CARR, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5400 THOROUGHbred LN  
 City SOUTHWEST RANCHES State FL Zip Code 33330-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP PEOs Trusts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1554323450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MILLER, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2321 HARBOR LAKE DRIVE  
 City ORANGE PARK State FL Zip Code 32003-7799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1554323450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ANDERSON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 AMATO CIRCLE  
 City WETHERSFIELD State CT Zip Code 06109-3971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1575957350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1575957650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1575958150492**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1575958550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1384.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KELLY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 PLEASANT AVENUE  
 City SAINT PAUL State MN Zip Code 55102-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1575959750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1580865350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUGHES, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 COUNTY ROAD 44  
 City MINNETRISTA State MN Zip Code 55364-9572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2056.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596304150492**  
 Amount of Each Receipt this Period 678.00  
 Memo Item  
 P/R Deduction (\$226.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1831.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596304350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596305450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THEISEN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596305650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596307050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ANDERSON, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12700 NE 245TH AVE  
 City BRUSH PRAIRIE State WA Zip Code 98606-7761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 258.83

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596309250492**  
 Amount of Each Receipt this Period 59.73  
 Memo Item  
 P/R Deduction (\$19.91 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596309750492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	753.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596311650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUNLOP, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2964 WYSE COURT  
 City LEWIS CENTER State OH Zip Code 43035-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596312350492**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596312950492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	876.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HEUMANN, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 GERALD DR  
 City SAINT LOUIS State MO Zip Code 63128-1767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596313750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MALLATT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 SOUTH 167 AVENUE  
 City OMAHA State NE Zip Code 68135-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596315450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596317350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596317450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596318450492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR1596319050492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1596319550492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. DODDY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 WALSINGHAM ROAD  
 City MENDHAM State NJ Zip Code 07945-1827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1600597350492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1600598550492**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	474.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SANDY, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1600598750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1602669950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1613243550492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1442.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CELLI, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 COUNTRY CLUB DR  
 City CUTCHOGUE State NY Zip Code 11935-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1613243750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1653443150492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. BELLAMY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2743 THOMAS AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55416-4346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1653444350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1653445850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1806750350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ANDERSON, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 SIMMONS LANE  
 City SEVERNA PARK State MD Zip Code 21146-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1903550750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1903577150492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1903591150492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1903622050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WEYMOUTH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 WRIGHTS MILL RD  
 City COVENTRY State CT Zip Code 06238-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1498.84

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR1903636950492**  
 Amount of Each Receipt this Period 807.00  
 Memo Item  
 P/R Deduction (\$269.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119469450492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119475250492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	942.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2119476750492**  
 Amount of Each Receipt this Period  
 405.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2119477950492**  
 Amount of Each Receipt this Period  
 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2119482550492**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1041.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NEURURER, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23822 VIA MONTE  
 City COTO DE CAZA State CA Zip Code 92679-4001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119484950492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. NYGARD, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9225 W CHARLESTON BOULEVARD #2034  
 City LAS VEGAS State NV Zip Code 89117-7059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Reg Adhr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119485050492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119485850492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.45
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119486750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119492050492**  
 Amount of Each Receipt this Period 288.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2119492650492**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2119494150492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. MASON, JOHN, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 N CRESCENT HEIGHTS BLVD  
 City LOS ANGELES State CA Zip Code 90048-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2126373850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2133132450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1228.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2133133250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2133133850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2133134250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 28 OF 226  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. FALKENBERG, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 LANTANA  
 City NEWPORT COAST State CA Zip Code 92657-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1479.96

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2145728450492**  
 Amount of Each Receipt this Period 350.76  
 Memo Item  
 P/R Deduction (\$116.92 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2145729950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LEWIS, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 961 RIVER FOREST DRIVE  
 City MAINEVILLE State OH Zip Code 45039-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1255.86

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2203967550492**  
 Amount of Each Receipt this Period 864.00  
 Memo Item  
 P/R Deduction (\$288.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1791.66  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2225813650492**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 DRURY LANE  
 City WYCKOFF State NJ Zip Code 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2225818850492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. RYAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 WESTMORELAND LN  
 City NAPERVILLE State IL Zip Code 60540-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2225819650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1211.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2225819750492**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. CONNLY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 570 MONTCALM PL  
 City SAINT PAUL State MN Zip Code 55116-1730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2247625850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2247626850492**  
 Amount of Each Receipt this Period 173.10  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2247627050492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2247627350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. VERNEY, JEFFERY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 266 WESTLEDGE ROAD  
 City WEST SIMSBURY State CT Zip Code 06092-2017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2247627450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1270.80  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GARODIA, SANJAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 COVINGTON COURT  
 City OAK BROOK State IL Zip Code 60523-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2247627850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. OHMAN, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 RIVERMERE WAY  
 City ATLANTA State GA Zip Code 30350-6346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2247628050492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2259738450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CRONN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 COLORADO STREET  
 SUITE 2399  
 City AUSTIN State TX Zip Code 78701-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2270522950492**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2402317750492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2402317950492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2402318250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2402318550492**  
 Amount of Each Receipt this Period 51.36  
 Memo Item  
 P/R Deduction (\$17.12 Bi-Weekly)

**C. BARRINGER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3709 WILLIAMS LANE  
 City CHEVY CHASE State MD Zip Code 20815-4951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2402444350492**  
 Amount of Each Receipt this Period 138.45  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR240244450492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2402445150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COLEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 WEST 66TH STREET  
 City EDINA State MN Zip Code 55435-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2402445250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1228.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2402446250492**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2405428850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2408544850492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	726.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2408545050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CORZINE, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9350 TRACEYTON DRIVE  
 City DUBLIN State OH Zip Code 43017-9689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 494.93

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2437119750492**  
 Amount of Each Receipt this Period 116.52  
 Memo Item  
 P/R Deduction (\$38.84 Bi-Weekly)

**C. FUENTEVILLA, ANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 N CALLE COLMADO  
 City TUCSON State AZ Zip Code 85718-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2437119850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HAGAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6536 E GREYTHORN DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437120050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437120550492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437120750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1228.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PRESTON, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6594 HARBOR BEACH NE  
 City PRIOR LAKE State MN Zip Code 55372-8201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437121450492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. NESS, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10550 PINNACLE WAY  
 City WOODBURY State MN Zip Code 55129-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437121550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437121650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1211.49  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. EDELSON, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437127150492**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2437127550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LIPPERT, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 A ST SE  
 City WASHINGTON State DC Zip Code 20003-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2439928050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1753.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2444265750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LANGER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2449.96

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2445015450492**  
 Amount of Each Receipt this Period 588.45  
 Memo Item  
 P/R Deduction (\$196.15 Bi-Weekly)

**C. ADLINGTONSHKABERIN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3890 SUNSET DRIVE  
 City SPRING PARK State MN Zip Code 55384-9634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2445016450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1742.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2460167350492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2460168150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ORBUCH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 CEDAR LAKE PKWY  
 City MINNEAPOLIS State MN Zip Code 55416-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2039.25

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2460168250492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1320.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEXLER, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7220 WILLOW OAK DR  
 City WEST BLOOMFIELD State MI Zip Code 48324-3081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2463723150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2463724650492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2480620550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ABBOTT, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12700 MUNDOMAR DR  
 City AUSTIN State TX Zip Code 78739-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1278.84

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2484541550492**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. BURNS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2724 BISON DRIVE  
 City EDMOND State OK Zip Code 73034-3475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2484541750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KNARR, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4806 HUTCHINS PLACE NW  
 City WASHINGTON State DC Zip Code 20007-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2484542350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1528.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TROPEANO, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 BROOKSIDE AVE  
 City WAYNE State PA Zip Code 19087-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1270.06

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2484542850492**  
 Amount of Each Receipt this Period 340.89  
 Memo Item  
 P/R Deduction (\$113.63 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2486697950492**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2491457050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1037.79  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2491457350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SULLIVAN, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21487 BLUE MARLIN DR  
 City SPRINGFIELD State LA Zip Code 70462-8237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO E&I Regions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2491457550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HARTLEY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4313 MORNINGSIDE ROAD  
 City EDINA State MN Zip Code 55416-5031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2538641350492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2540175350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2541300650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. TIERNEY, JOELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5710 TAYCHOPERA RD  
 City MADISON State WI Zip Code 53705-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2541300750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2541300850492**  
 Amount of Each Receipt this Period 288.48  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

**B. HOSTETLER, BRENDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2309 W WINNEMAC AVE  
 City CHICAGO State IL Zip Code 60625-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2542541950492**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2542542250492**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	611.55
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2542542350492**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2543582550492**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. DAVENPORT, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 PELHAM ROAD  
 City PHILADELPHIA State PA Zip Code 19119-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552313650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	839.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552960250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552961350492**  
 Amount of Each Receipt this Period 105.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

**C. FLANNERY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1761.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552962350492**  
 Amount of Each Receipt this Period 744.00  
 Memo Item  
 P/R Deduction (\$248.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1425.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JAMES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 KINGS POINT DRIVE  
 City LARGO State FL Zip Code 33774-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 514.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552963250492**  
 Amount of Each Receipt this Period 111.99  
 Memo Item  
 P/R Deduction (\$37.33 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552963850492**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. LOVELADY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5378 BUENA VISTA DR  
 City FRISCO State TX Zip Code 75034-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552964250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	748.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MATTSON, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 539 ROUTE 9P  
 City SARATOGA SPRINGS State NY Zip Code 12866-7279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552964850492**  
 Amount of Each Receipt this Period 138.45  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**B. STREIT, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2552966750492**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. NAASZ, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 WILDS RIDGE NW  
 City PRIOR LAKE State MN Zip Code 55372-4540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2553474750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PROSKAUER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 DERBY STREET  
 City NEWTON State MA Zip Code 02465-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2553475050492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2553475150492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2553475450492**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	465.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2553475550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FLAGSTAD, KARSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 141ST LANE NE  
 City HAM LAKE State MN Zip Code 55304-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2554013050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. REIDY, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 W SUNSET BLVD  
 City TAMPA State FL Zip Code 33629-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2554013350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560064450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560064950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560065150492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 56 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. KUNEMUND, GREGG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9040 RIVERBEND MANOR

City ALPHARETTA	State GA	Zip Code 30022-1813
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2039.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2560065350492**

Amount of Each Receipt this Period  
683.10

Memo Item

P/R Deduction (\$227.70 Bi-Weekly)

**B. LIPPMAN, SHELDON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD	State NY	Zip Code 10506-1210
-----------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Med Dir
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2560065450492**

Amount of Each Receipt this Period  
291.00

Memo Item

P/R Deduction (\$97.00 Bi-Weekly)

**C. LUCHT, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33 FOUR SEASONS DRIVE

City ALTON	State NH	Zip Code 03809-4872
---------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SVP Act Underwriting
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1261.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2560065650492**

Amount of Each Receipt this Period  
291.00

Memo Item

P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1265.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2039.32

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560066050492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560398850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 WALLACE RD  
 City BEDFORD State NH Zip Code 03110-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2560821150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1836.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5217 EDGEWOOD ROAD  
 City LITTLE ROCK State AR Zip Code 72207-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2561358950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2561457650492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2563211050492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564297150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WILLSON, JOSH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 ADAMS CT  
 City COLLEYVILLE State TX Zip Code 76034-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564802550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564802650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564802750492**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564803250492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MARDEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2564803350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MOQUIST, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 ARDEN AVE  
 City EDINA State MN Zip Code 55424-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2564803450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2564803950492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WICKS, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 WEST LAFAYETTE ROAD PO BOX 352  
 City WAYZATA State MN Zip Code 55391-0352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2565448650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARTER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 920679  
 City HOUSTON State TX Zip Code 77292-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2565448750492**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ZAMORE, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 FELT ROAD  
 City SOUTH WINDSOR State CT Zip Code 06074-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2567129550492**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ARNONE, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5243 E DESERT PARK LANE  
 City PARADISE VALLEY State AZ Zip Code 85253-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2568900550492**  
 Amount of Each Receipt this Period  
 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2571778250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2571778350492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. HINTON, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W132N6475 MARACH RD  
 City MENOMONEE FALLS State WI Zip Code 53051-6085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2571978750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2572590050492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2572992750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GOETZ, MERRITT, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 CHURCH STREET APT 1704  
 City NASHVILLE State TN Zip Code 37219-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2573477350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1442.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. QUINN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15972 WETHERBURN RD  
 City CHESTERFIELD State MO Zip Code 63017-7341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1055.22

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2573518750492**  
 Amount of Each Receipt this Period 333.00  
 Memo Item  
 P/R Deduction (\$111.00 Bi-Weekly)

**B. GROZDANICH, PATTI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12540 ROBINSON ST APT 6201  
 City OVERLAND PARK State KS Zip Code 66213-1418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2573518850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2574977150492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	506.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARD, DARYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 WEST RIDGE DRIVE  
 City WEST HARTFORD State CT Zip Code 06117-2065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574979050492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MASTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1894 VILLAGE GLEN DRIVE  
 City SAINT JOHNS State FL Zip Code 32259-9215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574979650492**  
 Amount of Each Receipt this Period 115.50  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574985050492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574986250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KAPLANLEWIS, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 WILDWOOD DR  
 City SOUTHBOROUGH State MA Zip Code 01772-1989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574986950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2574988250492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1270.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2574991450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2574995450492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. WILLIAMS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3221 FORSYTH DRIVE  
 City GREENSBORO State NC Zip Code 27407-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1538.50

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575008850492**  
 Amount of Each Receipt this Period 461.55  
 Memo Item  
 P/R Deduction (\$153.85 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	865.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 226		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. SJOBLAD, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10730 PERRY DRIVE NORTH  
 City BROOKLYN PARK State MN Zip Code 55443-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1388.85

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575009150492**  
 Amount of Each Receipt this Period 833.31  
 Memo Item  
 P/R Deduction (\$277.77 Bi-Weekly)

**B. FRIDELL, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 E STONEWALL DRIVE  
 City MIDDLETOWN State DE Zip Code 19709-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575027550492**  
 Amount of Each Receipt this Period 114.99  
 Memo Item  
 P/R Deduction (\$38.33 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575029650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1525.20  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. O'BRIEN, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 WOODLAWN AVE  
 City SAINT PAUL State MN Zip Code 55105-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575034550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JONCZYK, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6336 URBAN DALE LANE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-1384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575038750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MADDOX, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5610 PURDUE AVE  
 City DALLAS State TX Zip Code 75209-4431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575039550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALLENBURG, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6224 LOCH MOOR DR  
 City EDINA State MN Zip Code 55439-1618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575039850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JORDAN, GARELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6104 S 64TH DRIVE  
 City LAVEEN State AZ Zip Code 85339-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575050250492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. LINDSAY, VIVIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 SW 39 ST  
 City DAVIE State FL Zip Code 33331-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2039.25

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575054950492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1086.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575057950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575059450492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575060250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCEVOY, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10551 GREENBRIER RD APT 132

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

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Gen Mgmt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2575062250492**

Amount of Each Receipt this Period  
60.00

Memo Item

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

**B. CURRIE, ULYSSES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 STILES WAY

City WEST FRIENDSHIP	State MD	Zip Code 21794-9218
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2575064150492**

Amount of Each Receipt this Period  
90.00

Memo Item

P/R Deduction (\$30.00 Bi-Weekly)

**C. ZAETTA, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 RIDGE ROAD

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018

**Transaction ID : PR2575068350492**

Amount of Each Receipt this Period  
576.90

Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	726.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VERCHICK, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9916 DUSTY WINDS AVE  
 City LAS VEGAS State NV Zip Code 89117-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575068950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ISMERT, JENNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8494 E HAWAII LN  
 City DENVER State CO Zip Code 80231-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575070050492**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. CHRISTIAN, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 WINGATE COURT  
 City FLOURTOWN State PA Zip Code 19031-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575071450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	842.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NICHOLS, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12706 YOUNG LANE  
 City NORTH POTOMAC State MD Zip Code 20878-6112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Natl Inptnt Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575074550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575075250492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. CALAMIA, EDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 ROYAL OAK DRIVE  
 City FAR HILLS State NJ Zip Code 07931-2569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1252.08

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575076650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 1211.49  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575084450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ONEILL, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 CHESTNUT RIDGE RD  
 City QUEENSBURY State NY Zip Code 12804-7317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575089450492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. HEROLD, STACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15008 GREEN OAKS TR SE  
 City PRIOR LAKE State MN Zip Code 55372-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575093050492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575099250492**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575108350492**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. CARTER, JOCELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 SILVERSTONE DRIVE  
 City MADISON State MS Zip Code 39110-7581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575141950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	699.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DEWALL, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7662 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575145350492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575163550492**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. HAMANN, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7638 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575170150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1240.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COSTIN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 580 MEADOW SWEET CIRCLE  
 City OSPREY State FL Zip Code 34229-8976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575180750492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575185450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575191850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$346.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	749.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GRANBERG, MITCHELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6721 GALWAY DRIVE  
 City EDINA State MN Zip Code 55439-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2039.25

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575196150492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

**B. CHAN, DERRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 ASBURY  
 City IRVINE State CA Zip Code 92602-1620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575200550492**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

**C. CONDON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 482 FAIROAK DRIVE  
 City SEVERNA PARK State MD Zip Code 21146-3130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl VP Sls & Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575203150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1760.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. FRANCIS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15815 MINNETONKA BLVD  
 City MINNETONKA State MN Zip Code 55345-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575203350492**  
 Amount of Each Receipt this Period: 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CARRIS, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 PARK PLACE UNIT # 130  
 City ANNAPOLIS State MD Zip Code 21401-3392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 517.10

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575212550492**  
 Amount of Each Receipt this Period: 111.42  
 Memo Item  
 P/R Deduction (\$37.14 Bi-Weekly)

**C. STORDAHL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7001 W 175TH AVENUE  
 City EDEN PRAIRIE State MN Zip Code 55346-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1646.28

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575213050492**  
 Amount of Each Receipt this Period: 774.00  
 Memo Item  
 P/R Deduction (\$258.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1462.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MEYERHOFER, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6624 IROQUOIS TRAIL  
 City EDINA State MN Zip Code 55439-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bundled Payment Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575214650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DOUGLAS, CHRIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 GALLERIA UNIT 1507  
 City EDINA State MN Zip Code 55435-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 262.47

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575220250492**  
 Amount of Each Receipt this Period 60.57  
 Memo Item  
 P/R Deduction (\$20.19 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575222350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	752.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KRUTA, DARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9243 GREEN BRIAR RD  
 City BLOOMINGTON State MN Zip Code 55437-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575232550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KIRKPATRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 STERLING STREET  
 City LANCASTER State MA Zip Code 01523-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575233650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575247850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DARRAH, JACQUELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16942 HUBBARD TRAIL  
 City LAKEVILLE State MN Zip Code 55044-5846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575248550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BRANT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 ROCKY BROOK ROAD  
 City WILTON State CT Zip Code 06897-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575250250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KORF, GRETCHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2120 WESTON LANE N  
 City PLYMOUTH State MN Zip Code 55447-2372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575252250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. BACHMANN, ANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 NORTHERN SHORES POINT  
 City GREENSBORO State NC Zip Code 27455-3459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1133.37

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575258450492**  
 Amount of Each Receipt this Period 200.01  
 Memo Item  
 P/R Deduction (\$66.67 Bi-Weekly)

**B. REICHEL, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 TUSCANY ROAD  
 City BALTIMORE State MD Zip Code 21210-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.78

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575259950492**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

**C. BROOMFIELD, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12501 WEST 156TH STREET  
 City OVERLAND PARK State KS Zip Code 66221-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575260450492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$73.07 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	415.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ZARN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11192 BLUESTEM LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-4731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.50

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575269150492**  
 Amount of Each Receipt this Period 112.50  
 Memo Item  
 P/R Deduction (\$37.50 Bi-Weekly)

**B. ESSLINGER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4944 W 151ST TERRACE  
 City LEAWOOD State KS Zip Code 66224-9744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575288950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. HAMBLIN, JILLIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 BEACON GROVE ST  
 City SPRING State TX Zip Code 77389-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575290350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	343.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BEAUREGARD, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 MILTON ROAD  
 City GOSHEN State CT Zip Code 06756-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575295150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HEWITT, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1443 RAYMOND AVE  
 City SAINT PAUL State MN Zip Code 55108-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.47

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575296750492**  
 Amount of Each Receipt this Period 60.57  
 Memo Item  
 P/R Deduction (\$56.73 Bi-Weekly)

**C. CUEVAS, BRANDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 CLOISTER COURT  
 City LADERA RANCH State CA Zip Code 92694-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575305650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1214.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUNT, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6636 W SHORE DR  
 City EDINA State MN Zip Code 55435-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575310450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GOLDBERG, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575326950492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. PEEL, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7185 GUNFLINT TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575329850492**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	813.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VANHAM, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575341950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TELESKY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575350950492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. DOLL, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3184 MULLIGAN LANE  
 City CHASKA State MN Zip Code 55318-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NMT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575385150492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WINKLER, YASMINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1429 WEST WIGWAM TRAIL  
 City MOUNT PROSPECT State IL Zip Code 60056-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575390950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FENLON, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4925 DREW AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575392050492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. BRATTEBO, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10202 HARMONY CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575397250492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GOTTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16492 BROOKLANE BOULEVARD  
 City NORTHVILLE State MI Zip Code 48168-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 503.61

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575419150492**  
 Amount of Each Receipt this Period 114.54  
 Memo Item  
 P/R Deduction (\$38.18 Bi-Weekly)

**B. MCGAVICK, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 NOTTINGHAM COURT  
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575421950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. OHARA, KARIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1431 HENRY COURT  
 City CHANHASSEN State MN Zip Code 55317-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575428750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CASTILLO, EFREM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 JOLIET AVE  
 City SAN ANTONIO State TX Zip Code 78209-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575441350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MURLEY, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575443650492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. AXBERG, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 BROOKSHIRE COURT  
 City NEW BRIGHTON State MN Zip Code 55112-6390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 428.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575443850492**  
 Amount of Each Receipt this Period 13.02  
 Memo Item  
 P/R Deduction (\$4.34 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	589.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. SPILKER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 FITCH LANE  
 City NEW CANAAN State CT Zip Code 06840-5051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575446350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAUTMAN, MILLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 SYCAMORE CIRCLE  
 City PLYMOUTH State MN Zip Code 55441-5667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575447150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BOOKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16632 HANSON BLVD NW  
 City ANDOVER State MN Zip Code 55304-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575447250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. GEHLBACH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 YELLOWSTONE TRAIL  
 City MINNETRISTA State MN Zip Code 55331-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1760.22

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575448850492**  
 Amount of Each Receipt this Period 745.50  
 Memo Item  
 P/R Deduction (\$248.50 Bi-Weekly)

**B. MCGLINCH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MIDWEST TRAIL NORTH  
 City LAKE ELMO State MN Zip Code 55042-9658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575451650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MURPHY, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 BLAKE ROAD  
 City EDINA State MN Zip Code 55436-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575453750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1437.78  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FRANZ, PHILLIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 WALLACE ROAD  
 City MIDDLETOWN State NJ Zip Code 07748-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575463150492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. SADUSKE, NANETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4276 NICOLET DRIVE  
 City GREEN BAY State WI Zip Code 54311-9798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 502.59

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575470250492**  
 Amount of Each Receipt this Period 114.78  
 Memo Item  
 P/R Deduction (\$38.26 Bi-Weekly)

**C. STARMANN, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 WEMBLEY RD  
 City LOS ALAMITOS State CA Zip Code 90720-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575494550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HOWELL, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 ORANGE GROVE AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575510050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JOSEPH, MOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 GRAND SUMMIT BLVD  
 City DRIPPING SPRINGS State TX Zip Code 78620-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575521750492**  
 Amount of Each Receipt this Period 576.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. DIRE, BERNADETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 NORFOLK LANE  
 City HOLLISTON State MA Zip Code 01746-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575522550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1268.28  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CROCKETT, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5938 DEER HOLLOW COURT  
 City PITTSBORO State IN Zip Code 46167-9583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 757.10

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575526050492**  
 Amount of Each Receipt this Period 171.42  
 Memo Item  
 P/R Deduction (\$57.14 Bi-Weekly)

**B. COHEN, SANFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 CRESCENT LANE  
 City LEVITTOWN State NY Zip Code 11756-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575526150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HERNANDEZ, MAYRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 SW 189TH AVENUE  
 City PEMBROKE PINES State FL Zip Code 33029-6047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575529250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	863.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HOLOVNIA, KRISTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 LAKEVIEW DRIVE  
 City EDINA State MN Zip Code 55424-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2039.25

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575533050492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

**B. HILL, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34301 299TH PLACE  
 City AITKIN State MN Zip Code 56431-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575533150492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BAHL, ALISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 BIRCHWOOD DRIVE  
 City GREENWICH State CT Zip Code 06831-3311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575534450492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	856.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MULLANEY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 169 HUNNEWELL STREET  
 City NEEDHAM State MA Zip Code 02494-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 235.28

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575535150492**  
 Amount of Each Receipt this Period 176.46  
 Memo Item  
 P/R Deduction (\$58.82 Bi-Weekly)

**B. HAMLIN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NEWMAN  
 City HOUSTON State TX Zip Code 77098-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575536250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SUN, TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 ENSLEY PLACE  
 City LEAWOOD State KS Zip Code 66206-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575540250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	407.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 100 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STEINBRECHER, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 LILAC LANE  
 City FRISCO State TX Zip Code 75034-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2039.25

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575544550492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

**B. DAIKEN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5002 ONEIDA ST  
 City DULUTH State MN Zip Code 55804-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575549650492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. STAFFORD, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9413 W 131ST STREET  
 City OVERLAND PARK State KS Zip Code 66213-3079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 577.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575561250492**  
 Amount of Each Receipt this Period 173.10  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	913.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOCK, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KELTON STREET  
 City REHOBOTH State MA Zip Code 02769-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575579250492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WINSOR, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 WILDERS PASS  
 City CANTON State CT Zip Code 06019-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575582850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HARRIS, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2832 HARBORSIDE WAY  
 City SOUTHPORT State NC Zip Code 28461-8373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Brkr Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575585450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SOLLER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17210 62ND AVE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-6406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575586750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GISCH, SHAWNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 HEMLOCK WAY  
 City CHANHASSEN State MN Zip Code 55317-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575592150492**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

**C. MILLER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 213 MAGILL DRIVE  
 City GRAFTON State MA Zip Code 01519-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 501.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575595650492**  
 Amount of Each Receipt this Period 114.99  
 Memo Item  
 P/R Deduction (\$38.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	830.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHIMENTO, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 FORT WILLIAMS PKWY  
 City ALEXANDRIA State VA Zip Code 22304-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mngng Dir Optuml Cons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575596150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. IVERSON, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13341 CARRACH AVENUE  
 City ROSEMOUNT State MN Zip Code 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575603250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GOODMAN, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13828 EVERGREEN COURT  
 City APPLE VALLEY State MN Zip Code 55124-9257  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575603850492**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 P/R Deduction (\$1000.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2153.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCNUTT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11524 ZION ROAD  
 City BLOOMINGTON State MN Zip Code 55437-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Talent Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575604550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COSTA, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 WESTCHESTER AVENUE  
 City SHAKOPEE State MN Zip Code 55379-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575605850492**  
 Amount of Each Receipt this Period 346.14  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. KING, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CUTLER ROAD  
 City GREENWICH State CT Zip Code 06831-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP OptumI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575612850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1499.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. STOCKHOWER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 MANOR DRIVE  
 City BURNSVILLE State MN Zip Code 55337-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575619950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WAULTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 HEMLOCK COURT  
 City MANALAPAN State NJ Zip Code 07726-4254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575622150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THOMPSON, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17829 63RD AVE N  
 City MAPLE GROVE State MN Zip Code 55311-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575634650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WILSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 DURHAM MANOR DRIVE  
 City FRANKLIN State TN Zip Code 37064-5266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 651.98

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575636150492**  
 Amount of Each Receipt this Period: 242.78  
 Memo Item  
 P/R Deduction (\$102.93 Bi-Weekly)

**B. CLARK, TERRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575636950492**  
 Amount of Each Receipt this Period: 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CABANILLAS, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2105 SHERIDAN  
 City HOUSTON State TX Zip Code 77030-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt: 06 / 30 / 2018  
**Transaction ID : PR2575637350492**  
 Amount of Each Receipt this Period: 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1108.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVIS, BENTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 NORTH 53RD PLACE  
 City PARADISE VALLEY State AZ Zip Code 85253-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1983.49

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575639250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NICOLL, DEREK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 MEADOWVIEW LANE  
 City MEDINA State MN Zip Code 55340-4510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575648650492**  
 Amount of Each Receipt this Period 173.10  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. HERMAN, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 WYOMING CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575650250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1326.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCFANN, ELENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18925 24TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-2072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575654750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KANE, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3621 N LAKEWOOD AVENUE UNIT 3S  
 City CHICAGO State IL Zip Code 60613-4842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575657450492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. PIZZANO, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 387 DEPOT HILL ROAD  
 City POUGHQUAG State NY Zip Code 12570-5763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.44

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575662150492**  
 Amount of Each Receipt this Period 260.04  
 Memo Item  
 P/R Deduction (\$123.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	894.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ZIGLER, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 TREVINO CIRCLE  
 City ANGEL FIRE State NM Zip Code 87710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575665650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ALLEN, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8675 AZURE SKY DRIVE  
 City LAS VEGAS State NV Zip Code 89129-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575669350492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BOGATYRENKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 STURGIS RD  
 City BRONXVILLE State NY Zip Code 10708-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575675450492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	982.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MITCHELL, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11499 ASHLEY COURT  
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR257568350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. STIDMAN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575683850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OCHIPINTI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 MEETING PLACE  
 City ORLANDO State FL Zip Code 32814-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575685750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. FINE, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 STONINGTON ROAD  
 City SILVER SPRING State MD Zip Code 20902-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575692850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FARRELL, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575696250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. PROKOCKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9746 SUNSET HILL DR  
 City LONE TREE State CO Zip Code 80124-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2039.25

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575705850492**  
 Amount of Each Receipt this Period 683.10  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	913.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 112 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 STUART STREET  
 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575708850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. VOLLRATH, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7647 MARKER ROAD  
 City SAN DIEGO State CA Zip Code 92130-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.02

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575719850492**  
 Amount of Each Receipt this Period 170.52  
 Memo Item  
 P/R Deduction (\$56.84 Bi-Weekly)

**C. KNORR, MOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1144 PROSPECT AVENUE  
 City HARTFORD State CT Zip Code 06105-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575735450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	862.80
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. GROSKLAGS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3233 TIMBERWOLF CIRCLE  
 City PRIOR LAKE State MN Zip Code 55372-3272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575735750492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KRAL, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4358 COOLIDGE AVE  
 City SAINT LOUIS PARK State MN Zip Code 55424-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1760.22

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575736150492**  
 Amount of Each Receipt this Period 745.50  
 Memo Item  
 P/R Deduction (\$248.50 Bi-Weekly)

**C. MURRAY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CIRCLE WEST  
 City EDINA State MN Zip Code 55436-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575736550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1610.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CESARETTI, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 CIRCLE DOWN  
 City GOLDEN VALLEY State MN Zip Code 55416-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575739050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PINERSKI, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3424 BRYANT AVE S #2 MINNEAPOLIS  
 City MINNEAPOLIS State MN Zip Code 55408-4110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575752850492**  
 Amount of Each Receipt this Period 124.98  
 Memo Item  
 P/R Deduction (\$41.66 Bi-Weekly)

**C. LAMOINE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3607 W 89TH ST  
 City BLOOMINGTON State MN Zip Code 55431-1826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Proj Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575755150492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	817.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JOHNSON, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8351 E REDFIELD RD  
 City SCOTTSDALE State AZ Zip Code 85260-3535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Director Data Science  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575758350492**  
 Amount of Each Receipt this Period 115.50  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. EKLO, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3942 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575761850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CUNNINGHAM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 SOUTH 16TH STREET UNIT 4706  
 City PHILADELPHIA State PA Zip Code 19102-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO NA Acct  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575767850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MULLINS, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15560 SMITHFIELD PLACE  
 City CENTREVILLE State VA Zip Code 20120-4901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575778750492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. BERGDOLL, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 523 LOS DOLCES ST  
 City LAS VEGAS State NV Zip Code 89138-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575793750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JELINEK, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16601 S MOUNTAIN STONE TRAIL  
 City PHOENIX State AZ Zip Code 85048-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 277.75

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575795650492**  
 Amount of Each Receipt this Period 166.65  
 Memo Item  
 P/R Deduction (\$55.55 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	339.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MAURER, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2899 EDGEWATER COVE  
 City WOODBURY State MN Zip Code 55125-8705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575798150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WIX, LACOSTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MANILA ST  
 City NASHVILLE State TN Zip Code 37206-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.50

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575800050492**  
 Amount of Each Receipt this Period 112.50  
 Memo Item  
 P/R Deduction (\$37.50 Bi-Weekly)

**C. GALIAN, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 SEQUAMS LANE WEST  
 City WEST ISLIP State NY Zip Code 11795-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 277.50

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575803250492**  
 Amount of Each Receipt this Period 166.50  
 Memo Item  
 P/R Deduction (\$55.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	855.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LEVINE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 LARKSPUR LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575803350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HJERPE, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13932 UTAH AVE S  
 City SAVAGE State MN Zip Code 55378-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575806250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RUSSELL, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575812150492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1270.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHAPIRO, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 MORGAN AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575814250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MECKEY, SAMUEL JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 WYNDAM DRIVE  
 City SHAKOPEE State MN Zip Code 55379-5437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575814550492**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SEXTON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14750 CRESTWOOD COURT  
 City ELM GROVE State WI Zip Code 53122-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575823250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1538.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCNATT, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 KENSINGTON COURT  
 City ALPHARETTA State GA Zip Code 30022-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575824950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BRADLEY, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 WHITE MOSS PLACE  
 City FRANKLIN State TN Zip Code 37064-8628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 239.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575825850492**  
 Amount of Each Receipt this Period 55.38  
 Memo Item  
 P/R Deduction (\$18.46 Bi-Weekly)

**C. KAUFMAN, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1680 NORTH FARM ROAD  
 City ORONO State MN Zip Code 55356-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575829850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 747.66  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 121 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HUNTLEY, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19503 HARMONY AVE  
 City ROGERS State MN Zip Code 55374-4843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575832050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JERDE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 EAST VERA LANE  
 City TEMPE State AZ Zip Code 85284-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575837450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BEESON, MARY JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 BLUE INDIGO CT  
 City PONTE VEDRA BEACH State FL Zip Code 32082-6543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575839550492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BOROCH, BLAIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 BELFRY DRIVE  
 City BLUE BELL State PA Zip Code 19422-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 412.30

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575849950492**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. GOLDEN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 SOUND COURT  
 City NORTHPORT State NY Zip Code 11768-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3749.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575859350492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. COTTINGTON, NYLE BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15050 47TH STREET NE  
 City SAINT MICHAEL State MN Zip Code 55376-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 658.02

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575865350492**  
 Amount of Each Receipt this Period 194.40  
 Memo Item  
 P/R Deduction (\$64.80 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	602.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 123 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ROSS, CHRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 JIM CANNON RD  
 City VAN ALSTYNE State TX Zip Code 75495-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 231.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575873350492**  
 Amount of Each Receipt this Period 115.50  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. PEZHMAN, PAYMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 GROVELAND SCHOOL ROAD  
 City WAYZATA State MN Zip Code 55391-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575883550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LANGAN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 MEADOW LANE  
 City BENSON State MN Zip Code 56215-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575885050492**  
 Amount of Each Receipt this Period 291.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	983.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MARGHERIO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 W 67TH STREET  
 City KANSAS CITY State MO Zip Code 64113-2405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575916350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JENSENPFIEFFER, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9449 ASPEN RD  
 City LAKEVILLE State MN Zip Code 55044-8148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575929750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MEDEIROS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7112 LANGMUIR DRIVE  
 City MCKINNEY State TX Zip Code 75071-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575930650492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ZITZER, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2848 FRANCE AVE S  
 City ST LOUIS PARK State MN Zip Code 55416-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575933350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MATTERA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 483 HIGHCROFT ROAD  
 City WAYZATA State MN Zip Code 55391-1548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575938450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RILEY, FELICITY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2315 BEVERLY ROAD  
 City SAINT PAUL State MN Zip Code 55104-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1202.28

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2575943350492**  
 Amount of Each Receipt this Period 326.07  
 Memo Item  
 P/R Deduction (\$108.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1018.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SALVO, GIANCARLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 SW 149 LANE  
 City SUNRISE State FL Zip Code 33326-1957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575964950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. RICHARDS, ALISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 WEST GRANTLEY  
 City ELMHURST State IL Zip Code 60126-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP NA Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575987950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHULTZ, STACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 S XERXES AVENUE  
 City MINNEAPOLIS State MN Zip Code 55410-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2575990950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BRIGGS, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13534 TUSCALEE HILL CIR  
 City DRAPER State UT Zip Code 84020-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2353.34

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576001650492**  
 Amount of Each Receipt this Period 609.00  
 Memo Item  
 P/R Deduction (\$203.00 Bi-Weekly)

**B. SANN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8326 ELKO DRIVE  
 City ELLICOTT CITY State MD Zip Code 21043-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.03

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576026450492**  
 Amount of Each Receipt this Period 126.93  
 Memo Item  
 P/R Deduction (\$42.31 Bi-Weekly)

**C. ADAMS, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 CANYON RIDGE DRIVE  
 City SANDIA PARK State NM Zip Code 87047-8509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategic Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576040350492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1024.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BYRNES, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3920 GLENWOOD STREET  
 City DULUTH State MN Zip Code 55804-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2039.25

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576042850492**  
 Amount of Each Receipt this Period **683.10**  
 Memo Item  
 P/R Deduction (\$227.70 Bi-Weekly)

**B. KANDALFT, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4189 WINDSOR POINT PLACE  
 City EL DORADO HILLS State CA Zip Code 95762-3797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 846.12

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576043650492**  
 Amount of Each Receipt this Period **288.45**  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 E PIEDRA DRIVE  
 City SCOTTSDALE State AZ Zip Code 85255-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576051350492**  
 Amount of Each Receipt this Period **576.90**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1548.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REX, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576060050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCEWAN, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4711 WEST 28TH STREET  
 City SAINT LOUIS PARK State MN Zip Code 55416-1927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2439.96

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576085750492**  
 Amount of Each Receipt this Period 590.76  
 Memo Item  
 P/R Deduction (\$196.92 Bi-Weekly)

**C. DUDA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 RICHWOOD DRIVE  
 City EDINA State MN Zip Code 55436-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576089950492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1456.11
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 130 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JOHNSON, DARRIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 BERTON COURT  
 City MIDDLETOWN State DE Zip Code 19709-9932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576103750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DIAMOND, TIFFANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HARVEY DRIVE  
 City GOFFSTOWN State NH Zip Code 03045-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576105550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BOADO, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576144650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NELSON, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 LOCUST HILLS DRIVE  
 City WAYZATA State MN Zip Code 55391-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576144850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FRIDNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 782 PENFIELD DR  
 City CAROL STREAM State IL Zip Code 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576147550492**  
 Amount of Each Receipt this Period 117.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. KEPNER, SHELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10165-222ND STREET EAST  
 City LAKEVILLE State MN Zip Code 55044-9752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 202.26

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2576147850492**  
 Amount of Each Receipt this Period 37.53  
 Memo Item  
 P/R Deduction (\$12.51 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	731.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MYHRAN, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2280 FOX STREET  
 City ORONO State MN Zip Code 55356-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576158450492**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PAUNOVICH, VUKASIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 KEITH RD  
 City WAKE FOREST State NC Zip Code 27587-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576306750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BENSON, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14951 HIGHLAND COURT NE  
 City PRIOR LAKE State MN Zip Code 55372-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576310950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1538.40  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SCHMALTZ, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 BEACH DR SW  
 City SEATTLE State WA Zip Code 98116-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2576312850492**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 P/R Deduction (\$208.33 Bi-Weekly)

**B. COMBSMORGAN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 RIVERVIEW DRIVE  
 City FRANKLIN State TN Zip Code 37064-5512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578719850492**  
 Amount of Each Receipt this Period 57.60  
 Memo Item  
 P/R Deduction (\$19.20 Bi-Weekly)

**C. LONG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12352 PRINCETON AVE  
 City EDEN PRAIRIE State MN Zip Code 55347-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578734950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ASNER, BARTLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 OFFSHORE  
 City NEWPORT BEACH State CA Zip Code 92657-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578819450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUFFEY, KRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8906 WINGED FOOT DRIVE  
 City PASADENA State MD Zip Code 21122-6670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578823250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1686 WILDFIRE LANE  
 City FRISCO State TX Zip Code 75033-7325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP STARS & Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578824350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BUSBEE, NATHANAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 ORPINGTON RD  
 City BALTIMORE State MD Zip Code 21229-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578826750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MILLER, TRACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 PINE TRAIL  
 City ARNOLD State MD Zip Code 21012-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2578829950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FARMER, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1929 ALBIZIA COURT  
 City BATON ROUGE State LA Zip Code 70808-3973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2595208350492**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	403.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. ELLIS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6001 DRIPPING SPRINGS  
 City FRISCO State TX Zip Code 75034-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2595209150492**  
 Amount of Each Receipt this Period 49.14  
 Memo Item  
 P/R Deduction (\$16.38 Bi-Weekly)

**B. LONIGRO, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3186 WEST CANYON AVE  
 City SAN DIEGO State CA Zip Code 92123-5426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2595225850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SNYDER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1075 BOSTON POST RD  
 City MADISON State CT Zip Code 06443-3363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2595229350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	741.42
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCOTT, WESTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16333 VANCE JACKSON  
 APT 1215  
 City SAN ANTONIO State TX Zip Code 78257-5090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2601125350492**  
 Amount of Each Receipt this Period 92.31  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

**B. SHORT, MARIANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 SUMMIT AVENUE  
 City SAINT PAUL State MN Zip Code 55105-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2601133550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SWANSON, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 621 SPARROW WAY  
 City WADSWORTH State OH Zip Code 44281-7716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2601140750492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	957.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 226		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10501 SW 102 AVENUE  
 City MIAMI State FL Zip Code 33176-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2601176850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCBEATH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2537 RED ARROW DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2605708950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DAVIS, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 N LEBANON ST  
 City ARLINGTON State VA Zip Code 22205-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2605734250492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1442.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 S 22ND ST  
 City ARLINGTON State VA Zip Code 22202-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2605736950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SMITH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1164 RUE CHINON  
 City MANDEVILLE State LA Zip Code 70471-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2605760650492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. WEISSEL, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 HAGEN ROAD  
 City NEWTON State MA Zip Code 02459-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2606842950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1211.49  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATECZUN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1908 HARBOURSIDE DRIVE  
 UNIT 403  
 City LONGBOAT KEY State FL Zip Code 34228-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2606845150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FICKER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 173 LAURELWOOD DRIVE  
 City NOVATO State CA Zip Code 94949-8427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 501.62

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2607806750492**  
 Amount of Each Receipt this Period 114.99  
 Memo Item  
 P/R Deduction (\$38.33 Bi-Weekly)

**C. LANDO, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 PINEAPPLE STREET  
 APT 3J  
 City BROOKLYN State NY Zip Code 11201-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2608059550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLYNN, VIRGINIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 VAN TERRACE  
 City SPARKILL State NY Zip Code 10976-1406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2608061250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FERGUSON, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 SOUTH SHERATON DRIVE  
 City AKRON State OH Zip Code 44319-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2608061950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BODELL, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18710 34TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2609811350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. WRIGHT, NORMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief of Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2609812350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STRAUSS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 FRANCE AVENUE S UNIT 33  
 City MINNEAPOLIS State MN Zip Code 55410-2061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Total Rewards, HC Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2612521850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, MELANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15340 HIGHLAND PLACE  
 City MINNETONKA State MN Zip Code 55345-4613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Recruit Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2612527650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 143 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. STEVENS, J, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2612528550492</b>
Mailing Address 93 CONSERVATION ROAD			Amount of Each Receipt this Period 115.38
City SUFFIELD	State CT	Zip Code 06078-2442	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir IT Proj Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BAKER, MICHAEL, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2612530550492</b>
Mailing Address 2383 HIGHOVER TRAIL			Amount of Each Receipt this Period 576.90
City CHANHASSEN	State MN	Zip Code 55317-4744	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Prov Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. CORCORAN, SUSAN, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2613385350492</b>
Mailing Address 4 DONBUSH ROAD			Amount of Each Receipt this Period 115.38
City NORTH OAKS	State MN	Zip Code 55127-2095	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Acctng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 499.98	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. DICKINSON, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 ATKINSON LANE  
 City SUDBURY State MA Zip Code 01776-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 757.10

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2613388950492**  
 Amount of Each Receipt this Period 171.42  
 Memo Item  
 P/R Deduction (\$57.14 Bi-Weekly)

**B. KREJCI, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19880 LAKEVIEW AVENUE  
 City EXCELSIOR State MN Zip Code 55331-9352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2614310750492**  
 Amount of Each Receipt this Period 84.24  
 Memo Item  
 P/R Deduction (\$28.08 Bi-Weekly)

**C. MEYER, RAYNEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6299 BELLEVUE LANE  
 City EDEN PRAIRIE State MN Zip Code 55344-5201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.78

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2614314050492**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	413.55
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1697 COUNCIL BLUFF DRIVE NE  
 City ATLANTA State GA Zip Code 30345-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2614322350492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. BURKHOLDER, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 DUBONNET DRIVE  
 City MACUNGIE State PA Zip Code 18062-8857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2615073450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OCONNOR, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 JAMES STREET  
 City DURHAM State NC Zip Code 27707-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2615082050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1211.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SOLOMON, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 HAIGHT STREET  
 City SAN FRANCISCO State CA Zip Code 94117-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2615671550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BIRNBAUM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DEAN STREET  
 City BROOKLYN State NY Zip Code 11201-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2615671650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. NIEMYER, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9237 ENGLISH MEADOW WAY  
 City LAYTONSVILLE State MD Zip Code 20882-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1015.41

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2615682850492**  
 Amount of Each Receipt this Period 92.31  
 Memo Item  
 P/R Deduction (\$92.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	784.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. KNUTSON, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 701 Pennsylvania Avenue, N.W.  
 Suite 200  
 City Washington State DC Zip Code 20004-3610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) Dir Ntwk Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2615923950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. TRAW, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 13TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2617365650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JOHNSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8687 RILEY CURVE  
 City CHANHASSEN State MN Zip Code 55317-4822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2617933950492**  
 Amount of Each Receipt this Period 138.45  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	369.21
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BROWN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 EAST STATE AVE  
 City PHOENIX State AZ Zip Code 85020-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2622557950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OLSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 891 14TH ST UNIT 1210  
 City DENVER State CO Zip Code 80202-3259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2622561650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MULES, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 660 DOVER STREET  
 City BALTIMORE State MD Zip Code 21230-2228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2624442650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1269.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STALLWOOD, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 JUNIPER DR  
 City PALM HARBOR State FL Zip Code 34685-2688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2625499050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COLLETTE, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4776 MANITOU ROAD  
 City EXCELSIOR State MN Zip Code 55331-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2625499550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RELLER, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2625501950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5040 INTERLACHEN BLUFF  
 City EDINA State MN Zip Code 55436-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 502.60

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2625503750492**  
 Amount of Each Receipt this Period 114.78  
 Memo Item  
 P/R Deduction (\$38.26 Bi-Weekly)

**B. LAWTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 CROSS PINES DR  
 City FLEMING ISLAND State FL Zip Code 32003-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2625505450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COWEN, WESLEY RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 825 VIRGINIA PARK CIRCLE NE  
 City ATLANTA State GA Zip Code 30306-4081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2625532350492**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	768.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CULHANE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 COVE WAY  
 UNIT 301  
 City QUINCY State MA Zip Code 02169-5857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2626356050492**  
 Amount of Each Receipt this Period  
 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HINES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3660 SILVERWOOD RD  
 City WEST SACRAMENTO State CA Zip Code 95691-5403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2626886550492**  
 Amount of Each Receipt this Period  
 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STOCKSTAD, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 GIDEONS POINT RD  
 City EXCELSIOR State MN Zip Code 55331-9526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2626915550492**  
 Amount of Each Receipt this Period  
 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RUSH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4735 BYWOOD CT  
 City COLORADO SPRINGS State CO Zip Code 80906-5936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 277.75

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2627743850492**  
 Amount of Each Receipt this Period 166.65  
 Memo Item  
 P/R Deduction (\$55.55 Bi-Weekly)

**B. RANHEIM, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7608 GLEN ALCOVE  
 City WOODBURY State MN Zip Code 55129-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 296.58

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2628329350492**  
 Amount of Each Receipt this Period 47.58  
 Memo Item  
 P/R Deduction (\$15.86 Bi-Weekly)

**C. VANDERWALDE, LAMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 AUDUBON CAUSEWAY  
 City LANTANA State FL Zip Code 33462-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Reform/Modernizatn  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2628332350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	791.13
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KORNHAUSER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 SUMMIT LANE  
 City BALA CYNWYD State PA Zip Code 19004-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 753.48

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2628335750492**  
 Amount of Each Receipt this Period 173.88  
 Memo Item  
 P/R Deduction (\$57.96 Bi-Weekly)

**B. THOMPSON, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 WELBORN STREET UNIT C  
 City DALLAS State TX Zip Code 75219-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2628833650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JARVIE, BRUCE MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18750 KIPHEART DRIVE  
 City LEESBURG State VA Zip Code 20176-8220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2629554550492**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	827.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WONG, MING, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21066 ASHLEY LANE  
 City LAKE FOREST State CA Zip Code 92630-5867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2629556850492**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

**B. TITA, MARYBETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 BEACH WOOD ROAD  
 City FERNANDINA BEACH State FL Zip Code 32034-6504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632077850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SAYEED, OMER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2239 HOLLISTON AVE  
 City ALTADENA State CA Zip Code 91001-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.78

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632078250492**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	453.27
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 155 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. OTTESON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 OXFORD AVE  
 City EDINA State MN Zip Code 55436-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2632082550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MILLIGANJR, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6901 RIM ROCK CIRCLE NW  
 City ALBUQUERQUE State NM Zip Code 87120-3196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2632083550492**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. HIBBERT, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 924 BENTLEY COURT  
 City CHALFONT State PA Zip Code 18914-3762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 501.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2632085350492**  
 Amount of Each Receipt this Period 114.99  
 Memo Item  
 P/R Deduction (\$38.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GORSUCH, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632087850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TUFFIN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 ASHBY MANOR PLACE  
 City ALEXANDRIA State VA Zip Code 22310-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632087950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KEANEY, CRAIG J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6233 CRESCENT DRIVE  
 City EDINA State MN Zip Code 55436-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632088350492**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **1538.40**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. WALTER, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1490 SETTLER ST  
 City ELBURN State IL Zip Code 60119-7841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Architecture  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR263208850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. TEMPLE, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 LITTLE LANE  
 City DURHAM State CT Zip Code 06422-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2632873650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WALTHOUR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5049 COLFAX AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Rsch  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2632877050492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PLATT, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 KING STREET  
 City ALEXANDRIA State VA Zip Code 22302-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2632880750492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAPGOOD, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 NW 82ND  
 City TOPEKA State KS Zip Code 66617-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2634167050492**  
 Amount of Each Receipt this Period 173.07  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. PRIBLE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1923 SHIVER DR  
 City ALEXANDRIA State VA Zip Code 22307-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2634656650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1326.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHEID, ADREAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 CATHEDRAL AVENUE NW  
 City WASHINGTON State DC Zip Code 20008-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2634880450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LARAMEE, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 S ESPERANZA AVENUE  
 City TAMPA State FL Zip Code 33629-7119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2634881550492**  
 Amount of Each Receipt this Period 138.45  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. PESCATELLO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2149 CALIFORNIA STREET NW APT #D  
 City WASHINGTON State DC Zip Code 20008-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2634888550492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1292.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 160 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. POWER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SMITH LANE  
 City SAINT JAMES State NY Zip Code 11780-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2634892850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. REED, PAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2983 BLACKSTONE  
 City FRISCO State TX Zip Code 75033-7389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Mgr Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2635426350492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. PAYET, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 ENCLAVE CT  
 City BRENTWOOD State TN Zip Code 37027-7894  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2635440050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	749.97
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NGUYEN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17816 PORTO MARINA  
 City PACIFIC PALISADES State CA Zip Code 90272-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Population Hlth  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.78

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2635444050492**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

**B. ROOS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3199 KAGEN AVE NE  
 City SAINT MICHAEL State MN Zip Code 55376-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2635451250492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 WASHINGTON ST #202  
 City BOSTON State MA Zip Code 02118-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2636734550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 162 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. LIST, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 340 DAVIS ST  
 City NORTHBOROUGH State MA Zip Code 01532-2420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2637694650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SIVLEYIII, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12020 WEXFORD OVERLOOK  
 City ROSWELL State GA Zip Code 30075-1454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2638106650492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. LOGAN, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 3RD STREET NE  
 City WASHINGTON State DC Zip Code 20002-7313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 504.81

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2638112750492**  
 Amount of Each Receipt this Period 114.30  
 Memo Item  
 P/R Deduction (\$38.10 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	287.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. HAUSCHILDT, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 4TH AVE N  
 UNIT 703  
 City MINNEAPOLIS State MN Zip Code 55401-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2638114750492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ZEGLINSKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 TRIMONT LANE  
 #610A  
 City PITTSBURGH State PA Zip Code 15211-1206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639701850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. EDWARDS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 379 DURHAM ROAD  
 City WYCKOFF State NJ Zip Code 07481-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP OptumI  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639702050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1269.18  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CALABRESE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85 LITTLE POND RD  
 City NORTHBOROUGH State MA Zip Code 01532-1686  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1900.26

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639708350492**  
 Amount of Each Receipt this Period 715.50  
 Memo Item  
 P/R Deduction (\$238.50 Bi-Weekly)

**B. SMITH, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ROCKAWAY AVE  
 City MARBLEHEAD State MA Zip Code 01945-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 434.70

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639746250492**  
 Amount of Each Receipt this Period 130.41  
 Memo Item  
 P/R Deduction (\$43.47 Bi-Weekly)

**C. SURRELL, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 DARTINGTON WAY  
 City JOHNS CREEK State GA Zip Code 30022-8045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 808.32

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639758150492**  
 Amount of Each Receipt this Period 218.16  
 Memo Item  
 P/R Deduction (\$72.72 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1064.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JENSENMOORE, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 ROSE AVENUE  
 City MILL VALLEY State CA Zip Code 94941-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 328.07

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639770350492**  
 Amount of Each Receipt this Period 74.28  
 Memo Item  
 P/R Deduction (\$24.76 Bi-Weekly)

**B. BIGHAM, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2610 HOLLY LANE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639771450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUTTA, SUMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 W WRIGHTWOOD AVE  
 City CHICAGO State IL Zip Code 60614-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639773850492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1228.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KETTLEWELL, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 457 N OAK ST  
 City ELMHURST State IL Zip Code 60126-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639774150492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. NELSON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11882 TILDEN PLACE  
 City WELLINGTON State FL Zip Code 33414-6056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639795350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, DELYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 447  
 City MT PROSPECT State IL Zip Code 60056-0447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 514.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2639801550492**  
 Amount of Each Receipt this Period 111.99  
 Memo Item  
 P/R Deduction (\$37.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	688.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BARRAGREE, SHERI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 BARNES STREET  
 City MCKINNEY State TX Zip Code 75069-5549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2640450150492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. WU, LAMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11008 CHERWELL COURT  
 City LAS VEGAS State NV Zip Code 89144-4526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2640461650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. STOW, CHRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 ALTON PL NW  
 City WASHINGTON State DC Zip Code 20016-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2640466450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	749.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WAGNER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3405 MEREDITH RIDGE ROAD  
 City PHOENIX State MD Zip Code 21131-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.46

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2640875850492**  
 Amount of Each Receipt this Period 132.00  
 Memo Item  
 P/R Deduction (\$44.00 Bi-Weekly)

**B. ESTESS, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 ASHBROOKE TRAIL  
 City MADISON State MS Zip Code 39110-6855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2640876550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. METKO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23665 HIGHVIEW LANE  
 City LAKEVILLE State MN Zip Code 55044-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2640877350492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	362.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MINTO, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1505 HERITAGE CLUB AVE  
 City WAKE FOREST State NC Zip Code 27587-7698  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 626.48

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2640882450492**  
 Amount of Each Receipt this Period 143.88  
 Memo Item  
 P/R Deduction (\$47.96 Bi-Weekly)

**B. ADVANI, PROTIMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7618 BRITTANY PARC CT  
 City FALLS CHURCH State VA Zip Code 22043-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2642024150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STRAND, UTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 SPRINGDALE DRIVE  
 City NASHVILLE State TN Zip Code 37215-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2642025550492**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1085.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BRUECKMAN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 PARK COMMONS DRIVE #417  
 City SAINT LOUIS PARK State MN Zip Code 55416-4993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642029450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BRANNEN, RAYMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6258 FORT PIERCE WAY  
 City HERRIMAN State UT Zip Code 84096-3977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Dir Training  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 328.07

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642030750492**  
 Amount of Each Receipt this Period 74.28  
 Memo Item  
 P/R Deduction (\$24.76 Bi-Weekly)

**C. MARTIN, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7002 N VIA DE MANANA  
 City SCOTTSDALE State AZ Zip Code 85258-3951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642818050492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YOUNG, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15222 ALMA MATER CT  
 City BATON ROUGE State LA Zip Code 70810-8389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 973.62

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642830350492**  
 Amount of Each Receipt this Period 352.20  
 Memo Item  
 P/R Deduction (\$117.40 Bi-Weekly)

**B. LONG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 THOMAS AVE S UNIT 1623  
 City MINNEAPOLIS State MN Zip Code 55416-4474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642831250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FOX, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 NORTH GARFIELD STREET #308  
 City ARLINGTON State VA Zip Code 22201-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2642832050492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	756.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JOHNSON, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13024 GRAY FOX TRAIL  
 City ROGERS State MN Zip Code 55374-8724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2642836650492**  
 Amount of Each Receipt this Period 115.50  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. CRESTA, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 OGDEN LANE  
 City MIDDLETON State MA Zip Code 01949-1669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2642837550492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WILLENBRING, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7903 20TH STREET NORTH  
 City OAKDALE State MN Zip Code 55128-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2173.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2642839350492**  
 Amount of Each Receipt this Period 652.17  
 Memo Item  
 P/R Deduction (\$217.39 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	883.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SIVERTSEN, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11632 SLEEPY HEAVEN PLACE  
 City LAS VEGAS State NV Zip Code 89138-7557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2643132650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SOCZYNSKI, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 915 SOUTH 91ST STREET  
 City WEST ALLIS State WI Zip Code 53214-2848  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.50

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2643197750492**  
 Amount of Each Receipt this Period 112.50  
 Memo Item  
 P/R Deduction (\$37.50 Bi-Weekly)

**C. CRAGLE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 MOHAWK TRAIL  
 City EDINA State MN Zip Code 55439-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1760.22

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2643200650492**  
 Amount of Each Receipt this Period 745.50  
 Memo Item  
 P/R Deduction (\$248.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	973.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. NEELY, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1159 BUFFALO RIDGE RD  
 City CASTLE PINES State CO Zip Code 80108-8190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2643203150492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HAMMOND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 NE 59TH TERR  
 City TOPEKA State KS Zip Code 66617-1661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Prod Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2644644850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MCKOY, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 LINCOLN AVE  
 City SAINT PAUL State MN Zip Code 55105-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2644651650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 175 OF 226  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. JEZARIAN, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5251 HUMBOLDT AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Rsch Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2644659650492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MISTRY, RASHMITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6658 WATERTON CIRCLE  
 City MUKILTEO State WA Zip Code 98275-4805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2645169150492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. NEALE, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11380 WILD HERON PT  
 City EDEN PRAIRIE State MN Zip Code 55347-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2645175250492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 749.97  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MAHRT, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4035 W 65TH ST  
 APT 127  
 City EDINA State MN Zip Code 55435-1749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1388.85

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2645176950492**  
 Amount of Each Receipt this Period 833.31  
 Memo Item  
 P/R Deduction (\$277.77 Bi-Weekly)

**B. HOFFMAN, SHERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3409 DEEP WILLOW AVENUE  
 City PIKESVILLE State MD Zip Code 21208-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2646294650492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. STANKIEWICZ, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17761 WEAVER LAKE DRIVE  
 City MAPLE GROVE State MN Zip Code 55311-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2646304050492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	948.69
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WELSH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 BLUEBELL TRAIL SOUTH  
 City MEDINA State MN Zip Code 55340-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2646306950492**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

**B. ZENICK, GEOFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7714 TWISTED OAKS CIRCLE  
 City DALLAS State TX Zip Code 75231-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2698410850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DAVIS, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14907 SE 138TH PL RENTON  
 City RENTON State WA Zip Code 98059-6757  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2698418150492**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 P/R Deduction (\$1000.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1615.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GROSSMAN, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 BROOKSIDE AVE  
 City MENANDS State NY Zip Code 12204-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 448.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2699179850492**  
 Amount of Each Receipt this Period  
 130.41  
 Memo Item  
 P/R Deduction (\$43.47 Bi-Weekly)

**B. SELIG, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 WESTMINSTER  
 City BENTON State AR Zip Code 72019-6682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Health Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2699184650492**  
 Amount of Each Receipt this Period  
 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. AHLSTROM, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 OAKWOOD TERRACE  
 City WASHINGTON State DC Zip Code 20010-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 498.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2018  
**Transaction ID : PR2699187150492**  
 Amount of Each Receipt this Period  
 115.08  
 Memo Item  
 P/R Deduction (\$38.36 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	476.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 179 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ZHOU, JINGXIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12011 FAIRVIEW CT  
 City MINNETONKA State MN Zip Code 55343-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2699187850492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FARRELL, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18777 THE PINES  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2699980050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PERRY, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5045 LINDELL BLVD  
 City SAINT LOUIS State MO Zip Code 63108-1219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 205.26

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2700918050492**  
 Amount of Each Receipt this Period 41.70  
 Memo Item  
 P/R Deduction (\$13.90 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	733.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MCSWEENEY, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 NOUVELLE WAY SUITE 805  
 City NATICK State MA Zip Code 01760-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701818050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FRINGER, TRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 STANFORD AVE  
 City DALLAS State TX Zip Code 75225-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701818650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OCONNELL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 W 18TH AVENUE  
 City DENVER State CO Zip Code 80204-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1174.94

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701819650492**  
 Amount of Each Receipt this Period 271.14  
 Memo Item  
 P/R Deduction (\$90.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1424.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRUCE, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 THOREAU BLVD  
 City O FALLON State MO Zip Code 63366-7451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701823050492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SPARKS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10681 S CEDAR NILES BLVD  
 City OLATHE State KS Zip Code 66061-7415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701825550492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. ROTH, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7982 WOOD COURT  
 City FRISCO State TX Zip Code 75034-8203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2018**  
**Transaction ID : PR2701828950492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 182 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KRAMER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5701 STONE TRACE DRIVE  
 City MASON State OH Zip Code 45040-8315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2702501450492**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ALLEN, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1245 4TH ST SW APT E709  
 City WASHINGTON State DC Zip Code 20024-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2702503850492**  
 Amount of Each Receipt this Period 57.69  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. BRENNER, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 CEDAR AVE APT 301  
 City PHILADELPHIA State PA Zip Code 19143-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Integrated Hlth Human Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1970.14

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2702506350492**  
 Amount of Each Receipt this Period 696.00  
 Memo Item  
 P/R Deduction (\$232.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	869.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MORRIS, MITCHELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 CONGRESS AVE  
 47Y  
 City AUSTIN State TX Zip Code 78701-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2702508450492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. MERZLICHER, CAREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 BENTLEY PARK CIRCLE  
 City O FALLON State MO Zip Code 63368-8022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2703246950492**  
 Amount of Each Receipt this Period 108.00  
 Memo Item  
 P/R Deduction (\$36.00 Bi-Weekly)

**C. HARVEY, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 541 E ERIE ST UNIT 602  
 City MILWAUKEE State WI Zip Code 53202-6251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2703637050492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	396.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 226
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YOUNG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 654 CHISWELL CT  
 City BRENTWOOD State TN Zip Code 37027-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1578.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2703655450492**  
 Amount of Each Receipt this Period 789.45  
 Memo Item  
 P/R Deduction (\$263.15 Bi-Weekly)

**B. ROLLINS, CARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6805 CHEYENNE TRAIL  
 City EDINA State MN Zip Code 55439-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2704188950492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HOROHO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13516 COMPTON ROAD  
 City CLIFTON State VA Zip Code 20124-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 666.66

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2704194650492**  
 Amount of Each Receipt this Period 666.66  
 Memo Item  
 P/R Deduction (\$333.33 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 2033.01  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DELANY, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 GARLAND AVENUE  
 City DECATUR State GA Zip Code 30030-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2704196350492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAYEK, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 ADAMS AVENUE  
 City GLENCOE State IL Zip Code 60022-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2705063450492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHARFF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 RUMSON ROAD  
 City BIRMINGHAM State AL Zip Code 35209-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2705063650492**  
 Amount of Each Receipt this Period 576.90  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BUNTEN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 TATLOW DR  
 City COLUMBIA State MO Zip Code 65203-6130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 727.20

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2705070550492**  
 Amount of Each Receipt this Period 178.29  
 Memo Item  
 P/R Deduction (\$59.43 Bi-Weekly)

**B. SPADE, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 WARWICK CIRCLE  
 City MECHANICSBURG State PA Zip Code 17050-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2705987050492**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. AGENRYAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 HIGH PARK LANE #433  
 City SILVER SPRING State MD Zip Code 20910-3198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2705987450492**  
 Amount of Each Receipt this Period 288.45  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	697.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. STILLO, KATHLEEN, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2706451050492</b>	
Mailing Address 15 HENDERSON AVE			Amount of Each Receipt this Period 150.00	
City PRINCETON	State NJ	Zip Code 08540-2607	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$50.00 Bi-Weekly)	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Gen Mgmt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. BARTHOLET, DANIEL, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2706451150492</b>	
Mailing Address 5918 VALEWOOD DRIVE			Amount of Each Receipt this Period 576.90	
City MINNETONKA	State MN	Zip Code 55345-6545	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Tax		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. MULDOON, ALLISON, , ,</b>			Date of Receipt MM / DD / YYYY 06 / 30 / 2018 <b>Transaction ID : PR2706452750492</b>	
Mailing Address 2500 CLARENDON BLVD APT 435			Amount of Each Receipt this Period 60.00	
City ARLINGTON	State VA	Zip Code 22201-3828	<input type="checkbox"/> Memo Item	
FEC ID number of contributing federal political committee. C			P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Affs Assc Dir		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	786.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MADRID, MERLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 SOUTH 3RD STREET  
 City COLUMBUS State OH Zip Code 43215-5756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2740510350492**  
 Amount of Each Receipt this Period 288.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. KORPMAN, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 WOODMONT BLVD SUITE 200  
 City NASHVILLE State TN Zip Code 37205-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Scientific Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2740514650492**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. MATHIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4632 RESERVOIR ROAD NW  
 City WASHINGTON State DC Zip Code 20007-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1760.22

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2740758750492**  
 Amount of Each Receipt this Period 745.50  
 Memo Item  
 P/R Deduction (\$248.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1033.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 226
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MUHLBAUER, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5211 TIMBERRIDGE DR  
 City PAPHILLION State NE Zip Code 68133-2781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.78

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2748019550492**  
 Amount of Each Receipt this Period 157.89  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

**B. FEHR, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 BLACKFOOT PASS  
 City EDINA State MN Zip Code 55439-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1578.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2748020550492**  
 Amount of Each Receipt this Period 789.45  
 Memo Item  
 P/R Deduction (\$263.15 Bi-Weekly)

**C. PRONOVOST, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6960 WOODLANDS LANE  
 City SOLON State OH Zip Code 44139-4664  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1578.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2750286350492**  
 Amount of Each Receipt this Period 789.45  
 Memo Item  
 P/R Deduction (\$263.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1736.79
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 226
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SIMON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1388 DIAMOND COURT  
 City PITTSBURGH State PA Zip Code 15241-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1578.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2754663250492**  
 Amount of Each Receipt this Period 789.45  
 Memo Item  
 P/R Deduction (\$263.15 Bi-Weekly)

**B. EHLERT, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10431 TOLEDO DR N  
 City BROOKLYN PARK State MN Zip Code 55443-4501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 06 / 30 / 2018  
**Transaction ID : PR2755316150492**  
 Amount of Each Receipt this Period 4999.90  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5789.35
<b>TOTAL</b> This Period (last page this line number only).....	194878.76

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00502575

**Transaction ID : 42266116**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jim Costa for Congress**

Mailing Address 2037 W Bullard Avenue, #355

City  
Fresno

State  
CA

Zip Code  
93711-1200

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Costa, James 'Jim', Manuel, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 16

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00391029

**Transaction ID : 42266118**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Mailing Address PO Box 2018

City  
Thousand Oaks

State  
CA

Zip Code  
91358

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Brownley, Julia, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00513077

**Transaction ID : 42266119**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Julia Brownley For Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Brownley, Julia, , Rep.,**

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

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00513077

**Transaction ID : 42266120**

Amount of Each Disbursement this Period

4000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pete Aguilar For Congress**

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Aguilar, Pete, , Rep.,**

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

State: CA District: 31

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00510461

**Transaction ID : 42266122**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Susan Davis for Congress**

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Davis, Susan, A., Rep.,**

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

State: CA District: 53

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C C00344671

**Transaction ID : 42266123**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

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

8500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Vargas for Congress**

Mailing Address 330 Encinitas Boulevard  
Suite 101

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Vargas, Juan, C., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C00497321

**Transaction ID : 42266125**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Himes, James, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2018

FEC Identification Number

C00434191

**Transaction ID : 42266134**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, Michael, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C00408534

**Transaction ID : 42329456**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Charlie Crist For Congress**

Mailing Address PO Box 1547

City  
St. Petersburg

State  
FL

Zip Code  
33731

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Crist, Charlie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2018

FEC Identification Number

**C** C00590067

**Transaction ID : 42329458**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Wasserman Schultz, Debbie, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2018

FEC Identification Number

**C** C00385773

**Transaction ID : 42329463**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City  
Winter Park

State  
FL

Zip Code  
32790

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Murphy, Stephanie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	21	/	2018

FEC Identification Number

**C** C00620443

**Transaction ID : 42329464**

Amount of Each Disbursement this Period

500.00
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Contribution

Memo Item

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

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

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement Contribution

011

Candidate Name

**Murphy, Stephanie, , Rep.,**

Category/Type

Office Sought:  House  Senate  President  
State: FL District: 07

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00620443

**Transaction ID : 42329465**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Val Demings For Congress**

Mailing Address PO Box 536926

City Orlando State FL Zip Code 32853

Purpose of Disbursement Contribution

011

Candidate Name

**Demings, Valdez, , ,**

Category/Type

Office Sought:  House  Senate  President  
State: FL District: 10

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00590489

**Transaction ID : 42329467**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement Contribution

011

Candidate Name

**Schneider, Brad, , Rep.,**

Category/Type

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00495952

**Transaction ID : 42329468**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Excelsior PAC**

Mailing Address 824 S Millidge Avenue  
Suite 101

City Athens State GA Zip Code 30605

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Excelsior PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2018

FEC Identification Number

C C00541078

**Transaction ID : 42329469**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Sewell, Terri, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AL District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00458976

**Transaction ID : 42345451**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Denham for Congress**

Mailing Address 2150 River Plaza Dr., #150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Denham, Jeff, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00473272

**Transaction ID : 42345452**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

9500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jim Costa for Congress**

Mailing Address 2037 W Bullard Avenue, #355

City  
Fresno

State  
CA

Zip Code  
93711-1200

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Costa, James 'Jim', Manuel, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

**C** C00391029

**Transaction ID : 42345454**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tony Cardenas for Congress**

Mailing Address 410 1st St, SE  
Suite 310

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Cardenas, Tony, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 29

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

**C** C00498873

**Transaction ID : 42345455**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Valadao For Congress**

Mailing Address 5132 North Palm Avenue  
#227

City  
Fresno

State  
CA

Zip Code  
93704

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Valadao, David, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number

**C** C00499392

**Transaction ID : 42345456**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

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

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

11000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Coffman For Congress**

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Coffman, Mike, , Rep.,**

Office Sought:  House  Senate  President  
State: CO District: 06

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345457**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cory Gardner For Senate**

Mailing Address 9227 E Lincoln Ave #200-234

City Lone Tree State CO Zip Code 80124

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Gardner, Cory, , Sen.,**

Office Sought:  House  Senate  President  
State: CO District:

Disbursement For: 2020  
 Primary  General  Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345688**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charlie Crist For Congress**

Mailing Address PO Box 1547

City St. Petersburg State FL Zip Code 33731

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Crist, Charlie, , Rep.,**

Office Sought:  House  Senate  President  
State: FL District: 13

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345711**

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name Wasserman Schultz, Debbie, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00385773

Transaction ID : 42345717

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City Winter Park State FL Zip Code 32790

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name Murphy, Stephanie, , Rep.,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: FL District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00620443

Transaction ID : 42345720

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Crapo For US Senate**

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name Crapo, Mike, , Sen.,

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

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00330886

Transaction ID : 42345723

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

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

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dan Lipinski For Congress**

Mailing Address P.O. Box 520

City  
Western Springs

State  
IL

Zip Code  
60558

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lipinski, Daniel, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	8		

FEC Identification Number

**C** C00405431

**Transaction ID : 42345724**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Mailing Address PO Box 344

City  
Taylorville

State  
IL

Zip Code  
62568-0344

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	8		

FEC Identification Number

**C** C00521948

**Transaction ID : 42345725**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Todd Young, Inc.**

Mailing Address PO Box 1053

City  
Bloomington

State  
IN

Zip Code  
47402

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Young, Todd, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	1	8		

FEC Identification Number

**C** C00459255

**Transaction ID : 42345727**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Barr, Garland, Andy, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: KY District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345729**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoyer for Congress**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Hoyer, Steny, Hamilton, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MD District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345733**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Angus King For US Senate Campaign**

Mailing Address 114 Maine Street Suite 1A  
PO Box 368

City Brunswick State ME Zip Code 04011

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**King, Angus, , Sen.,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345734**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Peters For Michigan</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 32072		FEC Identification Number C00437889 <b>Transaction ID : 42345737</b>
City Detroit	State MI	Zip Code 48244
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Peters, Gary, , Sen.,</b>		Amount of Each Disbursement this Period 1000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District:	

Full Name (Last, First, Middle Initial) <b>B. Emmer For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 998		FEC Identification Number C00545749 <b>Transaction ID : 42345738</b>
City Anoka	State MN	Zip Code 55303
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Emmer, Thomas, , , Jr</b>		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MN	District: 06	

Full Name (Last, First, Middle Initial) <b>C. Tina Smith for Minnesota</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 14362		FEC Identification Number C00663781 <b>Transaction ID : 42345740</b>
City Saint Paul	State MN	Zip Code 55114
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Smith, Tina, , Sen.,</b>		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General2018	
State: MN	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement Contribution

Category/Type

Candidate Name Long, Billy, , Rep.,

Office Sought:  House  Senate  President  
State: MO District: 07

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345742**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Graves for Congress**

Mailing Address 2345 Grand Blvd Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement Contribution

Category/Type

Candidate Name Graves, Samuel, B., Rep.,

Office Sought:  House  Senate  President  
State: MO District: 06

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345745**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement Contribution

Category/Type

Candidate Name Smith, Jason, , ,

Office Sought:  House  Senate  President  
State: MO District: 08

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345746**

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Vicky Hartzler for Congress**

Mailing Address PO Box 531

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Hartzler, Vicky, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MO District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00464602

**Transaction ID : 42345747**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elise For Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Stefanik, Elise, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 21

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00547893

**Transaction ID : 42345748**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Faso For Congress**

Mailing Address PO Box 448

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Faso, John, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 19

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00580415

**Transaction ID : 42345751**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kathleen Rice For Congress**

Mailing Address PO Box 744

City Mineola

State NY

Zip Code 11501

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Rice, Kathleen, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00555813

**Transaction ID : 42345795**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City Cleveland

State OH

Zip Code 44143

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Joyce, Dave, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00527457

**Transaction ID : 42345799**

Amount of Each Disbursement this Period

3500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 906

City Marietta

State OH

Zip Code 45750

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Johnson, William, Leslie, Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OH District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00476820

**Transaction ID : 42345801**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Glenn Thompson**

Mailing Address 400 N Michael St

City St. Marys State PA Zip Code 15857

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Thompson, Glenn, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: PA District: 15

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00444620

**Transaction ID : 42345802**

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Tom Rice For Congress**

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Rice, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: SC District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00506048

**Transaction ID : 42345825**

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Flores for Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Flores, Bill, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00472241

**Transaction ID : 42345831**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Brady For Congress**

Mailing Address PO Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Brady, Kevin, Patrick, Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 08

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number  
  
**Transaction ID : 42345832**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Texans For Henry Cuellar Congressional Campaign**

Mailing Address 1519 Washington Street Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Cuellar, Henry, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 28

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number  
  
**Transaction ID : 42345834**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends for Chris Stewart, Inc.**

Mailing Address PO Box 540370

City North Salt Lake State UT Zip Code 84054

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Stewart, Chris, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: UT District: 02

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	8

FEC Identification Number  
  
**Transaction ID : 42345835**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210-0137

Purpose of Disbursement  
Contribution

011

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C C00390476

**Transaction ID : 42345836**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. DelBene for Congress**

Mailing Address PO Box 477

City  
Kirkland

State  
WA

Zip Code  
98083

Purpose of Disbursement  
Contribution

011

Candidate Name

**DelBene, Suzan, K., Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C C00459099

**Transaction ID : 42345837**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mike Gallagher For Wisconsin**

Mailing Address PO Box 1027

City  
Green Bay

State  
WI

Zip Code  
54305

Purpose of Disbursement  
Contribution

011

Candidate Name

**Gallagher, Michael, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C C00610212

**Transaction ID : 42345839**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

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

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHC BOLD PAC**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**CHC BOLD PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00365536

**Transaction ID : 42345840**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC**

Mailing Address PO Box 10134

City  
Bakersfield

State  
CA

Zip Code  
93389-0134

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Majority Committee PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00428052

**Transaction ID : 42345841**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoosiers First PAC**

Mailing Address 115 W Washington St  
Suite 1165

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hoosiers First PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C C00492082

**Transaction ID : 42345842**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. The Madison PAC**

Mailing Address 235 State Street  
#206

City Springfield State MA Zip Code 01103

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**The Madison PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C000426809

**Transaction ID : 42345843**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICE PAC**

Mailing Address PO BOX 752

City LONG LAKE State MN Zip Code 55356

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**ICE PAC**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C000484667

**Transaction ID : 42345844**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Next Century Fund**

Mailing Address 116 S Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Next Century Fund**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C000343947

**Transaction ID : 42345845**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. All For Our Country Leadership PAC**

Mailing Address 611 Pennsylvania Avenue, SE  
#143

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**All For Our Country Leadership PAC**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345846**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Heartland Values PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**Heartland Values PAC**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345847**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Kennedy For Congress**

Mailing Address PO Box 590464

City Newton State MA Zip Code 02459

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name

**Kennedy, Joseph, , Rep.,**

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

State: MA District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345916**

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 212 OF 226	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Joe Kennedy For Congress</b>			Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 590464			FEC Identification Number <b>C</b> C00512970 <b>Transaction ID : 42345917</b> Amount of Each Disbursement this Period 2000.00 Contribution <input type="checkbox"/> Memo Item
City Newton	State MA	Zip Code 02459	
Purpose of Disbursement Contribution		Category/ Type <b>011</b>	
Candidate Name <b>Kennedy, Joseph, , Rep.,</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District: 04			

Full Name (Last, First, Middle Initial) <b>B. Klobuchar For Minnesota</b>			Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 4146			FEC Identification Number <b>C</b> C00431353 <b>Transaction ID : 42345918</b> Amount of Each Disbursement this Period 2500.00 Contribution <input type="checkbox"/> Memo Item
City St Paul	State MN	Zip Code 55104	
Purpose of Disbursement Contribution		Category/ Type <b>011</b>	
Candidate Name <b>Klobuchar, Amy, J., Sen.,</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: MN District:			

Full Name (Last, First, Middle Initial) <b>C. Klobuchar For Minnesota</b>			Date of Disbursement MM / DD / YYYY 06 / 26 / 2018
Mailing Address PO Box 4146			FEC Identification Number <b>C</b> C00431353 <b>Transaction ID : 42345919</b> Amount of Each Disbursement this Period 2500.00 Contribution <input type="checkbox"/> Memo Item
City St Paul	State MN	Zip Code 55104	
Purpose of Disbursement Contribution		Category/ Type <b>011</b>	
Candidate Name <b>Klobuchar, Amy, J., Sen.,</b>			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MN District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Republican Party of Kentucky - Federal Account**

Mailing Address PO Box 1068

City Frankfort State KY Zip Code 40602

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345920**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. ICE PAC**

Mailing Address PO BOX 752

City LONG LAKE State MN Zip Code 55356

Purpose of Disbursement Void - ICE PAC; check dated 3/24/16

Category/Type

Candidate Name

**ICE PAC**

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

Date of Disbursement

/  /

FEC Identification Number

C00484667  
**Transaction ID : 42349316**  
 Amount of Each Disbursement this Period  
  
 Void - ICE PAC; check dated 3/24/16

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jimmy Panetta For Congress**

Mailing Address PO Box 1579

City Carmel Valley State CA Zip Code 93924

Purpose of Disbursement Void - Jimmy Panetta For Congress; check dated 11/7/16

Category/Type

Candidate Name  
**Panetta, James, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼  
 State: CA District: 20

Date of Disbursement

/  /

FEC Identification Number

C00592154  
**Transaction ID : 42349325**  
 Amount of Each Disbursement this Period  
  
 Void - Jimmy Panetta For Congress; check dated 11/7/16

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Young For Iowa, Inc.**

Mailing Address PO Box 162

City  
Van Meter

State  
IA

Zip Code  
50261

Purpose of Disbursement  
Void - Young For Iowa, Inc.; check dated 11/18/16

011  
Category/  
Type

Candidate Name  
**Young, David, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: IA District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C C00545616

**Transaction ID : 42349326**

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Young For Iowa, Inc.; check dated 11/18/16

Full Name (Last, First, Middle Initial)

**B. Future Forum PAC**

Mailing Address PO Box 83142

City  
Gaithersburg

State  
MD

Zip Code  
20883

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Future Forum PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2018

FEC Identification Number

C C00625988

**Transaction ID : 42352960**

Amount of Each Disbursement this Period

5000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice For Congress**

Mailing Address PO Box 744

City  
Mineola

State  
NY

Zip Code  
11501

Purpose of Disbursement  
Void - Kathleen Rice For Congress; check dated 6/26/18

011  
Category/  
Type

Candidate Name  
**Rice, Kathleen, , ,**

Office Sought:  House  
 Senate  
 President  
State: NY District: 04

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2018

FEC Identification Number

C C00555813

**Transaction ID : 42352961**

Amount of Each Disbursement this Period

- 1500.00

Memo Item Void - Kathleen Rice For Congress; check dated 6/26/18

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Kathleen Rice For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 29 / 2018
Mailing Address PO Box 744		FEC Identification Number <b>C</b> C00555813 <b>Transaction ID : 42352963</b> Amount of Each Disbursement this Period 1500.00 Contribution <input type="checkbox"/> Memo Item
City Mineola	State NY	
Purpose of Disbursement Contribution	Zip Code 11501	FEC Identification Number <b>C</b> C00555813 <b>Transaction ID : 42352963</b> Amount of Each Disbursement this Period 1500.00 Contribution <input type="checkbox"/> Memo Item
Candidate Name <b>Rice, Kathleen, , ,</b>	Category/Type <b>011</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 04	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b>
City	State	
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number <b>C</b>
City	State	
Purpose of Disbursement	Zip Code	Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	180500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Hanna**

Mailing Address 50 Sylvan Drive

City  
Lock Haven

State  
PA

Zip Code  
17745

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Hanna, Michael, K., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2018

FEC Identification Number

C
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**Transaction ID : 42306160**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Senate Republican Campaign Committee**

Mailing Address PO Box 792

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2018

FEC Identification Number

C
---

**Transaction ID : 42306161**

Amount of Each Disbursement this Period

4000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senate Majority Fund**

Mailing Address 2318 Curtis Street

City  
Denver

State  
CO

Zip Code  
80205

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 15 / 2018

FEC Identification Number

C
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**Transaction ID : 42306163**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Memo Item

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

10000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Turzai Leadership Fund**

Mailing Address P.O. Box 92

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42306164**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. PA House Republican Campaign Committee**

Mailing Address 500 N Third St. 4th Floor  
PO Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42306167**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texas Association of Health Plans (TAHP) PAC**

Mailing Address 1001 Congress Avenue, Suite 300

City Austin State TX Zip Code 78701

Purpose of Disbursement Contribution

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42306168**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Citizens for Hughes**

Mailing Address PO Box 13031

City Philadelphia

State PA

Zip Code 19101

Purpose of Disbursement Contribution

011

Candidate Name

**Hughes, Vincent, , PA Sen.,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42345848**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Citizens for Patrick Browne**

Mailing Address 1111 N 11TH ST

City Whitehall

State PA

Zip Code 18052-0000

Purpose of Disbursement Contribution

011

Candidate Name

**Browne, Patrick, , PA Sen.,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42345849**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Stan Saylor**

Mailing Address 649 Runkle Rd

City Felton

State PA

Zip Code 17322

Purpose of Disbursement Contribution

011

Candidate Name

**Saylor, Stanley, , PA Rep.,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	26	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42345850**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

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

[REDACTED] 4000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends for Judy Schwank**

Mailing Address PO BOX 12424

City  
Reading

State  
PA

Zip Code  
19612

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schwank, Judith, , PA Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C

**Transaction ID : 42345881**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Frank Dermody**

Mailing Address PO Box 274

City  
Tarentum

State  
PA

Zip Code  
15084-0274

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Dermody, Frank, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C

**Transaction ID : 42345909**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Jake Corman**

Mailing Address PO Box 421

City  
Bellefonte

State  
PA

Zip Code  
16823

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Corman, Jacob, D., PA Sen., III**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2018

FEC Identification Number

C

**Transaction ID : 42345911**

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Sharif Street**

Mailing Address 3000 N 22nd St

City Philadelphia State PA Zip Code 19132

Purpose of Disbursement Contribution

Category/Type

Candidate Name Street, Sharif, , PA Sen.,

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345912**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay Costa Jr. for State Senate**

Mailing Address 314 Newport Road

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement Contribution

Category/Type

Candidate Name Costa, Jay, , PA Sen., Jr.

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42345915**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Christi Craddick Campaign**

Mailing Address 1500 Dillman St

City Austin State TX Zip Code 78703

Purpose of Disbursement Void - Christi Craddick Campaign; check dated 5/18/16

Category/Type

Candidate Name Craddick, Christi, ,

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349317**  
 Amount of Each Disbursement this Period  
  
 Void - Christi Craddick Campaign; check dated 5/18/16

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Don Shooter 2016**

Mailing Address 2109 S Palo Verde Ln  
#44

City Yuma State AZ Zip Code 85365

Purpose of Disbursement  
Void - Don Shooter 2016; check dated 6/27/16

Category/  
Type

Candidate Name  
**Shooter, Don, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349320**

Amount of Each Disbursement this Period

Memo Item Void - Don Shooter 2016; check dated 6/27/16

Full Name (Last, First, Middle Initial)

**B. Leslie Herod for Colorado**

Mailing Address POB 7445

City Denver State CO Zip Code 80207

Purpose of Disbursement  
Void - Leslie Herod for Colorado; check dated 10/6/16

Category/  
Type

Candidate Name  
**Herod, Leslie, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349321**

Amount of Each Disbursement this Period

Memo Item Void - Leslie Herod for Colorado; check dated 10/6/16

Full Name (Last, First, Middle Initial)

**C. Leslie Herod for Colorado**

Mailing Address POB 7445

City Denver State CO Zip Code 80207

Purpose of Disbursement  
Void - Leslie Herod for Colorado; check dated 10/6/16

Category/  
Type

Candidate Name  
**Herod, Leslie, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349323**

Amount of Each Disbursement this Period

Memo Item Void - Leslie Herod for Colorado; check dated 10/6/16

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Leslie Herod for Colorado**

Mailing Address POB 7445

City  
Denver

State  
CO

Zip Code  
80207

Purpose of Disbursement  
Void - Leslie Herod for Colorado; check dated 10/26/16

011

Candidate Name

**Herod, Leslie, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349324**

Amount of Each Disbursement this Period

[REDACTED] - 100.00

Memo Item Void - Leslie Herod for Colorado; check dated 10/26/16

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Mary Caferro**

Mailing Address 607 North Davis Street

City  
Helena

State  
MT

Zip Code  
59601

Purpose of Disbursement  
Void - Committee to Elect Mary Caferro; check dated 7/26/16

011

Candidate Name

**Caferro, Mary, , MT Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349327**

Amount of Each Disbursement this Period

[REDACTED] - 170.00

Memo Item Void - Committee to Elect Mary Caferro; check dated 7/26/16

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Bob Keenan**

Mailing Address PO Box 697

City  
Bigfork

State  
MT

Zip Code  
59911

Purpose of Disbursement  
Void - Committee to Elect Bob Keenan; check dated 7/26/16

011

Candidate Name

**Keenan, Bob, , MT Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	18	/	2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349328**

Amount of Each Disbursement this Period

[REDACTED] - 170.00

Memo Item Void - Committee to Elect Bob Keenan; check dated 7/26/16

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

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

[REDACTED] - 440.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rothfuss for Senate**

Mailing Address PO Box 1791

City  
Laramie

State  
WY

Zip Code  
82073

Purpose of Disbursement  
Void - Rothfuss for Senate; check dated 7/26/16

011

Candidate Name

**Rothfuss, Christopher, , WY Sen.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349329**

Amount of Each Disbursement this Period

[REDACTED] - 250.00

Memo Item Void - Rothfuss for Senate; check dated 7/26/16

Full Name (Last, First, Middle Initial)

**B. Jodie Laubenberg Campaign**

Mailing Address PO Box 1154

City  
Wylie

State  
TX

Zip Code  
75098

Purpose of Disbursement  
Void - Jodie Laubenberg Campaign; check dated 5/18/16

011

Candidate Name

**Laubenberg, Jodie, , TX Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		5	1		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349876**

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Memo Item Void - Jodie Laubenberg Campaign; check dated 5/18/16

Full Name (Last, First, Middle Initial)

**C. Cindy Burkett for State Representative**

Mailing Address 226 Magic Ln

City  
Sunnyvale

State  
TX

Zip Code  
75182

Purpose of Disbursement  
Void - Cindy Burkett for State Representative; check dated 5/18/16

011

Candidate Name

**Burkett, Cindy, , TX Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		5	1		2	0	1	8

FEC Identification Number

C [REDACTED]

**Transaction ID : 42349877**

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

Memo Item Void - Cindy Burkett for State Representative; check dated 5/18/16

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

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

[REDACTED] - 2250.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Todd Hunter Campaign**

Mailing Address 445 Cape Henry

City Corpus Christi State TX Zip Code 78412

Purpose of Disbursement  
Void - Todd Hunter Campaign; check dated 5/18/16

Category/  
Type

Candidate Name  
**Hunter, Todd, , TX Rep.,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349878**

Amount of Each Disbursement this Period

Memo Item Void - Todd Hunter Campaign; check dated 5/18/16

Full Name (Last, First, Middle Initial)

**B. Friends of Brandon Creighton**

Mailing Address 2257 N Loop 336 Ste 140-366

City Conroe State TX Zip Code 77304

Purpose of Disbursement  
Void - Friends of Brandon Creighton; check dated 5/18/16

Category/  
Type

Candidate Name  
**Creighton, Brandon, , ,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349879**

Amount of Each Disbursement this Period

Memo Item Void - Friends of Brandon Creighton; check dated 5/18/16

Full Name (Last, First, Middle Initial)

**C. Texans for Joan Huffman**

Mailing Address 3375 WestPark Dr. Ste 135

City Houston State TX Zip Code 77005

Purpose of Disbursement  
Void - Texans for Joan Huffman; check dated 5/18/16

Category/  
Type

Candidate Name  
**Huffman, Joan, , TX Sen.,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349880**

Amount of Each Disbursement this Period

Memo Item Void - Texans for Joan Huffman; check dated 5/18/16

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

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



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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Steineke for Assembly**

Mailing Address N2352 Vandebroek Road

City Kaukauna State WI Zip Code 54130

Purpose of Disbursement  
Void - Steineke for Assembly; check dated 6/27/16

011

Candidate Name  
**Steineke, Jim, , WI Rep.,**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : 42349881**  
Amount of Each Disbursement this Period  
- 500.00

Memo Item Void - Steineke for Assembly; check dated 6/27/16

Full Name (Last, First, Middle Initial)

**B. Jim Marleau for State Senate**

Mailing Address 3181 Sandoval

City Lake Orion State MI Zip Code 48360

Purpose of Disbursement  
Void - Jim Marleau for State Senate; check dated 7/26/16

011

Candidate Name  
**Marleau, James, , MI Sen.,**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : 42349882**  
Amount of Each Disbursement this Period  
- 500.00

Memo Item Void - Jim Marleau for State Senate; check dated 7/26/16

Full Name (Last, First, Middle Initial)

**C. Larry Gonzales Campaign**

Mailing Address 3756 Top Rock

City Round Rock State TX Zip Code 78681

Purpose of Disbursement  
Void - Larry Gonzales Campaign; check dated 8/11/16

011

Candidate Name  
**Gonzales, Larry, , TX Rep.,**

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C  
**Transaction ID : 42349883**  
Amount of Each Disbursement this Period  
- 1000.00

Memo Item Void - Larry Gonzales Campaign; check dated 8/11/16

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

- 2000.00

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

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

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<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Matt Dolan**

Mailing Address 2226 Edgeview Dr

City Hudson

State OH

Zip Code 44236

Purpose of Disbursement  
Void - Friends of Matt Dolan; check dated 9/6/16

Category/  
Type

Candidate Name  
**Dolan, Matt, , ,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 42349884**

Amount of Each Disbursement this Period

Memo Item dated 9/6/16

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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