

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 (United for Health)

ADDRESS (number and street) 9900 Bren Road East Minnetonka MN 55343 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/08/2016 in the State of

5. Covering Period 10/01/2016 through 10/19/2016

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 10/27/2016

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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="2016"/>	<input type="text"/>	<input type="text" value="135129.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74695.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="45964.35"/>	<input type="text" value="914684.27"/>
(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="120660.04"/>	<input type="text" value="1049814.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="69900.00"/>	<input type="text" value="999054.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50760.04"/>	<input type="text" value="50760.04"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
10 / 19 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44029.16	771835.60
(ii) Unitemized	1935.19	142848.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45964.35	914684.27
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	45964.35	914684.27
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	45964.35	914684.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	45964.35	914684.27

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.....	63500.00	793500.00
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	394.03
(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	394.03
29. Other Disbursements (Including Non-Federal Donations).....	6400.00	205160.00
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)) ..	69900.00	999054.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69900.00	999054.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	45964.35	914684.27
34. Total Contribution Refunds (from Line 28(d))	0.00	394.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45964.35	914290.24
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 246
	<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 (United for Health)

A. AURZADA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1204 SCENIC DRIVE
 City SOUTHLAKE State TX Zip Code 76092-9200
 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 ▼ 100.00

Date of Receipt 10 / 07 / 2016
Transaction ID : 40022372
 Amount of Each Receipt this Period 5.00
 Memo Item

B. SEGUIN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 CALYPSO RD
 City HOLT State MI Zip Code 48842-7704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Prod Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2016
Transaction ID : 40023106
 Amount of Each Receipt this Period 15.00
 Memo Item

C. SPIVACK, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 07 / 2016
Transaction ID : 40023144
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	212.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 246
	<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 (United for Health)

A. STREB, DEBORAH S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221-3810
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159794143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. WATSON III, JAMES S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6520 SHENANDOAH DR
 City LINCOLN State NE Zip Code 68510-5159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159806043707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. WICHMANN, DAVID S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7000 ANTRIM ROAD
 City EDINA State MN Zip Code 55439-1708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres UHG
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159814743707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	231.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 246
	<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 (United for Health)

A. ERLANDSON, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 OLD LONG LAKE ROAD
 City WAYZATA State MN Zip Code 55391-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159815943707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MEAD, BRUCE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1232 GRAY BRANCH RD
 City MCKINNEY State TX Zip Code 75071-6495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.87

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159816143707
 Amount of Each Receipt this Period 16.17
 Memo Item
 P/R Deduction (\$16.17 Bi-Weekly)

C. MUNSELL, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Advsr to Office of CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159816643707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	308.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PENSHORN, JOHN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159816943707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KALLMEYER, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159817443707
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. QUIRK, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 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 ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159819143707
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	292.30
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 246
	<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 (United for Health)

A. BARATZ, MEREDITH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5000 RIVERDALE ROAD
 APT 101
 City RIVERDALE State NJ Zip Code 07457-1724
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159820043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FALK, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 323 LAWRENCE AVE
 City HIGHLAND PARK State NJ Zip Code 08904-1851
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159820243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MIGLIORI, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 72
 City WAYZATA State MN Zip Code 55391-0072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Consumr Hlth Med Care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3773.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159827443707
 Amount of Each Receipt this Period 204.34
 Memo Item
 P/R Deduction (\$204.34 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	232.38
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 246
	<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 (United for Health)

A. BUENEMANN, BARBARA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 ROSEBROOK DR
 City FLORISSANT State MO Zip Code 63031-8633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159828743707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

B. RIVET, JEANNINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 TRILLIUM WAY
 City MINNETRISTA State MN Zip Code 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1159830043707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BRESOLIN, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148-1659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Care Advo
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1551005743707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	223.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. HOCK, CHRISTOPHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109-2746
 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 ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1551128943707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

B. MATTEO, MICHAEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1551133443707
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. MILLER, KATHERINE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2321 HARBOR LAKE DRIVE
 City ORANGE PARK State FL Zip Code 32003-7799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 719.75

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1554324343707
 Amount of Each Receipt this Period 46.70
 Memo Item
 P/R Deduction (\$46.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	173.62
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 246
	<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 (United for Health)

A. ANDERSON, CRAIG C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1575957343707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ERICKSON, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1575957643707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MONFILETTO, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1575958143707
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	307.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. VALENTA, LEE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5033 PARK TERRACE
 City EDINA State MN Zip Code 55436-1098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1575958543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KELLY, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 568 HAWTHORNE WOODS DRIVE
 City EAGAN State MN Zip Code 55123-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1739.04

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1575959743707
 Amount of Each Receipt this Period 108.69
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

C. CAHILL, LAURA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 LAKE SIDE ROAD
 City MOUNT KISCO State NY Zip Code 10549-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Solution Sales Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1580863643707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	315.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 246
	<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 (United for Health)

A. WEBB, ROBERT THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1580865343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HUGHES, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3905 COUNTY ROAD 44
 City MINNETRISTA State MN Zip Code 55364-9572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596304143707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHNSON, THAD C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 GLACIER BAY
 City EDEN PRAIRIE State MN Zip Code 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3773.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596304343707
 Amount of Each Receipt this Period 204.34
 Memo Item
 P/R Deduction (\$204.34 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	496.64
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCHUMACHER, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596305443707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. THEISEN, SCOTT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596305643707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. LEWIS, THOMAS D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 CHIPPEWA AVENUE
 City TAMPA State FL Zip Code 33606-3614
 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 ▼ 1730.87

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596306943707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	307.68
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 246
	<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 (United for Health)

A. OBERRENDER, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4505 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424-1158
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treasurer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3659.05

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596307043707
 Amount of Each Receipt this Period 207.27
 Memo Item
 P/R Deduction (\$207.27 Bi-Weekly)

B. ANDERSON, KENNETH J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12700 NE 245TH AVE
 City BRUSH PRAIRIE State WA Zip Code 98606-7761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 242.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596309243707
 Amount of Each Receipt this Period 20.39
 Memo Item
 P/R Deduction (\$20.39 Bi-Weekly)

C. ANDERSON, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17907 INVERNESS CURVE
 City EDEN PRAIRIE State MN Zip Code 55347-2155
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596309343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	241.66
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 18 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FLYNN, DIANE BEDNAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3318 FOXRIDGE CIRCLE
 City TAMPA State FL Zip Code 33618-2149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596309743707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. DAVIDSON, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 HARBOUR TOWN CIR
 City WESTERVILLE State OH Zip Code 43082-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3447.50

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596311643707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

C. DOOLEY, JEFFREY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1142 GREENBROOK DRIVE
 City DANVILLE State CA Zip Code 94526-4306
 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 ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596312143707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	277.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 246
	<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 (United for Health)

A. HEUMANN, KURT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9825 GERALD DR
 City SAINT LOUIS State MO Zip Code 63128-1767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596313743707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. MALLATT, KATHLEEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4304 SOUTH 167 AVENUE
 City OMAHA State NE Zip Code 68135-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596315443707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROSENTHAL, DANIEL I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563-1340
 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 ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596317343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	250.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RUTH, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596317443707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. STURKEY, DAVID C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1941 MARINA ROAD
 City IRMO State SC Zip Code 29063-8579
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596318443707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. TODD, JEFFREY ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596319043707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	256.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 246
	<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 (United for Health)

A. TURNAU, CHRIS B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 43216
 3741 DUNBAR KNOLL
 City BROOKLYN PARK State MN Zip Code 55443-0216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596319143707
 Amount of Each Receipt this Period 45.00
 Memo Item
 P/R Deduction (\$45.00 Bi-Weekly)

B. WASSERSTEIN, M LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 92 GOODWIN CIRCLE
 City HARTFORD State CT Zip Code 06105-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596319543707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. WERLEY, MYRON R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4260 FOXBERRY COURT
 City MEDINA State MN Zip Code 55340-9390
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1596319643707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	84.23
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 246
	<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 (United for Health)

A. DODDY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROXITICUS VIEW
 City CHESTER State NJ Zip Code 07930-3020
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1600597343707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAUX, MICHAEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 742 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3343
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM PCM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1600598543707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. SANDY, LEWIS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City EDINA State MN Zip Code 55424-1163
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1600598743707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	239.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 246
	<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 (United for Health)

A. PETERSON, MATTHEW W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 FOX STREET
 City ORONO State MN Zip Code 55356-8316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1602669943707
 Amount of Each Receipt this Period 200.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. MALONEY, JEFFREY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6327 PASADENA POINT BLVD S
 City GULFPORT State FL Zip Code 33707-3867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1613243543707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. CELLI, PAT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 COUNTRY CLUB DR
 City CUTCHOGUE State NY Zip Code 11935-1728
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 264.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1613243743707
 Amount of Each Receipt this Period 16.65
 Memo Item
 P/R Deduction (\$16.65 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	312.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KENNEDY, WILLIAM F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013-1327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1653443143707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. BELLAMY, THOMAS J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2743 THOMAS AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55416-4346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1653444343707
 Amount of Each Receipt this Period 57.70
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

C. SEVIGNY, BRIAN G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 137 CREEKVIEW LANE
 City LORETTO State MN Zip Code 55357-2111
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1653445743707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	94.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 246
	<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 (United for Health)

A. SULLIVAN, DANIEL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 QUORN HUNT ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1653445843707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TALAMANTES, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6025 ORRIS STREET
 City MCLEAN State VA Zip Code 22101-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Six Sigma Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1806444743707
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. ARCHER, LORI A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2781 SADDLE CLUB ROAD
 City GREENWOOD State IN Zip Code 46143-9211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Svc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1806750143707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 246
	<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 (United for Health)

A. EMERSON, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1806750343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ANDERSON, CATHERINE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1903550743707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. BISHOP-HEROUX, KATHLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 145 COTTAGE RD
 City ENFIELD State CT Zip Code 06082-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1903560843707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	309.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 246
	<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 (United for Health)

A. DUFEK, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 PROMONTORY PLACE
 City EAGAN State MN Zip Code 55123-2297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1903577143707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. JOHNSON, CHRISTOPHER T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12880 53RD STREET NORTH
 City STILLWATER State MN Zip Code 55082-1063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1903591143707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. PENN, STEVEN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6766 IDLEWOOD WAY
 City EDEN PRAIRIE State MN Zip Code 55346-3506
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR1903612943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	78.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SANTELLI, JOHN C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 25510 BIRCH BLUFF ROAD

City EXCELSIOR	State MN	Zip Code 55331-8520
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP CIO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3773.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR1903622043707

Amount of Each Receipt this Period
204.34

Memo Item

P/R Deduction (\$204.34 Bi-Weekly)

B. STEERUP, LORI A, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7019 DONLEA LANE

City EDEN PRAIRIE	State MN	Zip Code 55346-3164
----------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Human Capital Partner Mgr
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR1903628643707

Amount of Each Receipt this Period
14.00

Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

C. WEYMOUTH, PAUL D, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 317 WRIGHTS MILL RD

City COVENTRY	State CT	Zip Code 06238-1559
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP IT
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR1903636943707

Amount of Each Receipt this Period
19.23

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	237.57
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 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. ALLEN, BRADLEY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1046 THORNBERRY CREEK DR
 City ONEIDA State WI Zip Code 54155-8632
 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 ▼ 340.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119466843707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. BENNETT, RUSSELL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 HALSEY AVE
 City LAGUNA NIGUEL State CA Zip Code 92677-5327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119468043707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. BRYAN, KATHIE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154-2537
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mktg Cnslt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119469443707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	65.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 246
	<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 (United for Health)

A. CAMPBELL, COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4936 LONGMEADOW PARK ST
 City ORLANDO State FL Zip Code 32811-7485
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119469943707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. CROSS, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119471843707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. DAVIS, KENNETH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 N 71ST ST
 City SEATTLE State WA Zip Code 98103-5019
 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 ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119472543707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 246
	<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 (United for Health)

A. DEMBROSKI, TODD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1390 FINCH LN
 City GREEN BAY State WI Zip Code 54313-6400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119472843707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. GILDERNICK, AMY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 WILLIAMS GRANT
 City DE PERE State WI Zip Code 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119475243707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. HANSEN, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 VIA CONOCIDO
 City SAN CLEMENTE State CA Zip Code 92673-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119476743707
 Amount of Each Receipt this Period 135.00
 Memo Item
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 170.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 246
	<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 (United for Health)

A. HARLAN, MADELINE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3444 CORTES PLACE
 City ROUND ROCK State TX Zip Code 78665-5666
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119476943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. HO, SAMUEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4220 OCEAN DR
 City MANHATTAN BEACH State CA Zip Code 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Clin Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3816.01

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119477943707
 Amount of Each Receipt this Period 197.33
 Memo Item
 P/R Deduction (\$197.33 Bi-Weekly)

C. JEFFREY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 RIMROCK
 City IRVINE State CA Zip Code 92603-3604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119479143707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	236.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 246
	<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 (United for Health)

A. KNOTSON, MARK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19312 FAIRHAVEN EXT
 City SANTA ANA State CA Zip Code 92705-6310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119480243707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. MACE-MEADOR, HEATHER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119482543707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. MASON, JEFFREY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6318 DWANE AVENUE
 City SAN DIEGO State CA Zip Code 92120-3836
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119483043707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 50.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 246
	<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 (United for Health)

A. NEURURER, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23822 VIA MONTE
 City COTO DE CAZA State CA Zip Code 92679-4001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 956.16

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119484943707
 Amount of Each Receipt this Period 90.64
 Memo Item
 P/R Deduction (\$90.64 Bi-Weekly)

B. NYGARD, KEITH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802-6521
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119485043707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. OLLMANN-WAGNER, TRACY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313-5841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119485243707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	125.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 246
	<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 (United for Health)

A. 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 ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119485843707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. PETE, DIANA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9010 MORNINGSTAR DRIVE
 City SUGAR LAND State TX Zip Code 77479-3316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119486343707
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

C. PETERS, MICHELLE LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 COUNTRYSIDE DR
 City DE PERE State WI Zip Code 54115-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119486443707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	52.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. PITTMAN, AUSTIN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4621 EDINA BLVD
 City EDINA State MN Zip Code 55424-1154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3832.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119486743707
 Amount of Each Receipt this Period 194.60
 Memo Item
 P/R Deduction (\$194.60 Bi-Weekly)

B. POLICH, CYNTHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 E VIA PALOMITA
 City TUCSON State AZ Zip Code 85718-3371
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strat Initiv
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119486843707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. PROCHNOW, JAMES E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 143 RUSTIC OAK DRIVE
 City LUXEMBURG State WI Zip Code 54217-7320
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119487243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	308.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 246
	<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 (United for Health)

A. RICCIUTI, SHARON A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 PERENNIAL
 City IRVINE State CA Zip Code 92603-0621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Bus Anlys Cnslt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119487943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. TANIGAWA, CHERYL, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5598 NAPLES CANAL
 City LONG BEACH State CA Zip Code 90803-4018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Entrprs Hlth Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119491143707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. THOMSON, CHERYL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 FOREST DR
 City SOBIESKI State WI Zip Code 54171-9748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119491643707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	125.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 246
	<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 (United for Health)

A. TUCKER, STEVEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12331 COUNTRY LANE
 City SANTA ANA State CA Zip Code 92705-3330
 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 ▼ 1920.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119492043707
 Amount of Each Receipt this Period 96.00
 Memo Item
 P/R Deduction (\$96.00 Bi-Weekly)

B. 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 ▼ 800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119492643707
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. WESTPHAL, SCOTT B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4536 ROCKY RUN LN
 City OCONTO State WI Zip Code 54153-9268
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119493243707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	147.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 246
	<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 (United for Health)

A. DAUGHERTY, LINDA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022-3329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119493543707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 STRAND TERRACE
 City SANTA ANA State CA Zip Code 92705-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119494143707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. YOUNG, GEORGE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36296 N 98TH WAY
 City SCOTTSDALE State AZ Zip Code 85262-3138
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2119494443707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 246
	<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 (United for Health)

A. MASON, JOHN TYLER, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 2083
 City CYPRESS State CA Zip Code 90630-1583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.90

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2126373843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BURKE, FORREST G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 380 LEAF STREET
 City ORONO State MN Zip Code 55356-9733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres PS Labor Trust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3745.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133132443707
 Amount of Each Receipt this Period 209.09
 Memo Item
 P/R Deduction (\$209.09 Bi-Weekly)

C. COLEMAN, WILLIAM R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 831 RATLEY ROAD
 City WEST SUFFIELD State CT Zip Code 06093-2400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133132543707
 Amount of Each Receipt this Period 12.00
 Memo Item
 P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	413.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 246
	<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 (United for Health)

A. CUMMINGS, DANIEL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 FAIRMOUNT AVE
 City SAINT PAUL State MN Zip Code 55105-1539
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133132643707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. HULTGREN, BROR O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.91

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133133243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MORISATO, SUSAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 238 ARDMORE ROAD
 City DES PLAINES State IL Zip Code 60016-2119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3847.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133133843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	303.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 246
	<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 (United for Health)

A. NETTLETON, KIMBERLY ALLENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5003 DARNELL
 City HOUSTON State TX Zip Code 77096-1510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133133943707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Fin Plng Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133134243707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SCHIMMELBUSCH, DIANE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2203 RIVER FALLS DRIVE
 City KINGWOOD State TX Zip Code 77339-3124
 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 ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2133134643707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	232.30
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 246
	<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 (United for Health)

A. FALKENBERG, ROBERT C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 LANTANA

City NEWPORT COAST	State CA	Zip Code 92657-1646
-----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2145728443707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

B. RUMMEL, LEAH C, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12100 TRAUTWEIN ROAD

City AUSTIN	State TX	Zip Code 78737-9358
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2145729543707

Amount of Each Receipt this Period
15.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

C. SMITH, DANNETTE L, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4200 ALDEN DRIVE

City EDINA	State MN	Zip Code 55416-5010
---------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Sr Deputy Gen Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3847.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2145729943707

Amount of Each Receipt this Period
192.30

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	245.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. LEWIS, KURT C, , ,
 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 ▼ 230.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2203967543707
 Amount of Each Receipt this Period 11.54
 Memo Item
 P/R Deduction (\$11.54 Bi-Weekly)

B. GIBSON, CHRISTINE W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strat Initiv
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225166743707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1835.75

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225813643707
 Amount of Each Receipt this Period 194.05
 Memo Item
 P/R Deduction (\$194.05 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	244.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 246
	<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 (United for Health)

A. CARRUTH, NANCY SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 753 WOOD HILL DRIVE
 City CHANHASSEN State MN Zip Code 55317-9561
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225818443707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. RANGEN, ERIC S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225819343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RYAN, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 WESTMORELAND LN
 City NAPERVILLE State IL Zip Code 60540-5817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1096.13

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225819643707
 Amount of Each Receipt this Period 57.69
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	264.99
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 246
	<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 (United for Health)

A. SAILOR, ROY THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 276 COYOTE WILLOW DRIVE
 City COLORADO SPRINGS State CO Zip Code 80921-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2225819743707
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. CORNE, MICHAEL LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12642 CHIEFS COURT
 City FISHERS State IN Zip Code 46037-9553
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2231346943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CONNLY, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247625843707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	190.92
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 246
	<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 (United for Health)

A. CARCIONE JR, JOSEPH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247626843707
 Amount of Each Receipt this Period 57.70
 Memo Item
 P/R Deduction (\$57.70 Bi-Weekly)

B. KANTOLA, KEVIN DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364-3201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247627043707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. O'BRIEN, DENNIS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3741.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247627343707
 Amount of Each Receipt this Period 209.79
 Memo Item
 P/R Deduction (\$209.79 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	306.49
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 48 OF 246
	<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 (United for Health)

A. VERNEY, JEFFERY RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 266 WESTLEDGE ROAD
 City WEST SIMSBURY State CT Zip Code 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247627443707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. GARODIA, SANJAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 COVINGTON COURT
 City OAK BROOK State IL Zip Code 60523-2574
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247627843707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. OHMAN, DANIEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8970 MOOR PARK RUN
 City DULUTH State GA Zip Code 30097-6621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2247628043707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 246
	<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 (United for Health)

A. PRINCE, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 546 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3771.41

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2259738443707
 Amount of Each Receipt this Period 204.73
 Memo Item
 P/R Deduction (\$204.73 Bi-Weekly)

B. CRONN, CHRISTOPHER L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1122 COLORADO STREET SUITE 2399
 City AUSTIN State TX Zip Code 78701-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2270522943707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CURRY, CAROLE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 FLEECE FLOWER DRIVE
 City GAITHERSBURG State MD Zip Code 20878-2646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr II
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2402315743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	257.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. FRASCINO, MJ, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 PIONEER DRIVE

City ELLINGTON	State CT	Zip Code 06029-3221
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Mktg
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2402316543707

Amount of Each Receipt this Period

14.00

 Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

B. KEPLEY CARRIER, ANGELA DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN	State NC	Zip Code 27282-8717
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Med Clin Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2402317743707

Amount of Each Receipt this Period

20.00

 Memo Item

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

C. LEVI-BAUMGARTEN, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4800 W 27TH ST

City SAINT LOUIS PARK	State MN	Zip Code 55416-1933
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir Gen Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2402317943707

Amount of Each Receipt this Period

20.00

 Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	54.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 246
	<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 (United for Health)

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) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2402318243707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCGRATH, STACY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 CHOWEN AVE S
 City EDINA State MN Zip Code 55410-2759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2402318543707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. CRANLEY, SHELLEY WIKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3801 MAURICE COURT
 City LAS VEGAS State NV Zip Code 89108-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR240244443707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	237.30
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 52 OF 246
	<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 (United for Health)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ANLIKER, JAY M, , ,

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU	State WI	Zip Code 54401-8543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2402445043707

Amount of Each Receipt this Period
20.00

Memo Item

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

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BECKER, JAMES H, , ,

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA	State MN	Zip Code 55391-1559
-----------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SVP Ops
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3653.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2402445143707

Amount of Each Receipt this Period
192.30

Memo Item

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

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLEMAN, JAMES C, , ,

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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2402445243707

Amount of Each Receipt this Period
100.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	312.30
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 53 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LARSEN, JOHN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3847.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2402445643707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HIGA, JOY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2402446243707
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. 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 ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2405428843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	414.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 246
	<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 (United for Health)

A. SAELENS, KAREN ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 N FLORENCE AVE
 City LITCHFIELD PARK State AZ Zip Code 85340-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2408544843707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. WEE, KATHLYN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 46TH ST NW
 City WASHINGTON State DC Zip Code 20007-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP State Sls Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3804.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2408545043707
 Amount of Each Receipt this Period 199.20
 Memo Item
 P/R Deduction (\$199.20 Bi-Weekly)

C. CORZINE, JEFFREY SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9350 TRACEYTON DRIVE
 City DUBLIN State OH Zip Code 43017-9689
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437119743707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	239.20
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 55 OF 246
	<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 (United for Health)

A. HAGAN, WILLIAM A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6536 E GREYTHORN DRIVE
 City SCOTTSDALE State AZ Zip Code 85266-6761
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Hlth Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437120043707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. JOHNSON-MILLS, RITA FAYE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 235 GOVERNORS WAY
 City BRENTWOOD State TN Zip Code 37027-8931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 323.46

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437120143707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WEISS, JACK S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6245 NORTH 75 STREET
 City SCOTTSDALE State AZ Zip Code 85250-4621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437120543707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	101.92
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 56 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. BALTHAZOR, PAUL JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9013 FARNSWORTH AVENUE NORTH

City BROOKLYN PARK	State MN	Zip Code 55443-1754
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Bus Segment COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3608.00	

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2437120743707

Amount of Each Receipt this Period
232.00

Memo Item

P/R Deduction (\$232.00 Bi-Weekly)

B. NESS, LAURA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10550 PINNACLE WAY

City WOODBURY	State MN	Zip Code 55129-4282
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) 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 ▼ 780.00	

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2437121543707

Amount of Each Receipt this Period
39.00

Memo Item

P/R Deduction (\$39.00 Bi-Weekly)

C. COSGRIFF, JOHN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1837 SUMMIT LANE

City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Strategy
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 3653.90	

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2437121643707

Amount of Each Receipt this Period
192.30

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....▶	463.30
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 57 OF 246
	<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 (United for Health)

A. EDELSON, BRETT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437127143707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

B. RAINEY, PETER W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 WEST 47 STREET
 City MINNEAPOLIS State MN Zip Code 55410-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3735.65

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2437127543707
 Amount of Each Receipt this Period 210.71
 Memo Item
 P/R Deduction (\$210.71 Bi-Weekly)

C. LIPPERT, ROBIN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address UNIT 9600 BOX 2
 City DPO State AP Zip Code 96209-0002
 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 ▼ 3846.02

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2439928043707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	448.46
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 58 OF 246
	<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 (United for Health)

A. HEYMAN, STEPHEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.02

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2444265743707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LANGER, DONALD S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2445015443707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. LIND, NANCY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2703 NORTHVIEW LANE
 City CEDAR FALLS State IA Zip Code 50613-1655
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2445016243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	226.30
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 59 OF 246
	<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 (United for Health)

A. ADLINGTON SHKABERIN, AMY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4329 EWING AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2637.30

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2445016443707
 Amount of Each Receipt this Period 143.77
 Memo Item
 P/R Deduction (\$143.77 Bi-Weekly)

B. KRAJNOVICH, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9958 BUTTOWNDOWN LANE
 City ZIONSVILLE State IN Zip Code 46077-8135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2460167343707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. RENFRO, LARRY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 DOVE LANE
 City ANDOVER State MA Zip Code 01810-2845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VICE CHAIRMAN & CEO Optum
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2460168143707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	356.07
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 60 OF 246
	<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 (United for Health)

A. ORBUCH, DAVID B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2220 CEDAR LAKE PKWY
 City MINNEAPOLIS State MN Zip Code 55416-3644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2460168243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. WEXLER, ERIC J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324-3081
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2463723143707
 Amount of Each Receipt this Period 32.00
 Memo Item
 P/R Deduction (\$32.00 Bi-Weekly)

C. WALKOWSKI, KAREN LAUREAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6359 COUNTRY ROAD
 City EDEN PRAIRIE State MN Zip Code 55346-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mngng Cnslt HHS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 208.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2463723443707
 Amount of Each Receipt this Period 26.07
 Memo Item
 P/R Deduction (\$26.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	154.22
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 61 OF 246
	<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 (United for Health)

A. SCHICK, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1220 DENBIGH LANE
 City WAYNE State PA Zip Code 19087-4644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2480620543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ABBOTT, CHRISTOPHER MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W154N6076 HICKORY HOLLOW CT
 City MENOMONEE FALLS State WI Zip Code 53051-5891
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2484541543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. BURNS, MATTHEW A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2724 BISON DRIVE
 City EDMOND State OK Zip Code 73034-3475
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2076.92

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2484541743707
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	331.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 246
	<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 (United for Health)

A. PHILLIPS, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1760 LUCY RIDGE CT
 City CHANHASSEN State MN Zip Code 55317-7661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3741.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2484542643707
 Amount of Each Receipt this Period 209.79
 Memo Item
 P/R Deduction (\$209.79 Bi-Weekly)

B. MANDERFELD, THOMAS B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3760 WEST CALHOUN PARKWAY
 City MINNEAPOLIS State MN Zip Code 55410-1118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Capital Mkt Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2486697943707
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. MCMAHON, DIRK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WILDHURST ROAD
 City EXCELSIOR State MN Zip Code 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP ENTRPRS OPS/TECH
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3745.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2491457043707
 Amount of Each Receipt this Period 209.09
 Memo Item
 P/R Deduction (\$209.09 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	458.88
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 63 OF 246
	<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 (United for Health)

A. NATHAN, DONALD H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 275 GREENWICH STREET #30
 City NEW YORK State NY Zip Code 10007-2150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.77

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2491457343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SULLIVAN, KATHRYN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 N LAKE SHORE DR # 2309
 City CHICAGO State IL Zip Code 60611-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO E&I Regions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2491457543707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. TOOMB, MARTIN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 STANLEY TERRACE
 City DOVER State NJ Zip Code 07801-1605
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2538641543707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	304.30
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 64 OF 246
	<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 (United for Health)

A. SMITH, KARA V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 610 CRESTWOOD DRIVE
 City ALEXANDRIA State VA Zip Code 22302-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2540175343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. EDWARDS, HYLLIUS R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1541 S VINE STREET
 City DENVER State CO Zip Code 80210-2835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2541300443707
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. PURDY, PATRICIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7417 LYNNHURST STREET
 City CHEVY CHASE State MD Zip Code 20815-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1963.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2541300643707
 Amount of Each Receipt this Period 98.15
 Memo Item
 P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	340.45
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 65 OF 246
	<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 (United for Health)

A. TIERNEY, JOELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5710 TAYCHOPERA RD
 City MADISON State WI Zip Code 53705-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2541300743707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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 ▼ 1923.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2541300843707
 Amount of Each Receipt this Period 96.16
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

C. 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 ▼ 762.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2542541943707
 Amount of Each Receipt this Period 39.56
 Memo Item
 P/R Deduction (\$39.56 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	174.18
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 66 OF 246
	<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 (United for Health)

A. RAMSAY, RICHARD E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2542542243707
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. 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) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2542542343707
 Amount of Each Receipt this Period 30.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

C. YAU, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9905 WOODLAND DRIVE
 City SILVER SPRING State MD Zip Code 20902-4047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2543582543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	118.46
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 67 OF 246
	<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 (United for Health)

A. COMBS, CHANTA G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 SUMMERTREE DRIVE
 City TALLAHASSEE State FL Zip Code 32311-3331
 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 ▼ 4769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552313543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PACE, JEANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 458 MORENO ROAD
 City WYNNEWOOD State PA Zip Code 19096-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552313743707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. ALTER, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 WOODLAND ROAD
 City PORT JEFFERSON State NY Zip Code 11777-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.84

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552960243707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	269.76
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:	PAGE 68 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. BROOKS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2750 FOUNTAIN LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552961043707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. BRUNELL, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 VERMILION CLIFFS
 City ALISO VIEJO State CA Zip Code 92656-8096
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552961243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. BRYANT, JEREMY VAUGHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552961343707
 Amount of Each Receipt this Period 35.00
 Memo Item
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 246
	<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 (United for Health)

A. EHLMAN, MICHAEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148-7602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552962243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. FLANNERY, SCOTT F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552962343707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. HANNAN, CLAIRE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552962743707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	92.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 246
	<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 (United for Health)

A. 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 ▼ 400.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552963843707
 Amount of Each Receipt this Period 20.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. LOVELADY, JOHN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6268 ORCHARD PARK
 City FRISCO State TX Zip Code 75034-5126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552964243707
 Amount of Each Receipt this Period 208.33
 Memo Item
 P/R Deduction (\$208.33 Bi-Weekly)

C. MACLEOD, JULIE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372-3614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Human Capital Partner Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552964443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	242.33
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 71 OF 246
	<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 (United for Health)

A. MARTO, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203-5502
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552964743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. MATTSON, CARL A, , ,
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552964843707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MORRIS, MICHAEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2624 N HARTLAND COURT
 City CHICAGO State IL Zip Code 60614-4955
 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 ▼ 292.26

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552965043707
 Amount of Each Receipt this Period 15.38
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	43.38
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 72 OF 246
	<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 (United for Health)

A. PAULUS, LESLIE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 E TUCKEY LN
 City PHOENIX State AZ Zip Code 85012-1048
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552965243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. PEKA, GARY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8350 CRABAPPLE COURT
 City VICTORIA State MN Zip Code 55386-8200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Six Sigma
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552965343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. POTTER JR, DONALD W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 FULLER LANE
 City WINNETKA State IL Zip Code 60093-4213
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552965443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 (United for Health)

A. SAMSEL, KRISTINE G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484-5835
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552965743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. STREIT, BARRY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5421 KELLOGG AVENUE
 City EDINA State MN Zip Code 55424-1604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1122.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552966743707
 Amount of Each Receipt this Period 62.86
 Memo Item
 P/R Deduction (\$62.86 Bi-Weekly)

C. TINKER, ANN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 HUNTER FLAT STREET
 City LAS VEGAS State NV Zip Code 89138-1110
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552966843707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	90.86
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 74 OF 246
	<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 (United for Health)

A. WACKER, AARON C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364-1877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2552967043707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. NAASZ, SCOTT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14327 BLUEBIRD TRAIL NE
 City PRIOR LAKE State MN Zip Code 55372-1204
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2553474743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. RAYBURN, MONICA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5127 JACKSON PONDS CT
 City SUGAR LAND State TX Zip Code 77479-4656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2553475143707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 246
	<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 (United for Health)

A. THOMAS, RICHARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5121 DUPONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1151
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2553475443707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. 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 ▼ 3847.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2553475543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ZERAF A, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61234 ADMIRAL DRIVE
 City WASHINGTON TOWNSHIP State MI Zip Code 48094-1242
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2553475743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	303.30
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 246
	<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 (United for Health)

A. FLAGSTAD, KARSTEN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3714.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2554013043707
 Amount of Each Receipt this Period 214.28
 Memo Item
 P/R Deduction (\$214.28 Bi-Weekly)

B. MEYER, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044-4678
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2554013143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MOORE, THOMAS W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626-1718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sls Dir Care Mgmt & Del
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2554013243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	242.28
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 77 OF 246
	<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 (United for Health)

A. REIDY, GREGORY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 MCGAVOCK RD
 City BRENTWOOD State TN Zip Code 37027-5197
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2554013343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. FERREIRA, ALICE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BRITTANY AVENUE
 City TRUMBULL State CT Zip Code 06611-1105
 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 ▼ 730.83

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2554208143707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ALEXANDER, JOY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 NORTH TIOGA WAY
 City LAS VEGAS State NV Zip Code 89149-5830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560064143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.46
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:	PAGE 78 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. BENNETT, JIM L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3724 PINE TIP ROAD
 City TALLAHASSEE State FL Zip Code 32312-1016
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560064243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. CLUTE, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560064443707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. GAZELEY, PAULA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 36 MAYFAIR ROAD
 City WYNANTSKILL State NY Zip Code 12198-8018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA VP Clnt Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560064843707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 246
	<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 (United for Health)

A. GIANCURSIO, DONALD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3847.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560064943707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. JONES, JERI L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2932 E MADISON VISTAS DR
 City PHOENIX State AZ Zip Code 85016-4981
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1827.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065143707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. KUNEMUND, GREGG J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9040 RIVERBEND MANOR
 City ALPHARETTA State GA Zip Code 30022-1813
 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 ▼ 1202.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065343707
 Amount of Each Receipt this Period 78.81
 Memo Item
 P/R Deduction (\$78.81 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	367.26
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 80 OF 246
	<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 (United for Health)

A. 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 ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065443707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. LUCHT, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 FOUR SEASONS DRIVE
 City ALTON State NH Zip Code 03809-4872
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Act Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065643707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARONEY, KEVIN MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5052 NORMAN DRIVE
 City MINNETONKA State MN Zip Code 55345-4636
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	208.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 246
	<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 (United for Health)

A. MELNYK, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 MONROE STREET
 City GARFIELD State NJ Zip Code 07026-1825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 268.66

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560065943707
 Amount of Each Receipt this Period 14.14
 Memo Item
 P/R Deduction (\$14.14 Bi-Weekly)

B. 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 ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560066043707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. O'BRYANT, WILLIAM B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22191 WESTCLIFF
 City MISSION VIEJO State CA Zip Code 92692-4310
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560066143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	67.14
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 82 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. PERRIER, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3161 EMERALD VALLEY ROAD
 City ELLICOTT CITY State MD Zip Code 21042-1013
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560066243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. ROWE, DONALD G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 LANTERN LANE
 City MAYNARD State MA Zip Code 01754-2171
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560066543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. VAIL, DENISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 CLEVELAND AVENUE
 City SAYVILLE State NY Zip Code 11782-1322
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560066843707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 246
	<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 (United for Health)

A. DATTA, DEBRA COLLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1415 A STREET SE
 City WASHINGTON State DC Zip Code 20003-1524
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560398043707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. DICKMAN, KRISTA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2533 ONYX DRIVE
 City SHAKOPEE State MN Zip Code 55379-2770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr III
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560398143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. KOREAN, GEORGE N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23426 VILLENA
 City MISSION VIEJO State CA Zip Code 92692-1861
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560398543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. NOEL, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 FREMONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560398843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WULF, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 N 11TH ST
 City WAUSAU State WI Zip Code 54403-5004
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560398943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 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 ▼ 1826.91

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560821143707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	302.49
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 85 OF 246
	<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 (United for Health)

A. O'BRIEN, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 BARRINGTON DRIVE
 City BEDFORD State NH Zip Code 03110-5601
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560821443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. PERO, MARIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 516 APPLE LANE
 City HARLEYSVILLE State PA Zip Code 19438-2549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2560821543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. LUND, BRIAN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 464 EAST NORTH AVE
 City GRANTSBURG State WI Zip Code 54840-7423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2561457643707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 246
	<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 (United for Health)

A. CAVANAUGH, LARRY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 520 NE 20TH ST # 1010
 City WILTON MANORS State FL Zip Code 33305-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DENTAL BENEFIT PROV INC Occupation (for Individual) Spc Ben Govt Dntl Sls Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2563211043707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BARTON, JACQULYN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1587 112 TH COURT WEST
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2563211243707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. MILLER, ARTHUR R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 W BAY STREET UNIT 306
 City TAMPA State FL Zip Code 33606-2738
 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 ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564296943707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	184.45
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 87 OF 246
	<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 (United for Health)

A. MACKENZIE, ANDREW C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564297143707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. SWANSON, STEPHEN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493-1159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564297343707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. DAMATO, ELLEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1300 DALHART DRIVE
 City ALLEN State TX Zip Code 75013-5339
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564802243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. WILLSON, JOSH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 ADAMS CT
 City COLLEYVILLE State TX Zip Code 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben KA SB RVP Sls
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564802543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. CARLSON, CHRISTOPHER CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cnsmr & Cust Experience
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2436.35

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564802643707
 Amount of Each Receipt this Period 427.27
 Memo Item
 P/R Deduction (\$427.27 Bi-Weekly)

C. HANSEN, PAUL DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Controller Mkt Grp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564802743707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.27
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:	PAGE 89 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. GOODWIN, MARYELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746-4103
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564802943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. KENNY, KATHERINE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882-2301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803243707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. MARDEN, PAUL O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417-1707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803343707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 92.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 246
	<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 (United for Health)

A. MOQUIST, DARREN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 NICOLLET MALL #507
 City MINNEAPOLIS State MN Zip Code 55403-2408
 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 ▼ 1923.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803443707
 Amount of Each Receipt this Period 96.16
 Memo Item
 P/R Deduction (\$96.16 Bi-Weekly)

B. BELLMAN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 VAN WINKLE LN
 City AUSTIN State TX Zip Code 78739-1694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. WRIGHT, LISA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 VOLERRAN PATH LANE
 City MISSOURI CITY State TX Zip Code 77459-1167
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803743707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	124.16
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 91 OF 246
	<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 (United for Health)

A. O'HARE, TAMMY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 SAINT GEORGE WAY
 City BROOKEVILLE State MD Zip Code 20833-3265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564803943707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BERNS, DEBRA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 GALLERIA UNIT 1705
 City EDINA State MN Zip Code 55435-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Complnc/Ethics Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3771.41

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564804043707
 Amount of Each Receipt this Period 204.73
 Memo Item
 P/R Deduction (\$204.73 Bi-Weekly)

C. HOFER, BARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10464 SHELTER GROVE
 City EDEN PRAIRIE State MN Zip Code 55347-4855
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2564804143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	257.73
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 92 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. WICKS, TIMOTHY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 44518

City EDEN PRAIRIE	State MN	Zip Code 55344-1518
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Pres OptumRx
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2269.20

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2565448643707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

B. CRAIG, DONNA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10761 INDEPENDENCE WAY

City CARMEL	State IN	Zip Code 46032-9333
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2565448843707

Amount of Each Receipt this Period
14.00

Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

C. KUNST, THOMAS C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4872 103RD STREET

City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 280.80

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2566302143707

Amount of Each Receipt this Period
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 246
	<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 (United for Health)

A. MANSUKHANI, NEIL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City WESTON State FL Zip Code 33331-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir PEO SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2567129443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. ZAMORE, DENISE V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 FELT ROAD
 City SOUTH WINDSOR State CT Zip Code 06074-3864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.90

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2567129543707
 Amount of Each Receipt this Period 208.18
 Memo Item
 P/R Deduction (\$208.18 Bi-Weekly)

C. ARNONE, WENDY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5243 E DESERT PARK LANE
 City PARADISE VALLEY State AZ Zip Code 85253-3015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2568900543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	414.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 246
	<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 (United for Health)

A. PARRILLO, CHRISTOPHER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 WEXCROFT DRIVE
 City BRENTWOOD State TN Zip Code 37027-3824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2571778243707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MOYER, BRUCE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18426 MAGENTA BAY
 City EDEN PRAIRIE State MN Zip Code 55347-1051
 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 ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2571778343707
 Amount of Each Receipt this Period 39.00
 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 ▼ 901.34

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2571978743707
 Amount of Each Receipt this Period 66.44
 Memo Item
 P/R Deduction (\$66.44 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	143.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 246
	<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 (United for Health)

A. ROBINSON, MARCUS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 590 SPENDER TRACE
 City DUNWOODY State GA Zip Code 30350-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sales - Harken
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572588943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. JACQUET, SHAUN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4332 FOREST RIDGE DRIVE
 City SUAMICO State WI Zip Code 54313-8557
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572589343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. SMITH, THOMAS E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1502 EAST AVENUE NORTH
 City ONALASKA State WI Zip Code 54650-7003
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572589543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 246
	<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 (United for Health)

A. CARLSON, KEVIN JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 BROWDALE AVENUE
 City EDINA State MN Zip Code 55424-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1860.64

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572590043707
 Amount of Each Receipt this Period 106.54
 Memo Item
 P/R Deduction (\$106.54 Bi-Weekly)

B. WACKER, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2747 WEST VIEW DRIVE
 City NEW PRAGUE State MN Zip Code 56071-8989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Solution Sales Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572590143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. BECK, JOANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3200 N LAKE SHORE DR UNIT 2306
 City CHICAGO State IL Zip Code 60657-3929
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572590343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	134.58
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 246
	<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 (United for Health)

A. O'BRIEN, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 764 TOPAZ STREET
 City NEW ORLEANS State LA Zip Code 70124-3624
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572590643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. HARGIS, JAMES R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 ROSEDALE
 City EDMOND State OK Zip Code 73013-6638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572590743707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. MILLER, KIMBERLEY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 CELONOVA PLACE
 City FOOTHILL RANCH State CA Zip Code 92610-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2572591243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. WIFFLER, THOMAS P, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1421 SOMERFIELD DRIVE

City BOLINGBROOK	State IL	Zip Code 60490-3207
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2572992743707

Amount of Each Receipt this Period
192.30

Memo Item

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

B. GROZDANICH, PATTI E, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6600 W 100TH TERRACE

City OVERLAND PARK	State KS	Zip Code 66212-1629
-----------------------	-------------	------------------------

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 ▼
265.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2573518843707

Amount of Each Receipt this Period
16.59

Memo Item

P/R Deduction (\$16.59 Bi-Weekly)

C. SHAW, AMY LYNN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11844 DUNHILL ROAD

City EDEN PRAIRIE	State MN	Zip Code 55344-3238
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Controller Mkt Grp
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2574971343707

Amount of Each Receipt this Period
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	222.93
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 99 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. 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 ▼ 340.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574977143707
 Amount of Each Receipt this Period 22.72
 Memo Item
 P/R Deduction (\$22.72 Bi-Weekly)

B. RICHARD, DARYL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 WEST RIDGE DRIVE
 City WEST HARTFORD State CT Zip Code 06117-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574979043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HARE, LESLIE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9029 SHEEP RANCH CT
 City LAS VEGAS State NV Zip Code 89143-5432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Clms
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574979443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	50.76
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 100 OF 246
	<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 (United for Health)

A. IERVOLINO, TINA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 DARTMOOR ROAD
 City EAST HANOVER State NJ Zip Code 07936-3912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Med Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574984443707
 Amount of Each Receipt this Period 20.27
 Memo Item
 P/R Deduction (\$20.27 Bi-Weekly)

B. SIMPSON, TRENT L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3111 NORCREST AVE N
 City STILLWATER State MN Zip Code 55082-1779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 738.99

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574985043707
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

C. CIANFROCCO, HEATHER R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2799 WEST BARDONNER ROAD
 City GIBSONIA State PA Zip Code 15044-8462
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2574986243707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	256.04
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 101 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2574988243707

Amount of Each Receipt this Period
39.00

Memo Item

P/R Deduction (\$39.00 Bi-Weekly)

B. LANG JACOBSEN, HEATHER A, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11382 MOUNT CURVE RD

City EDEN PRAIRIE	State MN	Zip Code 55347-2918
----------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Deputy Gen Counsel Mgr
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
571.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2574991443707

Amount of Each Receipt this Period
71.43

Memo Item

P/R Deduction (\$71.43 Bi-Weekly)

C. ALLAZETTA, DAVID W, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 339 DARTMOUTH HILLS STREET

City LAS VEGAS	State NV	Zip Code 89138-1544
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2574995443707

Amount of Each Receipt this Period
96.15

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	206.58
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 102 OF 246
	<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 (United for Health)

A. WILLIAMS, JOSEPH RANDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1478 BETHAN DRIVE
 City SUMMERFIELD State NC Zip Code 27358-9179
 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 ▼ 380.96

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575008843707
 Amount of Each Receipt this Period 47.62
 Memo Item
 P/R Deduction (\$47.62 Bi-Weekly)

B. KEMMER, HEIDI S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 WEST ROCKROSE PLACE
 City CHANDLER State AZ Zip Code 85248-4208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 268.66

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575021343707
 Amount of Each Receipt this Period 14.14
 Memo Item
 P/R Deduction (\$14.14 Bi-Weekly)

C. DUNCAN, MICHELE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3038 FAIRWAY CIRCLE
 City CHASKA State MN Zip Code 55318-3408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3425.84

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575029643707
 Amount of Each Receipt this Period 201.52
 Memo Item
 P/R Deduction (\$201.52 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	263.28
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 103 OF 246
	<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 (United for Health)

A. VAN HOLMES, LORI A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4117 BRYANT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575030943707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. O'BRIEN, JENNIFER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4371 BENT TREE LANE
 City EAGAN State MN Zip Code 55123-3054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575034543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MADDOX, JEFFREY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5708 SOUTHWESTERN BLVD
 City DALLAS State TX Zip Code 75209-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575039543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	303.30
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 104 OF 246
	<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 (United for Health)

A. DONNAY, JULENE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17763 OAKLAND DRIVE NE
 City HAM LAKE State MN Zip Code 55304-4527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Sourcing Prcrmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575046243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. HEATH, SEAN W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1292 CASTLE CT
 City GOLDEN VALLEY State MN Zip Code 55427-4453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575048743707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. LINDSAY, VIVIAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 SW 39 ST
 City DAVIE State FL Zip Code 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1826.93

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575054943707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	126.78
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 105 OF 246
	<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 (United for Health)

A. CLACKO, MARY ANN GAVINSKI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16616 78TH AVENUE NORTH
 City MAPLE GROVE State MN Zip Code 55311-3707
 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 ▼ 538.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575057943707
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. MCCARTY, CARY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8800 RUMFIELD RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575059443707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. ALLEN, MARK T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 691.51

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575060243707
 Amount of Each Receipt this Period 51.41
 Memo Item
 P/R Deduction (\$51.41 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	167.33
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 106 OF 246
	<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 (United for Health)

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

City MINNETONKA	State MN	Zip Code 55305-3460
FEC ID number of contributing federal political committee. C		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Gen Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2575062243707

Amount of Each Receipt this Period
20.00

Memo Item

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

B. SWAN, RICK L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2554 CHRISTIAN PKWAY

City CHASKA	State MN	Zip Code 55318-1986
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.44

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2575062643707

Amount of Each Receipt this Period
16.59

Memo Item

P/R Deduction (\$16.59 Bi-Weekly)

C. ENLOW, MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 103 LOCUST GROVE LANE

City VERSAILLES	State KY	Zip Code 40383-8807
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 265.44

Date of Receipt
10 / 19 / 2016
Transaction ID : PR2575071043707

Amount of Each Receipt this Period
16.59

Memo Item

P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	53.18
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 107 OF 246
	<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 (United for Health)

A. NICHOLS, SANDRA B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12706 YOUNG LANE
 City NORTH POTOMAC State MD Zip Code 20878-6112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Shared Svs Regn CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575074543707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. BECK, RALPH B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W155 N5314 SHARPTAIL COURT
 City MENOMONEE FALLS State WI Zip Code 53051-6771
 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 ▼ 266.76

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575074943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SHELLEY, MATTHEW M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13197 NW HELEN LANE
 City PORTLAND State OR Zip Code 97229-7045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Natl Clin Cvrge Review
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 340.80

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575075243707
 Amount of Each Receipt this Period 22.72
 Memo Item
 P/R Deduction (\$22.72 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	132.91
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 108 OF 246
	<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 (United for Health)

A. BURNAM, DEBRA K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 740 VORTEX AVE
 City HENDERSON State NV Zip Code 89002-6514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Dir Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.79

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575076243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CALAMIA, EDITH A, , ,
 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 ▼ 208.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575076643707
 Amount of Each Receipt this Period 26.07
 Memo Item
 P/R Deduction (\$26.07 Bi-Weekly)

C. UPCHURCH, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5780 VICTORIA CT
 City WESTERVILLE State OH Zip Code 43082-8680
 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 ▼ 730.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575084443707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	78.57
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 109 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. PERRY, BEVERLY-JANE, , ,			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 24 LORUSSO DRIVE			Transaction ID : PR2575096043707
City ATTLEBORO	State MA	Zip Code 02703-5212	Amount of Each Receipt this Period 20.27
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Ntwk Prgms	P/R Deduction (\$20.27 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.24	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JACOBY, CHARLES, , ,			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 3315 IRVING AVE			Transaction ID : PR2575099243707
City MINNEAPOLIS	State MN	Zip Code 55408-3321	Amount of Each Receipt this Period 16.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir IT	P/R Deduction (\$16.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CHAMPION, PHEBE M, , ,			Date of Receipt MM / DD / YYYY 10 / 19 / 2016
Mailing Address 34 REYBURN DRIVE			Transaction ID : PR2575108343707
City HENDERSON	State NV	Zip Code 89074-2760	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Health Plan of Nevada		Occupation (for Individual) Dir Cust Service	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	61.27
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 110 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LYDON, SCOTT THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 PLOWBOY PATH
 City COMMACK State NY Zip Code 11725-1410
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575122243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. HUNT, ZOE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4030 SERANGO COURT
 City WEST LINN State OR Zip Code 97068-2840
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575136243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. DEWALL, PATRICK J, , ,
 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) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1704.45

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575145343707
 Amount of Each Receipt this Period 113.63
 Memo Item
 P/R Deduction (\$113.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	141.63
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 111 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. MCGANN, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 VILLAGE ROAD
 City FLORHAM PARK State NJ Zip Code 07932-2415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575146943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. BEECHER, KELLY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7640 CURIOSITY AVE
 City LAS VEGAS State NV Zip Code 89131-4792
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575161143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. 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) Optum360 Services Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575163543707
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.08
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 112 OF 246
	<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 (United for Health)

A. CASSANO, SCOTT G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4855 BUCKHORN BUTTE COURT
 City LAS VEGAS State NV Zip Code 89149-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575164443707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. HAMANN, CHAD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7638 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575170143707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

C. COSTIN, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3109 SHADY SPRINGS DRIVE
 City LOUISVILLE State KY Zip Code 40299-4575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Sr SIs Exe
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575180743707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	164.68
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 113 OF 246
	<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 (United for Health)

A. WIELAND, MICHAEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6741 EAST SHADOW LAKE DRIVE
 City CIRCLE PINES State MN Zip Code 55014-1348
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575181643707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MCGUIRE, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 CUMBERLAND ROAD
 City WEST HARTFORD State CT Zip Code 06119-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3681.25

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575185443707
 Amount of Each Receipt this Period 219.77
 Memo Item
 P/R Deduction (\$219.77 Bi-Weekly)

C. MELLO, STEPHANIE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 65 CLARK LANE
 City SWANSEA State MA Zip Code 02777-4550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575191343707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 250.40
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 114 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. DEMARIS, PETER JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 OLIVER AVE S
 City MINNEAPOLIS State MN Zip Code 55405-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 647.02

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575191843707
 Amount of Each Receipt this Period 58.82
 Memo Item
 P/R Deduction (\$58.82 Bi-Weekly)

B. MOORE, KRISTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3021 ROSEDALE AVENUE
 City DALLAS State TX Zip Code 75205-1451
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575194443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. STAMM, MICHAEL PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6721 MOSSY GLEN DR
 City FORT MYERS State FL Zip Code 33908-4771
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575194643707
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	112.82
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 115 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GRANBERG, MITCHELL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6721 GALWAY DRIVE
 City EDINA State MN Zip Code 55439-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1855.07

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575196143707
 Amount of Each Receipt this Period 107.47
 Memo Item
 P/R Deduction (\$107.47 Bi-Weekly)

B. FRANCIS, KEVIN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15815 MINNETONKA BLVD
 City MINNETONKA State MN Zip Code 55345-1410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575203343707
 Amount of Each Receipt this Period 47.61
 Memo Item
 P/R Deduction (\$47.61 Bi-Weekly)

C. STORDAHL, PAUL E, , ,
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575213043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	169.12
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 116 OF 246
	<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 (United for Health)

A. MARTIN, PETER J, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7091 HIGHOVER DRIVE

City CHANHASSEN	State MN	Zip Code 55317-7572
--------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575213643707

Amount of Each Receipt this Period
15.00

Memo Item

P/R Deduction (\$15.00 Bi-Weekly)

B. SHORS, MATTHEW MACKINNON, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4649 EWING AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55410-1745
---------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Sr Deputy Gen Counsel
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3596.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575222343707

Amount of Each Receipt this Period
214.15

Memo Item

P/R Deduction (\$214.15 Bi-Weekly)

C. GILPIN JR, HOWARD CHARLES, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL	State PA	Zip Code 19422-3481
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir Act Cnslt
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575224943707

Amount of Each Receipt this Period
39.00

Memo Item

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	268.15
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 117 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. KIRKPATRICK, SUSAN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 417 STERLING STREET
 City LANCASTER State MA Zip Code 01523-1847
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575233643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. RUSSELL, THOMAS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10205 GROOMSBRIDGE ROAD
 City JOHNS CREEK State GA Zip Code 30022-5645
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Empl Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575238643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. CHOATE, THOMAS C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8222 STONE MASON CT
 City WINDERMERE State FL Zip Code 34786-5624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575247843707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.46
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 118 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHETTY, PRASANNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 HOYA ST
 City RANCHO MISSION VIEJO State CA Zip Code 92694-1283
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr IT Sys Anlys
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 681.75

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575252043707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

B. KORF, GRETCHEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2120 WESTON LANE N
 City PLYMOUTH State MN Zip Code 55447-2372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575252243707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. BROOMFIELD, ROBERT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 WEST 156TH STREET
 City OVERLAND PARK State KS Zip Code 66221-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC SIs RVP KA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.43

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575260443707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	89.68
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 119 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ZAFFIRIS, NICHOLAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1581 ISLAND WAY
 City WESTON State FL Zip Code 33326-3623
 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 ▼ 208.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575270643707
 Amount of Each Receipt this Period 26.07
 Memo Item
 P/R Deduction (\$26.07 Bi-Weekly)

B. JONES, TERRY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11856 NW 12TH MANOR
 City CORAL SPRINGS State FL Zip Code 33071-5035
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575279243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. ESSLINGER, JOHN J, , ,
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575288943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	54.11
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 120 OF 246
	<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 (United for Health)

A. MITTELBERGER, JAMES A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6155 GIRVIN DRIVE
 City OAKLAND State CA Zip Code 94611-2444
 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 ▼ 255.50

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575289643707
 Amount of Each Receipt this Period 18.25
 Memo Item
 P/R Deduction (\$18.25 Bi-Weekly)

B. BEAUREGARD, THOMAS RAYMOND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 161 SPRING VALLEY ROAD
 City RIDGEFIELD State CT Zip Code 06877-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575295143707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HEWITT, SCOTT A, , ,
 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 ▼ 269.62

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575296743707
 Amount of Each Receipt this Period 15.86
 Memo Item
 P/R Deduction (\$15.86 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	226.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 246
	<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 (United for Health)

A. MONAGHAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1655 EAST GLENHAVEN DRIVE
 City PHOENIX State AZ Zip Code 85048-9435
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575296843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CORN, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4430 KERTH MANOR DR
 City SAINT LOUIS State MO Zip Code 63128-3156
 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 ▼ 714.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575297343707
 Amount of Each Receipt this Period 47.61
 Memo Item
 P/R Deduction (\$47.61 Bi-Weekly)

C. MCEL RATH-JONES, MARY R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 AMHERST DRIVE
 City NEW ROCHELLE State NY Zip Code 10804-1800
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575302143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	75.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. HUGHES, ROBERT CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 68 OCEAN DRIVE
 City SEABROOK State NH Zip Code 03874-4712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575304243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CUEVAS, BRANDON E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 STRATHMORE
 City LADERA RANCH State CA Zip Code 92694-0549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575305643707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HUNT, BRADLEY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6636 W SHORE DR
 City EDINA State MN Zip Code 55435-1529
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1903.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575310443707
 Amount of Each Receipt this Period 99.44
 Memo Item
 P/R Deduction (\$99.44 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	305.78
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 123 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GRIMM, JAN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3608 WEST 85TH STREET
 City LEAWOOD State KS Zip Code 66206-1353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575314843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. DRAWZ, MATTHEW JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4848 SPARROW ROAD
 City MINNETONKA State MN Zip Code 55345-3219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575315943707
 Amount of Each Receipt this Period 26.07
 Memo Item
 P/R Deduction (\$26.07 Bi-Weekly)

C. GOLDBERG, JEFFREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575326943707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	79.11
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 124 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VAN HAM, COLLEEN HASTINGS, , ,

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 ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2575341943707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SIMONE, MICHAEL, , ,

Mailing Address **12 SCALIA COURT**

City HAMILTON	State NJ	Zip Code 08690-1363
-------------------------	--------------------	-------------------------------

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 ▼
266.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2575346743707

Amount of Each Receipt this Period
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
IMDIEKE, PATRICK R, , ,

Mailing Address **15900 WHITE PINE DRIVE**

City WAYZATA	State MN	Zip Code 55391-2125
------------------------	--------------------	-------------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
266.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2016

Transaction ID : PR2575347943707

Amount of Each Receipt this Period
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.54
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 246
	<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 (United for Health)

A. TELESKY, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575350943707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BROWN, SALLY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 192 HOMEWOOD DRIVE
 City CLINTON State NY Zip Code 13323-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575363643707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. ADAM, MATTHEW L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15607 SUMMIT DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2328
 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 ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575364043707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.63
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 126 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CIAVARELLA, TRACY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 LORRAINE DRIVE
 City BEACON FALLS State CT Zip Code 06403-1256
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575377943707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

B. WINKLER, YASMINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1429 WEST WIGWAM TRAIL
 City MOUNT PROSPECT State IL Zip Code 60056-2940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575390943707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. CROWE, ANGELA T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 CHRISTOPHER ST
 City MONTCLAIR State NJ Zip Code 07042-4206
 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 ▼ 243.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575391743707
 Amount of Each Receipt this Period 20.27
 Memo Item
 P/R Deduction (\$20.27 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	75.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. CORTEZ, GREGORIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 215 GASPAR BEND
 City CEDAR PARK State TX Zip Code 78613-4556
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575394343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. POST, LINDA LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6520 JAYCOX ROAD
 City GALENA State OH Zip Code 43021-9530
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575395243707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. BRATTEBO, CRAIG L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10202 HARMONY CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1818.08

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575397243707
 Amount of Each Receipt this Period 113.63
 Memo Item
 P/R Deduction (\$113.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	142.63
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 128 OF 246
	<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 (United for Health)

A. KING, STEVEN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 PINEBROOK ROAD
 City NASHUA State NH Zip Code 03062-2240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575403543707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

B. LOSE, JERI L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9995 DELL ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-3524
 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 ▼ 2000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575419843707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. MCGAVICK, KEVIN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 NOTTINGHAM COURT
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) C&S RVP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575421943707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	155.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. O'HARA, KARIN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575428743707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CASTILLO, EFREM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 307 JOLIET AVE
 City SAN ANTONIO State TX Zip Code 78209-5243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3409.05

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575441343707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

C. SPILKER, TIMOTHY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9801 MOHAWK LANE
 City LEAWOOD State KS Zip Code 66206-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 884.62

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575446343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	458.03
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 130 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HAUTMAN, MILLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 410 SYCAMORE CIRCLE
 City PLYMOUTH State MN Zip Code 55441-5667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1833.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575447143707
 Amount of Each Receipt this Period 111.08
 Memo Item
 P/R Deduction (\$111.08 Bi-Weekly)

B. BOOKER, ROBERT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16632 HANSON BLVD NW
 City ANDOVER State MN Zip Code 55304-2089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575447243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. FLOCCO, LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2100 E KATELLA AVENUE UNIT 419
 City ANAHEIM State CA Zip Code 92806-6070
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575448643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	139.12
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 131 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. GEHLBACH, THOMAS E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 YELLOWSTONE TRAIL
 City MINNETRISTA State MN Zip Code 55331-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.08

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575448843707
 Amount of Each Receipt this Period 20.81
 Memo Item
 P/R Deduction (\$20.81 Bi-Weekly)

B. RUNICE, PAUL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4622 BRUCE AVENUE
 City EDINA State MN Zip Code 55424-1123
 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 ▼ 266.64

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575451543707
 Amount of Each Receipt this Period 22.22
 Memo Item
 P/R Deduction (\$22.22 Bi-Weekly)

C. MURPHY, ERIC D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5201 BLAKE ROAD
 City EDINA State MN Zip Code 55436-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Enterprise Growth Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2857.12

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575453743707
 Amount of Each Receipt this Period 357.14
 Memo Item
 P/R Deduction (\$357.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	400.17
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 132 OF 246
	<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 (United for Health)

A. PEGG JR, JACK D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4917 KAMA LANE NE
 City ALBERTVILLE State MN Zip Code 55301-3536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575456043707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

B. SMITH, DAYNITA MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4828 ISLAND VIEW DR
 City MOUND State MN Zip Code 55364-9391
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575460643707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. STEWART, JUSTIN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 311 S YORKSHIRE CIRCLE
 City ANAHEIM State CA Zip Code 92808-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575464643707
 Amount of Each Receipt this Period 25.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	58.18
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:	PAGE 133 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. BARTHEL, THOMAS C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9713 HEMLOCK LANE NORTH
 City MAPLE GROVE State MN Zip Code 55369-3665
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575484343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. HAMILTON, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 216 STELLA GOLD
 City BUDA State TX Zip Code 78610-3632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575489443707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. WOLF, CLINTON V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2647 N SOUTHPORT
 City CHICAGO State IL Zip Code 60614-1227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575490943707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	125.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 134 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MACLAUCHLAN, DANIEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 780 CENTRAL AVENUE
 City GLENSIDE State PA Zip Code 19038-1701
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575492743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. RAMIREZ, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 CALAIS ROAD
 City RANDOLPH State NJ Zip Code 07869-3531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575502443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. SUNDAL, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 WEST 66TH ST
 City EDINA State MN Zip Code 55439-1429
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575502943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.04
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 135 OF 246
	<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 (United for Health)

A. WEBSTER, AMBER JIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2115 VALLEY ROAD
 City COSTA MESA State CA Zip Code 92627-3976
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575504843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. JONES, RICHARD L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8586 W CARBON CT
 City BOISE State ID Zip Code 83709-5195
 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 ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575509643707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. JOSEPH, MOLLY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2711 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305-2809
 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 ▼ 3840.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575521743707
 Amount of Each Receipt this Period 192.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	222.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. HEBERT, PAUL B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 GOVERNORS ROW
 City WEST HARTFORD State CT Zip Code 06117-1931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575522343707
 Amount of Each Receipt this Period 125.00
 Memo Item
 P/R Deduction (\$125.00 Bi-Weekly)

B. DI RE, BERNADETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 NORFOLK LANE
 City HOLLISTON State MA Zip Code 01746-2362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 611.05

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575522543707
 Amount of Each Receipt this Period 55.55
 Memo Item
 P/R Deduction (\$55.55 Bi-Weekly)

C. KAPLAN, ERIC J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 193 PARTRIDGE LANDING
 City GLASTONBURY State CT Zip Code 06033-2849
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575524043707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	194.55
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 137 OF 246
	<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 (United for Health)

A. COHEN, SANFORD P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CRESCENT LANE
 City LEVITTOWN State NY Zip Code 11756-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575526143707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

B. GREENBERG, JASON E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 630 STILSON CANYON ROAD
 City CHICO State CA Zip Code 95928-9179
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1136.35

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575526743707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

C. JETER, WILLIAM GARRISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9557 WOODRIDGE CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-2744
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575528143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	262.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 246
	<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 (United for Health)

A. HUNTER, ROBERT ALDEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9236 PRESTON PLACE
 City EDEN PRAIRIE State MN Zip Code 55347-3396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir M A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575528343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. HOLOVANIA, KRISTEN NOEL ANDERSON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1855.07

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575533043707
 Amount of Each Receipt this Period 107.47
 Memo Item
 P/R Deduction (\$107.47 Bi-Weekly)

C. HILL, JANE B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 34301 299TH PLACE
 City AITKIN State MN Zip Code 56431-5914
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 738.99

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575533143707
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	164.98
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 139 OF 246
	<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 (United for Health)

A. HAMLIN, THOMAS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575536243707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SULLIVAN, EILEEN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 671 PLANTATION KEY CIRCLE APT 103
 City OCOEE State FL Zip Code 34761-4665
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575537243707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. WENTZIEN, MICHAEL BARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 SUMMIT CIRCLE
 City CHANHASSEN State MN Zip Code 55317-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Optuml Cnslt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575540843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.09
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 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEINBRECHER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11053 POTOMAC LANE
 City FRISCO State TX Zip Code 75035-1226
 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 ▼ 1805.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575544543707
 Amount of Each Receipt this Period 115.70
 Memo Item
 P/R Deduction (\$115.70 Bi-Weekly)

B. BALCK, AMY LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N3681 VINE RD
 City FREEDOM State WI Zip Code 54913-6928
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575548443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. MORGAN, MARY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1504 TIROL DRIVE
 City INCLINE VILLAGE State NV Zip Code 89451-7911
 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 ▼ 260.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575550843707
 Amount of Each Receipt this Period 17.38
 Memo Item
 P/R Deduction (\$17.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	147.08
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 141 OF 246
	<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 (United for Health)

A. MOCK, CURTIS A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23 KELTON STREET
 City REHOBOTH State MA Zip Code 02769-2530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1847.73

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575579243707
 Amount of Each Receipt this Period 108.69
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

B. WINSOR, ELIZABETH C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 WILDERS PASS
 City CANTON State CT Zip Code 06019-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO NA Acct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3627.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575582843707
 Amount of Each Receipt this Period 209.79
 Memo Item
 P/R Deduction (\$209.79 Bi-Weekly)

C. HARRIS, EUGENE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2927 SHADY VIEW DR
 City HIGH POINT State NC Zip Code 27265-8230
 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 ▼ 714.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575585443707
 Amount of Each Receipt this Period 47.61
 Memo Item
 P/R Deduction (\$47.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	366.09
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 142 OF 246
	<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 (United for Health)

A. PETEROY, MICHAEL, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1004 PHILLIPS STREET

City VISTA	State CA	Zip Code 92083-7171
---------------	-------------	------------------------

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 ▼
1964.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575585643707

Amount of Each Receipt this Period
108.69

Memo Item

P/R Deduction (\$108.69 Bi-Weekly)

B. LYON, JAMIE L, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2069 CIRCLE DRIVE

City KRONENWETTER	State WI	Zip Code 54455-9062
----------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.73

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575585943707

Amount of Each Receipt this Period
19.21

Memo Item

P/R Deduction (\$19.21 Bi-Weekly)

C. DWYER, KATHLEEN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4852 EXCALIBUR DRIVE

City SYRACUSE	State NY	Zip Code 13215-9317
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
730.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2575590643707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	166.36
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 143 OF 246
	<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 (United for Health)

A. JORGE, DEBORAH A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 140 OLD BAY RD
 City BELCHERTOWN State MA Zip Code 01007-9348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Adv/Tech Cnslt Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575593643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. IVERSON, LISA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13341 CARRACH AVENUE
 City ROSEMOUNT State MN Zip Code 55068-4774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3741.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575603243707
 Amount of Each Receipt this Period 209.79
 Memo Item
 P/R Deduction (\$209.79 Bi-Weekly)

C. MCNUTT, DIANE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11524 ZION ROAD
 City BLOOMINGTON State MN Zip Code 55437-3636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3678.32

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575604543707
 Amount of Each Receipt this Period 220.28
 Memo Item
 P/R Deduction (\$220.28 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	444.07
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 144 OF 246
	<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 (United for Health)

A. THOMPSON, BRIAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575634643707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CLARK, TERRENCE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3771.41

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575636943707
 Amount of Each Receipt this Period 204.73
 Memo Item
 P/R Deduction (\$204.73 Bi-Weekly)

C. CABANILLAS, MARIA A, , ,
 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) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575637343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	257.23
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 145 OF 246
	<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 (United for Health)

A. COLLINS, NEIL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8465 MISSION HILLS LANE
 City CHANHASSEN State MN Zip Code 55317-7712
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575637643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. DAVIS, BENTON V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9825 NORTH 53RD PLACE
 City PARADISE VALLEY State AZ Zip Code 85253-1634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP GM Clin Comnty Ntwk
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3449.45

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575639243707
 Amount of Each Receipt this Period 258.41
 Memo Item
 P/R Deduction (\$258.41 Bi-Weekly)

C. 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 ▼ 214.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575648643707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	293.88
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 146 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. HERMAN, CRAIG S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9609 WYOMING CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3507.91

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575650243707
 Amount of Each Receipt this Period 248.67
 Memo Item
 P/R Deduction (\$248.67 Bi-Weekly)

B. VAN ERT, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 OAKWOOD RD
 City HOPKINS State MN Zip Code 55343-8532
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575650543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HAYHURST, JENNY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23A MOUNT HYGEIA ROAD
 City FOSTER State RI Zip Code 02825-1434
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575651843707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	276.71
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 147 OF 246
	<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 (United for Health)

A. MCFANN, ELENA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18925 24TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55447-2072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3644.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575654743707
 Amount of Each Receipt this Period 225.95
 Memo Item
 P/R Deduction (\$225.95 Bi-Weekly)

B. PIZZANO, KATHRYN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 STEBBINS FARM ROAD
 City PAWLING State NY Zip Code 12564-3109
 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 ▼ 267.67

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575662143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HUXLEY, JEFFREY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2465 EDGERTON ST
 City LITTLE CANADA State MN Zip Code 55117-1674
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575664243707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	256.58
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 148 OF 246
	<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 (United for Health)

A. ZIGLER, JANICE C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21 TREVINO CIRCLE
 City ANGEL FIRE State NM Zip Code 87710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3636.32

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575665643707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

B. ALLEN, CARL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8675 AZURE SKY DRIVE
 City LAS VEGAS State NV Zip Code 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southwest Medical Assoc. Inc. Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575669343707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. SANTA, ERIC S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2101 CAMILLO COURT
 City APEX State NC Zip Code 27502-9679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dvlp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575673943707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	287.74
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 246
	<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 (United for Health)

A. MITCHELL, JILL K, , ,
 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 ▼ 292.34

Date of Receipt 10 / 19 / 2016
Transaction ID : PR257568343707
 Amount of Each Receipt this Period 15.38
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

B. SCHROEDER, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3305 TOWN TRAIL
 City BROOKFIELD State WI Zip Code 53045-2640
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575683743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. STIDMAN, CHRISTOPHER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3714.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575683843707
 Amount of Each Receipt this Period 214.15
 Memo Item
 P/R Deduction (\$214.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	243.57
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 150 OF 246
	<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 (United for Health)

A. 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 ▼ 690.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575685743707
 Amount of Each Receipt this Period 57.50
 Memo Item
 P/R Deduction (\$57.50 Bi-Weekly)

B. FINE, BRETT M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 607 STONINGTON ROAD
 City SILVER SPRING State MD Zip Code 20902-1547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 684.19

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575692843707
 Amount of Each Receipt this Period 52.63
 Memo Item
 P/R Deduction (\$52.63 Bi-Weekly)

C. BRASCHAYKO, AVIS ZEITHAMER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10163 MISSISSIPPI BLVD
 City COON RAPIDS State MN Zip Code 55433-4531
 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 ▼ 307.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575695743707
 Amount of Each Receipt this Period 15.38
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	125.51
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 151 OF 246
	<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 (United for Health)

A. FARRELL, STEPHEN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 MAJOR DOANE RD
 City WELLFLEET State MA Zip Code 02667-7836
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575696243707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MOORE, EDWARD D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3110 N CHESTNUT ST APT 106
 City CHASKA State MN Zip Code 55318-4594
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575702743707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

C. PROKOCKI, ELIZABETH SOBERG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9746 SUNSET HILL DR
 City LONE TREE State CO Zip Code 80124-6720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1826.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575705843707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	156.08
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 152 OF 246
	<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 (United for Health)

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 ▼ 3742.08

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575708843707
 Amount of Each Receipt this Period 209.63
 Memo Item
 P/R Deduction (\$209.63 Bi-Weekly)

B. CRANDALL, KIM M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6016 BRIGIDS CLOSE DRIVE
 City DUBLIN State OH Zip Code 43017-3428
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575731243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HELLAND, ROBYN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9089 PARTRIDGE RD
 City MINNETRISTA State MN Zip Code 55375-4513
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575733843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	237.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KNORR, MOLLY LOUISE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1144 PROSPECT AVENUE
 City HARTFORD State CT Zip Code 06105-1124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Risk Adjustment
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575735443707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. 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 ▼ 1615.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575735743707
 Amount of Each Receipt this Period 147.48
 Memo Item
 P/R Deduction (\$147.48 Bi-Weekly)

C. KRAL, JESSICA C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4358 COOLIDGE AVE
 City SAINT LOUIS PARK State MN Zip Code 55424-1020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 714.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575736143707
 Amount of Each Receipt this Period 47.61
 Memo Item
 P/R Deduction (\$47.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	233.55
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 154 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CESARETTI, GINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5020 CIRCLE DOWN
 City GOLDEN VALLEY State MN Zip Code 55416-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1739.04

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575739043707
 Amount of Each Receipt this Period 108.69
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

B. STRICKLAND, JULIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3207 SUNNYWOOD DRIVE
 City FULLERTON State CA Zip Code 92835-1858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Advrtsng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575740943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. WAITE, STEPHANIE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 S HORIZON DR
 City APPLETON State WI Zip Code 54915-5851
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Prod Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575743243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	136.73
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 155 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PORTZ, THOMAS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 SHERIDAN HILLS RD
 City WAYZATA State MN Zip Code 55391-2327
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575744543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. DOMER, HERBERT R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2715 IONE COURT
 City COLUMBUS State OH Zip Code 43235-2810
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575756043707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. LOWE, JANET G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2439 BROADMONT DRIVE
 City CHESTERFIELD State MO Zip Code 63017-7801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acct Mgmt TPA
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575758643707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.08
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 156 OF 246
	<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 (United for Health)

A. CUNNINGHAM, MICHAEL J, , ,
 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 ▼ 292.34

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575767843707
 Amount of Each Receipt this Period 15.38
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

B. MONTOYA, MATTHEW D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12370 BRADFORD DR
 City PARKER State CO Zip Code 80134-3609
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575777643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. ROEPKE, KRISTIN K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11828 200TH STREET
 City SILVER LAKE State MN Zip Code 55381-6069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Human Capital Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR257577743707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 45.97
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 157 OF 246
	<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 (United for Health)

A. MULLINS, CHRISTOPHER J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15560 SMITHFIELD PLACE
 City CENTREVILLE State VA Zip Code 20120-4901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575778743707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. MORRIS, CAROLYN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 1744
 City SHIPROCK State NM Zip Code 87420-1744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Assc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 267.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575780943707
 Amount of Each Receipt this Period 14.08
 Memo Item
 P/R Deduction (\$14.08 Bi-Weekly)

C. MADDUX, SUSAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16426 FARMERS MILL LANE
 City CHESTERFIELD State MO Zip Code 63005-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Pharm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575783843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	47.35
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 246
	<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 (United for Health)

A. MAURER, CARRIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2899 EDGEWATER COVE
 City WOODBURY State MN Zip Code 55125-8705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1636.35

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575798143707
 Amount of Each Receipt this Period 109.09
 Memo Item
 P/R Deduction (\$109.09 Bi-Weekly)

B. HJERPE, ADAM C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13932 UTAH AVE S
 City SAVAGE State MN Zip Code 55378-2159
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3695.63

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575806243707
 Amount of Each Receipt this Period 217.39
 Memo Item
 P/R Deduction (\$217.39 Bi-Weekly)

C. RUSSELL, LAURIE ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575812143707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	365.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MECKEY, SAMUEL JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1828 WYNDAM DRIVE
 City SHAKOPEE State MN Zip Code 55379-5437
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3823.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575814543707
 Amount of Each Receipt this Period 196.15
 Memo Item
 P/R Deduction (\$196.15 Bi-Weekly)

B. MILLER, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27409 W 108 STREET
 City OLATHE State KS Zip Code 66061-7533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1769.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575819843707
 Amount of Each Receipt this Period 88.47
 Memo Item
 P/R Deduction (\$88.47 Bi-Weekly)

C. SEXTON, ELLEN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15346 FISH POINT ROAD
 City PRIOR LAKE State MN Zip Code 55372-1948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Growth Strat & Sls Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575823243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	380.77
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 160 OF 246
	<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 (United for Health)

A. MCNATT, RICK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 WHITNEY VALLEY WALK
 City JOHNS CREEK State GA Zip Code 30097-2462
 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 ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575824943707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

B. BRADLEY, JOEL F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 WHITE MOSS PLACE
 City FRANKLIN State TN Zip Code 37064-8628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575825843707
 Amount of Each Receipt this Period 18.46
 Memo Item
 P/R Deduction (\$18.46 Bi-Weekly)

C. KAUFMAN, PHILIP R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1680 NORTH FARM ROAD
 City ORONO State MN Zip Code 55356-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Spclty Ben Visn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2260.55

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575829843707
 Amount of Each Receipt this Period 123.25
 Memo Item
 P/R Deduction (\$123.25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	187.16
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 161 OF 246
	<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 (United for Health)

A. HUNTLEY, MICHELLE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19503 HARMONY AVE
 City ROGERS State MN Zip Code 55374-4843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1877.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575832043707
 Amount of Each Receipt this Period 103.68
 Memo Item
 P/R Deduction (\$103.68 Bi-Weekly)

B. HARPER, JENNIFER L B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8206 WEST 16TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55426-1904
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575835543707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. MANDELL, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 720 MISSION HILL WAY
 City COLORADO SPRINGS State CO Zip Code 80921-2672
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575837843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	134.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 246
	<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 (United for Health)

A. BEESON, MARY JANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 279 OAK COMMON AVENUE
 City SAINT AUGUSTINE State FL Zip Code 32095-6803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Adv/Tech Cnslt Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1909.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575839543707
 Amount of Each Receipt this Period 98.46
 Memo Item
 P/R Deduction (\$98.46 Bi-Weekly)

B. HARRISON, CHARLES M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10603 MILLET SEED HILL
 City COLUMBIA State MD Zip Code 21044-4150
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575840343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. BOROCH, BLAIR WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 BELFRY DRIVE
 City BLUE BELL State PA Zip Code 19422-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 319.92

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575849943707
 Amount of Each Receipt this Period 26.66
 Memo Item
 P/R Deduction (\$26.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	139.16
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 163 OF 246
	<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 (United for Health)

A. GOLDEN, WILLIAM J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SOUND COURT
 City NORTHPORT State NY Zip Code 11768-3527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575859343707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. COTTINGTON, NYLE BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6630 EMPIRE COURT
 City MAPLE GROVE State MN Zip Code 55311-3433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 744.12

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575865343707
 Amount of Each Receipt this Period 42.66
 Memo Item
 P/R Deduction (\$42.66 Bi-Weekly)

C. DAMATO, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 349 KING STREET
 City NAUGATUCK State CT Zip Code 06770-1505
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575872043707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	153.81
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 246
	<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 (United for Health)

A. PEZHMAN, PAYMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14801 CRESTVIEW LANE
 City MINNETONKA State MN Zip Code 55345-4602
 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 ▼ 1847.73

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575883543707
 Amount of Each Receipt this Period 108.69
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

B. LIPPITT, PAMELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 944 RILEY WILLS ROAD
 City LEBANON State OH Zip Code 45036-9037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575884443707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. LANGAN, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 MEADOW LANE
 City BENSON State MN Zip Code 56215-1033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575885043707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	219.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 246
	<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 (United for Health)

A. PLOURDE, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3551 GUNSTON LANE
 City WOODBURY State MN Zip Code 55129-4918
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575885243707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

B. MCGOLDRICK, CHRISTOPHER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 MOUNTAIN TERRACE ROAD
 City WEST HARTFORD State CT Zip Code 06107-1533
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575930443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. MEDEIROS, MICHAEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7112 LANGMUIR DRIVE
 City MCKINNEY State TX Zip Code 75071-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575930643707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	74.51
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 166 OF 246
	<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 (United for Health)

A. ZITZER, CHRISTOPHER C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2848 FRANCE AVE S
 City ST LOUIS PARK State MN Zip Code 55416-4204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575933343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. MATTERA, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 483 HIGHCROFT ROAD
 City WAYZATA State MN Zip Code 55391-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575938443707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. STANDIG, LAUREN DANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8660 FARLEY WAY
 City FAIR OAKS State CA Zip Code 95628-5352
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575939843707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	221.34
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:	PAGE 167 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. CIRAFESI, JUDY L B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 RUNNER ROAD
 City SAVANNAH State GA Zip Code 31410-1619
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575953543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. KISCH, DAVID J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7715 GIBRALTER TERRACE
 City APPLE VALLEY State MN Zip Code 55124-6124
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575966043707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

C. PERLMAN, JUDITH GAGER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 CANTERBURY LANE PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568-5659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1162.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575968943707
 Amount of Each Receipt this Period 66.30
 Memo Item
 P/R Deduction (\$66.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	95.34
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 168 OF 246
	<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 (United for Health)

A. DICELLO, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5360 ANACALA CT
 City WESTERVILLE State OH Zip Code 43082-8352
 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 ▼ 280.00

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575977943707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. CHURCHILL, CAROL ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 BATTALION WAY
 City MOUNT JULIET State TN Zip Code 37122-6135
 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 ▼ 266.00

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575988343707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

C. GOLD, PAMELA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8370 DYNASTY WAY
 City SALT LAKE CITY State UT Zip Code 84121-6089
 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 ▼ 280.00

Date of Receipt **10 / 19 / 2016**
Transaction ID : PR2575988643707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 246
	<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 (United for Health)

A. SCHULTZ, STACY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 S XERXES AVENUE
 City MINNEAPOLIS State MN Zip Code 55410-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2575990943707
 Amount of Each Receipt this Period 83.33
 Memo Item
 P/R Deduction (\$83.33 Bi-Weekly)

B. SQUARRELL SHABLIN, KAREN I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1377 ROWLAND ROAD
 City LANGHORNE State PA Zip Code 19047-3106
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576017343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. SANN, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8326 ELKO DRIVE
 City ELLICOTT CITY State MD Zip Code 21043-6913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.74

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576026443707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	135.83
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 170 OF 246
	<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 (United for Health)

A. SONERHOLM, KIMBERLY K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7210 HEGGIE AVE
 City LAS VEGAS State NV Zip Code 89131-3233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576033243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. HOLZER SPARR, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 BRIDGHAM FARM ROAD
 City RUMFORD State RI Zip Code 02916-1304
 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 ▼ 243.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576034843707
 Amount of Each Receipt this Period 20.27
 Memo Item
 P/R Deduction (\$20.27 Bi-Weekly)

C. ADAMS, GAYLE Q, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 CANYON RIDGE DRIVE
 City SANDIA PARK State NM Zip Code 87047-8509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategic Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1826.93

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576040343707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.42
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 246
	<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 (United for Health)

A. BYRNES, CHRISTOPHER A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 IRVING PLACE
 City DULUTH State MN Zip Code 55812-1419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1136.35

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576042843707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

B. KANDALFT, KEVIN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4189 WINDSOR POINT PLACE
 City EL DORADO HILLS State CA Zip Code 95762-3797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576043643707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. STONE, LAURA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4854 JADI LANE
 City FRISCO State TX Zip Code 75033-2672
 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 ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576045143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	279.73
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 172 OF 246
	<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 (United for Health)

A. GROENENDAAL, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 N EUCLID
 City OAK PARK State IL Zip Code 60302-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Executive Compensation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576046243707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

B. VINCENT, BRYAN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4221 WEBSTER AVENUE S
 City SAINT LOUIS PARK State MN Zip Code 55416-3143
 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 ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576049143707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 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 ▼ 730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576051343707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 246
	<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 (United for Health)

A. JOHNSON, RESTOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305-2806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Entrprs Real Estate Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576051643707
 Amount of Each Receipt this Period 97.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

B. REX, JOHN F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3847.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576060043707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCEWAN, JOSHUA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4711 WEST 28TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55416-1927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576085743707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	334.75
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 174 OF 246
	<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 (United for Health)

A. DUDA, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5208 RICHWOOD DRIVE
 City EDINA State MN Zip Code 55436-2322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir M A
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1136.35

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576089943707
 Amount of Each Receipt this Period 227.27
 Memo Item
 P/R Deduction (\$227.27 Bi-Weekly)

B. DAHL, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4242 N CAPISTRANO DR APT 135
 City DALLAS State TX Zip Code 75287-4036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.62

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576100243707
 Amount of Each Receipt this Period 15.86
 Memo Item
 P/R Deduction (\$15.86 Bi-Weekly)

C. SCHELKIN, MIKHAIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 555 CANAL ST APT 1602
 City MANCHESTER State NH Zip Code 03101-1523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Software Engineer Cnslt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 262.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576103143707
 Amount of Each Receipt this Period 14.60
 Memo Item
 P/R Deduction (\$14.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	257.73
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 175 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JOHNSON, DARRIN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 BERTON COURT
 City MIDDLETOWN State DE Zip Code 19709-9932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.77

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576103743707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CASEY, TAMMY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 STEELE ROAD
 City NEW HARTFORD State CT Zip Code 06057-2621
 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 ▼ 260.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576107343707
 Amount of Each Receipt this Period 17.38
 Memo Item
 P/R Deduction (\$17.38 Bi-Weekly)

C. KIEWEL, NATHAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1137 PRAIRIE VIEW DR SW
 City HUTCHINSON State MN Zip Code 55350-6725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Apps Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576117543707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.84
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 246
	<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 (United for Health)

A. KENT, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13273 CARLINGFORD LANE
 City ROSEMOUNT State MN Zip Code 55068-6308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576119043707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TORGERSON, CHANDRA LUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5433 10TH AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55417-2413
 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 10 / 19 / 2016
Transaction ID : PR2576128643707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. KERAN, PATRICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6631 108TH CT
 City BROOKLYN PARK State MN Zip Code 55445-6503
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576137843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	91.50
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 177 OF 246
	<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 (United for Health)

A. NELSON, STEVEN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.82

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576144843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FRIDNER, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 782 PENFIELD DR
 City CAROL STREAM State IL Zip Code 60188-4738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP SIs/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576147543707
 Amount of Each Receipt this Period 39.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. BENSON, JEAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2419.54

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576310943707
 Amount of Each Receipt this Period 430.06
 Memo Item
 P/R Deduction (\$430.06 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	661.36
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 178 OF 246
	<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 (United for Health)

A. ELLIOTT III, THOMAS L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1880 SUGARLOAF CLUB DR
 City DULUTH State GA Zip Code 30097-7451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2576313343707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. KENIRY, DANIEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2577379343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LONG, PAUL NELSON, , ,
 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 Mktg Rsch
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 228.10

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578734943707
 Amount of Each Receipt this Period 22.81
 Memo Item
 P/R Deduction (\$22.81 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	311.26
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 179 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. IANNETTI, PATRICIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 DEER PARK DRIVE
 City CHESWICK State PA Zip Code 15024-9613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) IT Proj Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578735443707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

B. KOUZOUKAS, DEMETRIOS L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15552 57TH PLACE N
 City PLYMOUTH State MN Zip Code 55446-3737
 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 ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578740443707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. KRAUSE, PHIL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 VAN HOLTEN
 City BASKING RIDGE State NJ Zip Code 07920-3438
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Hlthcare Econ
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578742143707
 Amount of Each Receipt this Period 14.00
 Memo Item
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	131.62
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 180 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STRODE, KURT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MIRA SEGURA
 City RANCHO SANTA MARGARITA State CA Zip Code 92688-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578819243707
 Amount of Each Receipt this Period 14.42
 Memo Item
 P/R Deduction (\$14.42 Bi-Weekly)

B. ASNER, BARTLEY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 25 OFFSHORE
 City NEWPORT BEACH State CA Zip Code 92657-2162
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578819443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. DUFFEY, KRISTY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8906 WINGED FOOT DRIVE
 City PASADENA State MD Zip Code 21122-6670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578823243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	124.61
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:	PAGE 181 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. CIAVOLA, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1686 WILDFIRE LANE
 City FRISCO State TX Zip Code 75033-7325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578824343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. 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 ▼ 730.74

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578826743707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. COHEN, JAY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2613 VICTORIA DR
 City LAGUNA BEACH State CA Zip Code 92651-3948
 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 ▼ 1826.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2578829643707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	326.91
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 182 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. FARMER, RACHEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1929 ALBIZIA COURT
 City BATON ROUGE State LA Zip Code 70808-3973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 742.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2595208343707
 Amount of Each Receipt this Period 42.90
 Memo Item
 P/R Deduction (\$42.90 Bi-Weekly)

B. KONERU, VINAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3150 CARRICK RD
 City CUMMING State GA Zip Code 30040-6402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2595218443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. LONIGRO, ANTHONY S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3186 WEST CANYON AVE
 City SAN DIEGO State CA Zip Code 92123-5426
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2595225843707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	102.39
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 183 OF 246
	<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 (United for Health)

A. GROSCHEN, LAURA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3872 KENNET CIRCLE
 City EAGAN State MN Zip Code 55123-3952
 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 ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2595230943707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DUCAYET, JULIA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5508 HARRIET AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1830
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2595232943707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

C. SCOTT, WESTON PRICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 LAKE CAROLYN PKWY APT 4349
 City IRVING State TX Zip Code 75039-3999
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.40

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601125343707
 Amount of Each Receipt this Period 30.77
 Memo Item
 P/R Deduction (\$30.77 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	244.54
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 184 OF 246
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. SHORT, MARIANNE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2215 SUMMIT AVENUE
 City SAINT PAUL State MN Zip Code 55105-1002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601133543707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NEWTON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 654 W GOLDFINCH WAY
 City CHANDLER State AZ Zip Code 85286-4451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601133743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. PATRICK, ALLEN K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 W ESCALONES
 City SAN CLEMENTE State CA Zip Code 92672-5102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB Dir Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601136843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	220.38
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 246
	<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 (United for Health)

A. SWANSON, AMY N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 621 SPARROW WAY
 City WADSWORTH State OH Zip Code 44281-7716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.88

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601140743707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. MCBRIEN, ROBERT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 APPLETREE LANE
 City CARLE PLACE State NY Zip Code 11514-1321
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601148943707
 Amount of Each Receipt this Period 20.27
 Memo Item
 P/R Deduction (\$20.27 Bi-Weekly)

C. MOORE, DOUGLAS LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3900 BLACKJACK OAK LANE
 City PLANO State TX Zip Code 75074-7790
 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 ▼ 266.77

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2601149643707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	130.46
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 186 OF 246
	<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 (United for Health)

A. LESTER, SHAUNA MAHLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11830 SE 40TH CIRCLE

City BELLEVUE	State WA	Zip Code 98006-1143
------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Assc Dir Cust Service
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.44

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : PR2601154743707

Amount of Each Receipt this Period
16.59

Memo Item

P/R Deduction (\$16.59 Bi-Weekly)

B. KAPROW, MARC GORDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5079 SW 89TH AVE

City COOPER CITY	State FL	Zip Code 33328-3636
---------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : PR2601179043707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

C. HUDSON, JEFFREY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1536 BREWSTER DRIVE

City CARROLLTON	State TX	Zip Code 75010-6444
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Public Exchange Dir Bus Dev
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : PR2605703043707

Amount of Each Receipt this Period
14.00

Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	69.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. JACOBSEN, PAUL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 733 OAKWOOD DRIVE
 City NEW BRIGHTON State MN Zip Code 55112-6633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605714143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. RICKS, RHONDA PARKER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5084 JERICO ROAD
 City COLUMBIA State MD Zip Code 21044-5409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.64

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605733443707
 Amount of Each Receipt this Period 22.22
 Memo Item
 P/R Deduction (\$22.22 Bi-Weekly)

C. DAVIS, KELLY MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 N LEBANON ST
 City ARLINGTON State VA Zip Code 22205-1433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 730.86

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605734243707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	74.72
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 188 OF 246
	<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 (United for Health)

A. MALONE, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S 22ND ST
 City ARLINGTON State VA Zip Code 22202-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3769.08

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605736943707
 Amount of Each Receipt this Period 205.12
 Memo Item
 P/R Deduction (\$205.12 Bi-Weekly)

B. GINTHER, CHRISTINA ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1651 LAUREL AVENUE
 City SAINT PAUL State MN Zip Code 55104-6231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr IT Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605743443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. 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 ▼ 365.39

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2605760643707
 Amount of Each Receipt this Period 19.23
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	238.39
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 189 OF 246
	<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 (United for Health)

A. WEISSEL, MICHAEL E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1325 BOYLSTON ST
 City BOSTON State MA Zip Code 02215-3951
 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 ▼ 3762.16

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606842943707
 Amount of Each Receipt this Period 206.29
 Memo Item
 P/R Deduction (\$206.29 Bi-Weekly)

B. SONSTEGARD, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 ZENITH AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1413
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606844443707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. MATECZUN, JOHN MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403
 City LONGBOAT KEY State FL Zip Code 34228-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3653.88

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606845143707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	415.18
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 190 OF 246
	<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 (United for Health)

A. ZIESMANN, THOMAS KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2004 ESTES PARK ROAD
 City SOUTHLAKE State TX Zip Code 76092-3855
 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 ▼ 1826.97

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606854443707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. RAWLINSON, DORIEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4795 W RED ROCK DRIVE
 City LARKSPUR State CO Zip Code 80118-8413
 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 ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606854643707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. EYER, JAN V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6241 CRESTBROOK DRIVE
 City MORRISON State CO Zip Code 80465-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2606857543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	126.78
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 191 OF 246
	<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 (United for Health)

A. KENNEDY, SHELLEY L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 706 SUE BARNETT
 City HOUSTON State TX Zip Code 77018-5412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Service Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2607803043707
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. MARGRITZ, CYNTHIA ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16702 L STREET
 City OMAHA State NE Zip Code 68135-1324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2607806143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. ESPARZA, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4305 VISTA VERDE DRIVE
 City AUSTIN State TX Zip Code 78732-2493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Nurse Pract
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2607807843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	78.08
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:	PAGE 192 OF 246
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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 (United for Health)

A. CEGLIA, VINCENT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 CONTRY ACRES DRIVE
 City HAMPTON State NJ Zip Code 08827-4112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2608052043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SCHWARTZ, SHAWN DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 338 SNELLING AVE S
 City SAINT PAUL State MN Zip Code 55105-2048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2608059343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. LANDO, LISA MARIE, , ,
 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 ▼ 730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2608059543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	66.54
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 193 OF 246
	<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 (United for Health)

A. FLYNN, VIRGINIA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 VAN TERRACE
 City SPARKILL State NY Zip Code 10976-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2608061243707
 Amount of Each Receipt this Period 38.46
 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 ▼ 730.78

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2608061943707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HECK, ALLYN RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3233 BARRHITE STREET
 City PASADENA State CA Zip Code 91107-1254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2609810943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	90.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 246
	<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 (United for Health)

A. WRIGHT, NORMAN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5205 KELSEY TERRACE
 City EDINA State MN Zip Code 55436-1172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief of Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3823.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2609812343707
 Amount of Each Receipt this Period 196.15
 Memo Item
 P/R Deduction (\$196.15 Bi-Weekly)

B. FAULKNER, RYAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 W AVENIDA ALESSANDRO
 City SAN CLEMENTE State CA Zip Code 92672-4333
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2609813143707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

C. BAKER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 HIGHOVER TRAIL
 City CHANHASSEN State MN Zip Code 55317-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2612530543707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	313.77
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 195 OF 246
	<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 (United for Health)

A. DECKMANN, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 WEST 22 STREET #6F
 City NEW YORK State NY Zip Code 10011-2783
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2612534643707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. TAYLOR, SCOTT ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7927 RHODE ISLAND CIRCLE
 City BLOOMINGTON State MN Zip Code 55438-1194
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 363.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2613392343707
 Amount of Each Receipt this Period 22.72
 Memo Item
 P/R Deduction (\$22.72 Bi-Weekly)

C. KREJCI, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19865 LAKEVIEW AVENUE
 City EXCELSIOR State MN Zip Code 55331-9353
 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 ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2614310743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	136.76
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 196 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. LIBERATO, CHRISTINE P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2334 EAST CAROL AVENUE
 City PHOENIX State AZ Zip Code 85028-4613
 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 ▼ 300.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2614313843707
 Amount of Each Receipt this Period 15.00
 Memo Item
 P/R Deduction (\$15.00 Bi-Weekly)

B. VAIL, ABIGAIL LONDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3636 DEXTER DRIVE
 City TALLAHASSEE State FL Zip Code 32312-1022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2614315643707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. 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 ▼ 684.19

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615073443707
 Amount of Each Receipt this Period 52.63
 Memo Item
 P/R Deduction (\$52.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	106.09
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 197 OF 246
	<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 (United for Health)

A. VANNORMAN, SAMUEL O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6216 CONCORD AVE
 City EDINA State MN Zip Code 55424-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615086043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SOLOMON, RANDALL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.82

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615671543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BIRNBAUM, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1100.06

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615671643707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	152.50
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 198 OF 246
	<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 (United for Health)

A. PUEHLER, KAREN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3741 E DONALD DRIVE
 City PHOENIX State AZ Zip Code 85050-7369
 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 ▼ 738.99

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615679443707
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

B. NIEMYER, ELIZABETH S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9237 ENGLISH MEADOW WAY
 City LAYTONSVILLE State MD Zip Code 20882-1348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3678.32

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615682843707
 Amount of Each Receipt this Period 220.28
 Memo Item
 P/R Deduction (\$220.28 Bi-Weekly)

C. YOUNG, JENNIFER LORYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 321 CLINTON PLACE
 City HACKENSACK State NJ Zip Code 07601-2802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Client Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615929443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	277.79
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 199 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BAKSHI, BIKRAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9036 BRONSON DRIVE
 City POTOMAC State MD Zip Code 20854-4606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.27

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615954843707
 Amount of Each Receipt this Period 384.61
 Memo Item
 P/R Deduction (\$384.61 Bi-Weekly)

B. KIRBY, WESLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3213 SAGE BRUSH TRL
 City PLANO State TX Zip Code 75023-5631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Cnslt Bus Adv/Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2615957043707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. CAMACHO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 906 BLUEBIRD
 City MANCHACA State TX Zip Code 78652-4154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Mktg
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617361143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	412.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 246
	<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 (United for Health)

A. MIRVISS, ALAN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 73 DOWNEY
 City SAN FRANCISCO State CA Zip Code 94117-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617361743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. PASSINEAU, MEGHAN ROSE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 BUROAK DRIVE
 City HOPEWELL JUNCTION State NY Zip Code 12533-6434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 279.48

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617363643707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. TRAW, KEVIN JON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 13TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617365643707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	76.08
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 201 OF 246
	<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 (United for Health)

A. CHERRY, MARK LEE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 612 BEMIS HEIGHTS PL
 City SAINT CHARLES State MO Zip Code 63303-1752
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Data/Res Anlyst Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617922843707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. BAUBLIT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2201 RIDGEWIND WAY
 City WINDERMERE State FL Zip Code 34786-5823
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617927143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. PUTTERMAN, JAY DOUGLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 SUNNY REACH DRIVE
 City WEST HARTFORD State CT Zip Code 06117-1531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617931343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	42.12
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 202 OF 246
	<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 (United for Health)

A. JOHNSON, MARK OWEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8687 RILEY CURVE
 City CHANHASSEN State MN Zip Code 55317-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 876.95

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2617933943707
 Amount of Each Receipt this Period 46.15
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. BROWN, ROGER ALAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 EAST STATE AVE
 City PHOENIX State AZ Zip Code 85020-4940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2622557943707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. GARELLI, JOLENE A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 PROSPECT VIEW DRIVE
 City DUMMERSTON State VT Zip Code 05301-8875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) IT Proj Mgr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2622559243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	74.23
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 203 OF 246
	<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 (United for Health)

A. CAMPBELL, THERESA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1117 XERXES AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405-2128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.76

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2622562143707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. WENGER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 818 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3695.63

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2623703343707
 Amount of Each Receipt this Period 217.39
 Memo Item
 P/R Deduction (\$217.39 Bi-Weekly)

C. MILLER, JOHN SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3107 ECTOR
 City HOUSTON State TX Zip Code 77056-4037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 363.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2623704743707
 Amount of Each Receipt this Period 22.72
 Memo Item
 P/R Deduction (\$22.72 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	254.15
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 204 OF 246
	<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 (United for Health)

A. MULES, REBECCA HUMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 DOVER STREET
 City BALTIMORE State MD Zip Code 21230-2228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2624442643707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FULLER JESSEP, JENIFER JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14320 KEITH COURT
 City BROOMFIELD State CO Zip Code 80023-9584
 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 ▼ 1096.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2624445443707
 Amount of Each Receipt this Period 57.69
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. COLLETTE, CHRISTOPHER LOUIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 786 CAMBERWELL DRIVE
 City EAGAN State MN Zip Code 55123-3939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.77

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2625499543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	134.61
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 205 OF 246
	<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 (United for Health)

A. RELLER, TAMI, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6600 LONDONDERRY DRIVE

City EDINA	State MN	Zip Code 55436-1721
---------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Mkt Group CFO
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2625501943707

Amount of Each Receipt this Period
277.76

Memo Item

P/R Deduction (\$277.76 Bi-Weekly)

B. 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 ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2625532343707

Amount of Each Receipt this Period
38.46

Memo Item

P/R Deduction (\$38.46 Bi-Weekly)

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

Mailing Address 402 DERBY COURT

City MEBANE	State NC	Zip Code 27302-9452
----------------	-------------	------------------------

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 ▼
280.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		19		2016

Transaction ID : PR2626346043707

Amount of Each Receipt this Period
14.04

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	330.26
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 206 OF 246
	<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 (United for Health)

A. HINES, GREGORY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3660 SILVERWOOD RD
 City WEST SACRAMENTO State CA Zip Code 95691-5403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2626886543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. EBENSTEINER, BRYAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10495 OLYMPIC CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-2933
 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 ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2626912243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. STOCKSTAD, LYNNE DEANNE, , ,
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2626915543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	148.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 246
	<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 (United for Health)

A. MORRIS, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1045 SWEET GUM WAY
 City MEBANE State NC Zip Code 27302-6511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2627735543707
 Amount of Each Receipt this Period 17.38
 Memo Item
 P/R Deduction (\$17.38 Bi-Weekly)

B. SENDEN, SCOTT THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6285 BUTTERWORTH LANE
 City CORCORAN State MN Zip Code 55340-9406
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2627743443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. RANHEIM, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5228 ABBOTT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-2125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 714.15

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628329343707
 Amount of Each Receipt this Period 47.61
 Memo Item
 P/R Deduction (\$47.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	79.03
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 208 OF 246
	<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 (United for Health)

A. MANNING, KIM BARNES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12703 DEER CREEK DRIVE
 City OMAHA State NE Zip Code 68142-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628331443707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. VAN DER WALDE, LAMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Reform/Modernizatr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628332343707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BROERSE, DEBRA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 443 FARLEY DR
 City INDIANAPOLIS State IN Zip Code 46214-3572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628791343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	220.38
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 209 OF 246
	<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 (United for Health)

A. HANSEN, YVETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10524 MUIRFIELD DRIVE
 City NAPERVILLE State IL Zip Code 60564-8086
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Recruit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628807143707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

B. RILEY, LORI ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5636 JAMES AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2628834043707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 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 ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2629554543707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 151.20
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 210 OF 246
	<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 (United for Health)

A. WONG, MING TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21066 ASHLEY LANE
 City LAKE FOREST State CA Zip Code 92630-5867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1847.73

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2629556843707
 Amount of Each Receipt this Period 108.69
 Memo Item
 P/R Deduction (\$108.69 Bi-Weekly)

B. OTTESON, WILLIAM JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 OXFORD AVE
 City EDINA State MN Zip Code 55436-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 571.36

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632082543707
 Amount of Each Receipt this Period 71.42
 Memo Item
 P/R Deduction (\$71.42 Bi-Weekly)

C. NAPOLITANO, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 CHESTNUT COURT
 City BASKING RIDGE State NJ Zip Code 07920-3100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632087743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	194.15
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 211 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
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<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

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 ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632087843707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. TUFFIN, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632087943707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WALTER, JEFFREY D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1490 SETTLER ST
 City ELBURN State IL Zip Code 60119-7841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir IT Architecture
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632088843707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	326.91
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 212 OF 246
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. ORRICK, VERONICA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10403 SANTA RITA ST
 City CYPRESS State CA Zip Code 90630-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Ntwk Prgm Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632858543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. TEMPLE, MARTHA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 194 LITTLE LANE
 City DURHAM State CT Zip Code 06422-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1818.08

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632873643707
 Amount of Each Receipt this Period 113.63
 Memo Item
 P/R Deduction (\$113.63 Bi-Weekly)

C. WALTHOUR, JOHN ALAN, , ,
 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 ▼ 243.32

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632877043707
 Amount of Each Receipt this Period 17.38
 Memo Item
 P/R Deduction (\$17.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	145.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 246
	<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 (United for Health)

A. PLATT, LAWRENCE DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3830 KING STREET
 City ALEXANDRIA State VA Zip Code 22302-1906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2632880743707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SARGENT, GLORIA MARGARET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3659 HEMPSTEAD
 City SAINT CHARLES State MO Zip Code 63301
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634119343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. 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 ▼ 739.16

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634167043707
 Amount of Each Receipt this Period 43.48
 Memo Item
 P/R Deduction (\$43.48 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	249.82
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 214 OF 246
	<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 (United for Health)

A. ARIAN, LEE S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14077 ROBLAR ROAD
 City SHERMAN OAKS State CA Zip Code 91423-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Adv/Tech Cnslt Sr Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634167543707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. CASTILLO, FLORA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 202 N ROSBOROUGH AVE
 City VENTNOR CITY State NJ Zip Code 08406-2022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634177943707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. PRIBLE, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1923 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634656643707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	206.34
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 215 OF 246
	<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 (United for Health)

A. SCHEID, ADREAN ELISABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2700 WOODLEY ROAD NW #515
 City WASHINGTON State DC Zip Code 20008-4154
 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 ▼ 3076.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634880443707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCMAHON, THOMAS PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1808 LAUDERDALE ROAD
 City LOUISVILLE State KY Zip Code 40205-1624
 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 ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2634885143707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. PESCATELLO, SARA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1884 COLUMBIA ROAD NW APT #206
 City WASHINGTON State DC Zip Code 20009-5138
 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 ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR263488543707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	384.60
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 246
	<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 (United for Health)

A. ACQUAVIVA, GREGORY L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 COLLINS AVENUE
 City BLOOMFIELD State NJ Zip Code 07003-4505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1069.26

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2635331943707
 Amount of Each Receipt this Period 71.80
 Memo Item
 P/R Deduction (\$71.80 Bi-Weekly)

B. ROOS, THOMAS EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3199 KAGEN AVE NE
 City SAINT MICHAEL State MN Zip Code 55376-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2635451243707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NELSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3253 MARSCHALL RD
 City SHAKOPEE State MN Zip Code 55379-3337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Recruit Global
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 248.85

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636719343707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	280.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 246
	<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 (United for Health)

A. ADAMS, SCOTT MARTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7019 TRUMPETER SWAN LANE
 City MANASSAS State VA Zip Code 20112-3293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636726243707
 Amount of Each Receipt this Period 96.15
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. FAGERSTROM, BRADLEY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3736 ZENITH AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.60

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636728043707
 Amount of Each Receipt this Period 15.38
 Memo Item
 P/R Deduction (\$15.38 Bi-Weekly)

C. BARRA, JOSE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9688 GEISLER ROAD
 City EDEN PRAIRIE State MN Zip Code 55347-3562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636728843707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	303.83
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 218 OF 246
	<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 (United for Health)

A. GRIMES, MATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 SOUTH PERKINS ROAD
 City MEMPHIS State TN Zip Code 38117-3233
 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 ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636733343707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. SMITH, KENNETH JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 WASHINGTON ST #202
 City BOSTON State MA Zip Code 02118-2132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 738.99

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2636734543707
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

C. PEDERSEN, NICHOLAS MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1862 CLOVER MEADOW DR
 City CHASKA State MN Zip Code 55318-5400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2637684743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	71.55
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 219 OF 246
	<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 (United for Health)

A. LARSON, CHRISTINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3360 VISTA COURT
 City HASTINGS State MN Zip Code 55033-3347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Recovery/ReSols
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2637688743707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FLOOD, ANDREW PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4833 TOWNES ROAD
 City EDINA State MN Zip Code 55424-1239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Cnslt Data/Res Anlyst
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.80

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2637693243707
 Amount of Each Receipt this Period 14.04
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

C. HAUSCHLDT, TODD CURTIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1705 ESTATES TRAIL
 City BURNSVILLE State MN Zip Code 55306-5512
 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 ▼ 599.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2638114743707
 Amount of Each Receipt this Period 66.66
 Memo Item
 P/R Deduction (\$66.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	94.74
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 246
	<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 (United for Health)

A. FRY, BENJAMIN HOWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3115 BRIARCLIFF GABLES CIRCLE
 City ATLANTA State GA Zip Code 30329-2456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2638114943707
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ZEGLINSKI, MICHAEL G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 TRIMONT LANE #610A
 City PITTSBURGH State PA Zip Code 15211-1206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3643.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639701843707
 Amount of Each Receipt this Period 227.72
 Memo Item
 P/R Deduction (\$227.72 Bi-Weekly)

C. SKOMO, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4002 PHILLIPS COURT
 City MARS State PA Zip Code 16046-2140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharm Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 684.19

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639702743707
 Amount of Each Receipt this Period 52.63
 Memo Item
 P/R Deduction (\$52.63 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	318.81
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 221 OF 246
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. MESSING, KEITH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 BUTTERFIELD DR
 City GREENLAWN State NY Zip Code 11740-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 218.97

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639734943707
 Amount of Each Receipt this Period 24.33
 Memo Item
 P/R Deduction (\$24.33 Bi-Weekly)

B. THIERER, MARK A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 EAST WALTON UNIT 4701
 City CHICAGO State IL Zip Code 60611-5441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639773643707
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HINES, KIRSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 E BIRCHWOOD AVE
 City HINSDALE State IL Zip Code 60521-2802
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639786943707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	238.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 246
	<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 (United for Health)

A. NELSON, ELLEN RUTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 500 LAKESHORE DRIVE #3611
 City CHICAGO State IL Zip Code 60611-5157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 727.20

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2639795343707
 Amount of Each Receipt this Period 45.45
 Memo Item
 P/R Deduction (\$45.45 Bi-Weekly)

B. MOHORIC, MARGARET ELIZABETH B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 745 JEFFERSON NE
 City ALBUQUERQUE State NM Zip Code 87110-6203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 265.44

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640460043707
 Amount of Each Receipt this Period 16.59
 Memo Item
 P/R Deduction (\$16.59 Bi-Weekly)

C. WU, LAMBERT ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11008 CHERWELL COURT
 City LAS VEGAS State NV Zip Code 89144-4526
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 695.52

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640461643707
 Amount of Each Receipt this Period 43.47
 Memo Item
 P/R Deduction (\$43.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	105.51
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 223 OF 246
	<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 (United for Health)

A. STOW, CHRISTINA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4709 ALTON PL NW
 City WASHINGTON State DC Zip Code 20016-2041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3695.46

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640466443707
 Amount of Each Receipt this Period 217.38
 Memo Item
 P/R Deduction (\$217.38 Bi-Weekly)

B. BERKOWITZ, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 MORNINGSIDE DRIVE
 City LIVINGSTON State NJ Zip Code 07039-1811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3749.94

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640469243707
 Amount of Each Receipt this Period 208.33
 Memo Item
 P/R Deduction (\$208.33 Bi-Weekly)

C. SCHUTT, ERIC A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2675 TOWER ROAD
 City MC FARLAND State WI Zip Code 53558-9275
 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 ▼ 3500.00

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640846243707
 Amount of Each Receipt this Period 250.00
 Memo Item
 P/R Deduction (\$250.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	675.71
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 224 OF 246
	<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 (United for Health)

A. WAGNER, JOSEPH F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 904 SAXON HILL DRIVE
 City COCKEYSVILLE State MD Zip Code 21030-2906
 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 ▼ 333.24

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640875843707
 Amount of Each Receipt this Period 27.77
 Memo Item
 P/R Deduction (\$27.77 Bi-Weekly)

B. WITT, JULIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14273 WATERFORD SQUARE DRIVE
 City NEW BERLIN State WI Zip Code 53151-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Act Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.73

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640876043707
 Amount of Each Receipt this Period 19.21
 Memo Item
 P/R Deduction (\$19.21 Bi-Weekly)

C. WONG, PAMELA LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 342 EUCLID AVENUE
 City SAN FRANCISCO State CA Zip Code 94118-2723
 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 ▼ 218.97

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640876943707
 Amount of Each Receipt this Period 24.33
 Memo Item
 P/R Deduction (\$24.33 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	71.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 246
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MINTO, RYAN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1505 HERITAGE CLUB AVE
 City WAKE FOREST State NC Zip Code 27587-7698
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 714.30

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2640882443707
 Amount of Each Receipt this Period 47.62
 Memo Item
 P/R Deduction (\$47.62 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 ▼ 676.46

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642024143707
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

C. LIMBAGO, DANIEL FRANCISCO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9100 PIXIE COURT
 City FAIRFAX State VA Zip Code 22031-3119
 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 ▼ 249.73

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642027443707
 Amount of Each Receipt this Period 19.21
 Memo Item
 P/R Deduction (\$19.21 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	166.83
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 226 OF 246
	<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 (United for Health)

A. DASTVAR, DEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11540 QUAILWOOD MANOR DR
 City FAIRFAX STATION State VA Zip Code 22039-2034
 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 ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642028543707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

B. ALLEN, BRIAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2217 EAST COTTONWOOD COVE LANE
 City COTTONWOOD HEIGHTS State UT Zip Code 84121-5018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 243.70

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642034843707
 Amount of Each Receipt this Period 24.37
 Memo Item
 P/R Deduction (\$24.37 Bi-Weekly)

C. FOX, ELIZABETH NICOLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1021 NORTH GARFIELD STREET #30
 City ARLINGTON State VA Zip Code 22201-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1428.56

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642832043707
 Amount of Each Receipt this Period 178.57
 Memo Item
 P/R Deduction (\$178.57 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	224.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 246
	<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 (United for Health)

A. BUECHLER, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 E STREET NE
 City WASHINGTON State DC Zip Code 20002-6337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 236.17

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2642833943707
 Amount of Each Receipt this Period 21.47
 Memo Item
 P/R Deduction (\$21.47 Bi-Weekly)

B. HAMMOND, MICHAEL JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 244 NE 59TH TERR
 City TOPEKA State KS Zip Code 66617-1661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Prod Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 454.50

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2644644843707
 Amount of Each Receipt this Period 90.90
 Memo Item
 P/R Deduction (\$90.90 Bi-Weekly)

C. SCHACHER, ELIZABETH ALDEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3579 13TH ST NW APT 6
 City WASHINGTON State DC Zip Code 20010-2001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2692.27

Date of Receipt 10 / 19 / 2016
Transaction ID : PR2644918343707
 Amount of Each Receipt this Period 384.61
 Memo Item
 P/R Deduction (\$384.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	496.98
TOTAL This Period (last page this line number only).....	44029.16

**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 (United for Health)

Full Name (Last, First, Middle Initial) A. Hoosiers First PAC		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address 115 W Washington St Suite 1165		FEC Identification Number C C00492082 Transaction ID : 39976753
City Indianapolis	State IN	Zip Code 46204
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Hoosiers First PAC		Amount of Each Disbursement this Period 5000.00 Contribution
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Holding onto Oregon's Priorities		Date of Disbursement MM / DD / YYYY 10 / 01 / 2016
Mailing Address PO Box 3314		FEC Identification Number C C00392738 Transaction ID : 39977008
City Portland	State OR	Zip Code 97208
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Holding onto Oregon's Priorities		Amount of Each Disbursement this Period 5000.00 Contribution
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bill Flores for Congress		Date of Disbursement MM / DD / YYYY 10 / 04 / 2016
Mailing Address PO Box 6207		FEC Identification Number C C00472241 Transaction ID : 40011421
City Bryan	State TX	Zip Code 77805
Purpose of Disbursement Void - Bill Flores for Congress; check dated 7/8/16		Category/Type 011
Candidate Name Flores, Bill, , Rep.,		Amount of Each Disbursement this Period -5000.00 Void - Bill Flores for Congress; check dated 7/8/16
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX District: 17		

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. 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: 2016
 Primary General
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	1	6

FEC Identification Number

C C00472241

Transaction ID : 40011422

Amount of Each Disbursement this Period

5000.00

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: 2016
 Primary General
 Other (specify)

State: CA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	6

FEC Identification Number

C C00391029

Transaction ID : 40026175

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Norma Torres For Congress

Mailing Address 728 W Edna Place

City
Covina

State
CA

Zip Code
91722

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Torres, Norma, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	6

FEC Identification Number

C C00557652

Transaction ID : 40026180

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

10000.00

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 (United for Health)

Full Name (Last, First, Middle Initial) A. Schatz For Senate		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address PO Box 3828		FEC Identification Number C C00540732 Transaction ID : 40026183
City Honolulu	State HI	Zip Code 96812
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Schatz, Brian, , Sen.,		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: HI	District:	

Full Name (Last, First, Middle Initial) B. Moulton For Congress		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address PO Box 2013		FEC Identification Number C C00547240 Transaction ID : 40026184
City Salem	State MA	Zip Code 01970
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Moulton, Seth, , Rep.,		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: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MA	District: 06	

Full Name (Last, First, Middle Initial) C. Friends Of Dan Kildee		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address P.O. Box 248		FEC Identification Number C C00499947 Transaction ID : 40026186
City Flint	State MI	Zip Code 48501
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name Kildee, Daniel, , Rep.,		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: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MI	District: 05	

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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City Kansas City State MO Zip Code 64112

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Cleaver, Emanuel, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 05

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00395848

Transaction ID : 40026190

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Alma Adams For Congress

Mailing Address P.O. Box 31473

City Charlotte State NC Zip Code 28231

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Adams, Alma, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NC District: 12

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00546358

Transaction ID : 40026191

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Brad Ashford For Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Ashford, Brad, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NE District: 02

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00557181

Transaction ID : 40026195

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

3000.00

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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Donald Norcross For Congress

Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Norcross, Donald, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00558320

Transaction ID : 40026198

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Pallone, Frank, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00226928

Transaction ID : 40026203

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Amodei for Nevada

Mailing Address 503 N Division Street

City Carson City State NV Zip Code 89703

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Amodei, Mark, Eugene, Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: NV District: 02

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00496760

Transaction ID : 40026204

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

5500.00

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 (United for Health)

Full Name (Last, First, Middle Initial) A. Clarke For Congress		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 111-36 200th. Street		FEC Identification Number C 000415331 Transaction ID : 40026205
City Hollis	State NY	Zip Code 11412
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Clarke, Yvette, D., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 09	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Zeldin For Congress		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 47 Flintlock Drive		FEC Identification Number C 000552547 Transaction ID : 40026206
City Shirley	State NY	Zip Code 11967
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Zeldin, Lee, , Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: NY District: 01	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bob Brady for Congress		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 12518 Chilton Road		FEC Identification Number C 000333740 Transaction ID : 40026207
City Philadelphia	State PA	Zip Code 19154
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name Brady, Robert, A., Rep.,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Memo Item <input type="checkbox"/>
State: PA District: 01	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens For Boyle

Mailing Address PO Box 11545

City Philadelphia

State PA

Zip Code 19116

Purpose of Disbursement Contribution

011

Candidate Name

Boyle, Brendan, , Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C C00543363

Transaction ID : 40026208

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jim Clyburn

Mailing Address PO Box 12567

City Columbia

State SC

Zip Code 29211

Purpose of Disbursement Contribution

011

Candidate Name

Clyburn, James 'Jim', Enos, Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C C00255562

Transaction ID : 40026209

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach

State SC

Zip Code 29572

Purpose of Disbursement Contribution

011

Candidate Name

Rice, Tom, , Rep.,

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			06			2016			

FEC Identification Number

C C00506048

Transaction ID : 40026210

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

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)

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Marc Veasey Congressional Campaign Committee

Mailing Address PO Box 50084

City Fort Worth State TX Zip Code 76105

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Veasey, Marc, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: TX District: 33

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00506832

Transaction ID : 40026211

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. DelBene for Congress

Mailing Address PO Box 487

City Bothell State WA Zip Code 98041

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
DelBene, Suzan, K., Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00459099

Transaction ID : 40026212

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Moore For Congress

Mailing Address PO Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Moore, Gwendolynne, , Rep.,

Office Sought: House Senate President
Disbursement For: 2016
 Primary General Other (specify) ▼
State: WI District: 04

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00397505

Transaction ID : 40026213

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)..... ▶

4500.00

**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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Synergy PAC

Mailing Address 6849 Old Dominion Dr
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

Candidate Name
Synergy PAC

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00409623

Transaction ID : 40026214

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. The Madison PAC

Mailing Address 235 State Street
#206

City Springfield State MA Zip Code 01103

Purpose of Disbursement
Contribution

Candidate Name
The Madison PAC

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00426809

Transaction ID : 40026215

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Missourians for Accountability and Change (MACPAC)

Mailing Address 700 13th St NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name
Missourians for Accountability and Change (MACPAC)

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C C00431122

Transaction ID : 40026216

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. A New Direction PAC

Mailing Address 105 N State St

City Concord State NH Zip Code 03301

Purpose of Disbursement Contribution

Category/Type

Candidate Name
A New Direction PAC

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40026217

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Off the Sidelines PAC

Mailing Address PO Box 78182

City Washington State DC Zip Code 20013

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40026218

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Tenn Political Action Committee Inc (TENNPAC)

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Tenn Political Action Committee Inc (TENNPAC)

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 40026222

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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Country Roads PAC

Mailing Address PO Box 1387

City
Charleston

State
WV

Zip Code
25325

Purpose of Disbursement
Contribution

011

Candidate Name

Country Roads PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C00484402

Transaction ID : 40026271

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Wild and Wonderful PAC

Mailing Address 332 W Lee Hwy # 303

City
Warrenton

State
VA

Zip Code
20186

Purpose of Disbursement
Contribution

011

Candidate Name

Wild and Wonderful PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C00489336

Transaction ID : 40026272

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Country Roads PAC

Mailing Address PO Box 1387

City
Charleston

State
WV

Zip Code
25325

Purpose of Disbursement
Contribution

011

Candidate Name

Country Roads PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 12 / 2016

FEC Identification Number

C00484402

Transaction ID : 40066548

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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Country Roads PAC

Mailing Address PO Box 1387

City
Charleston

State
WV

Zip Code
25325

Purpose of Disbursement
Void - Country Roads PAC; check dated 10/14/16

011

Category/
Type

Candidate Name

Country Roads PAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

FEC Identification Number

C C00484402

Transaction ID : 40068105

Amount of Each Disbursement this Period

-2500.00

Memo Item dated 10/14/16

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

-2500.00

63500.00

**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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Bragg for State Representative

Mailing Address 63 Pinecrest Circle

City Sheridan State AR Zip Code 72150

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Bragg, Ken, , AR Rep.,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40026938
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Charlene Fite Campaign

Mailing Address 531 Pine Cliff Drive

City Van Buren State AR Zip Code 72956

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Fite, Charlene, , AR Rep.,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40026943
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Dismang for State Senate

Mailing Address PO Box 475

City Beebe State AR Zip Code 72012

Purpose of Disbursement Contribution

011
Category/
Type

Candidate Name
Dismang, Jonathan, , AR Sen.,

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40026945
Amount of Each Disbursement this Period
500.00
Contribution

Memo Item

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

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

1000.00

**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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Fredrick Love for State Representative District 29

Mailing Address PO Box 4963

City Little Rock State AR Zip Code 72214

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Love, Fredrick, , AR Rep.,

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : 40026949
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Jeremy Gillam

Mailing Address 1825 Missile Base Road

City Judsonia State AR Zip Code 72081

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Gillam, Jeremy, , AR Rep.,

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : 40026952
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Reginald Murdock

Mailing Address PO Box 1071

City Marianna State AR Zip Code 72360

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Murdock, Reginald, Kevin, AR Rep.,

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

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C
Transaction ID : 40026953
Amount of Each Disbursement this Period
250.00
Contribution

Memo Item

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

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

750.00

**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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Jane English Campaign

Mailing Address 3 Great Oak Court

City
North Little Rock

State
AR

Zip Code
72116

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

English, Jane, , AR Sen.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40027216

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Jeff Wardlaw for State Representative

Mailing Address PO Box 6025

City
Sherwood

State
AR

Zip Code
72124

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Wardlaw, Jeffrey, R., AR Rep.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40027635

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jim Hendren Campaign

Mailing Address 1607 Highway 72, S.E.

City
Gravette

State
AR

Zip Code
72736

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Hendren, Jim, , AR Sen.,

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40027907

Amount of Each Disbursement this Period

[REDACTED] 750.00

Contribution

Memo Item

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

[REDACTED] 1500.00

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 (United for Health)

Full Name (Last, First, Middle Initial) A. Robin Lundstrum Campaign		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 1327 Elm Springs Road		FEC Identification Number C [REDACTED] Transaction ID : 40028220 Amount of Each Disbursement this Period [REDACTED] 250.00 Contribution <input type="checkbox"/> Memo Item
City Springdale	State AR	Zip Code 72762
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Lundstrum, Robin, , AR Rep.,		
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. Vote Charlie Collins		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 3225 East Piper Glen		FEC Identification Number C [REDACTED] Transaction ID : 40028436 Amount of Each Disbursement this Period [REDACTED] 500.00 Contribution <input type="checkbox"/> Memo Item
City Fayetteville	State AR	Zip Code 72703
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Collins, Charlie, , AR Rep.,		
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) C. Committee to Elect James Coleman		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address 5389 Liverpool St.		FEC Identification Number C [REDACTED] Transaction ID : 40029744 Amount of Each Disbursement this Period [REDACTED] 100.00 Contribution <input type="checkbox"/> Memo Item
City Denver	State CO	Zip Code 80249
Purpose of Disbursement Contribution		Category/ Type 011
Candidate Name Coleman, James, , ,		
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:		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 850.00
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 (United for Health)

A. Committee to Elect Jim Smallwood

Full Name (Last, First, Middle Initial)

Mailing Address 9428 Mystic Ct.

City Parker State CO Zip Code 80138

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Smallwood, James, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40030248
Amount of Each Disbursement this Period
200.00
Contribution

Memo Item

B. Hansen for Colorado

Full Name (Last, First, Middle Initial)

Mailing Address 691 S. Vine St.

City Denver State CO Zip Code 80209

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Hansen, Christopher, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40030967
Amount of Each Disbursement this Period
200.00
Contribution

Memo Item

C. Jeff Bridges for Colorado

Full Name (Last, First, Middle Initial)

Mailing Address 7600 Landmark Way #805

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Bridges, Jeff, , ,

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y Y Y
10 / 06 / 2016

FEC Identification Number
C
Transaction ID : 40031547
Amount of Each Disbursement this Period
200.00
Contribution

Memo Item

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

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

600.00

**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 (United for Health)

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
Contribution

011

Category/
Type

Candidate Name

Herod, Leslie, , ,

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
10	/	06	/	2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40032468

Amount of Each Disbursement this Period

[REDACTED] 100.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Lucia Guzman for Colorado

Mailing Address 2090 Hooker St.

City
Denver

State
CO

Zip Code
80211

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Guzman, Lucia, , CO Sen.,

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40033367

Amount of Each Disbursement this Period

[REDACTED] 200.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Jay Costa Jr. for State Senate

Mailing Address 314 Newport Road

City
Pittsburgh

State
PA

Zip Code
15221

Purpose of Disbursement
Void - Jay Costa Jr. for State Senate; check dated 09/16/16

011

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

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

FEC Identification Number

C [REDACTED]

Transaction ID : 40079003

Amount of Each Disbursement this Period

[REDACTED] -1000.00

Void - Jay Costa Jr. for State Senate; check dated 09/16/16

Memo Item

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

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

[REDACTED] -700.00

[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 (United for Health)

Full Name (Last, First, Middle Initial)

A. 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 : 40079004
Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

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
Disbursement For: Primary General Other (specify) ▼
State: District:

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)..... ▶