

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 02 / 01 / 2018 through [MM] / [DD] / [YYYY] 02 / 28 / 2018

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

Signature of Treasurer *Sherwood, Susan, , ,* [Electronically Filed] Date 03 / 20 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		621080.35
(b) Cash on Hand at Beginning of Reporting Period.....	752097.50	
(c) Total Receipts (from Line 19) .....	129202.60	257335.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	881300.10	878415.48
7. Total Disbursements (from Line 31).....	102384.60	99499.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	778915.50	778915.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

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).....	100805.93	185992.90
(ii) Unitemized .....	28386.67	70292.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	129192.60	256285.13
(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) .....	129192.60	256285.13
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.).....	10.00	1050.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	129202.60	257335.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	129202.60	257335.13

**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.....	97000.00	97000.00
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 .....	384.60	499.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	384.60	499.98
29. Other Disbursements (Including Non-Federal Donations).....	5000.00	2000.00
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)) ..	102384.60	99499.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102384.60	99499.98

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	129192.60	256285.13
34. Total Contribution Refunds (from Line 28(d)) .....	384.60	499.98
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	128808.00	255785.15
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 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. GREENBERG, JASON, , ,**  
 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 ▼ 0.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : 42044455**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 Refund(s) on Schedule B Totaling \$384.60 This changes the YTD Total to \$0.00

**B. GAUDIO, JOSEPH G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 E MOUNTAIN VIEW RD  
 City PARADISE VALLEY State AZ Zip Code 85253-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159811849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159814749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	769.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159816149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159816949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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, UHG Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159827449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1159830049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 461.52

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1551133449171**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. CARR, ANTHONY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 THOROUGHFBRED LN  
 City SOUTHWEST RANCHES State FL Zip Code 33330-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP PEOs Trusts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1554323449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1554324349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 **02 / 28 / 2018**  
**Transaction ID : PR1575957349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1575957649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 307.68

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1575958149171**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. VALENTA, LEE D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5033 PARK TERRACE  
 City EDINA State MN Zip Code 55436-1098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1575958549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KELLY, JOHN W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 PLEASANT AVENUE  
 City SAINT PAUL State MN Zip Code 55102-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1575959749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	923.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1580865349171**  
 Amount of Each Receipt this Period 384.60  
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1596304149171**  
 Amount of Each Receipt this Period 200.00  
 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1596304349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	969.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1596305449171**  
 Amount of Each Receipt this Period 384.60  
 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1596305649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OBERRENDER, ROBERT W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4505 MOORLAND AVENUE  
 City EDINA State MN Zip Code 55424-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Treas & Chief Invstmnt Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1596307049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1596311649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUNLOP, RICHARD G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2964 WYSE COURT  
 City LEWIS CENTER State OH Zip Code 43035-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1596312349171**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. 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 02 / 28 / 2018  
**Transaction ID : PR1596315449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	969.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. ROSENTHAL, DANIEL I, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 VIA HERMOSA  
 City ORINDA State CA Zip Code 94563-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1596317349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1596317449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 400.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1600598549171**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 969.20  
**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 15 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. SANDY, LEWIS 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1600598749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PETERSON, MATTHEW W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2260 FOX STREET  
 City ORONO State MN Zip Code 55356-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1602669949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR1613243549171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR1613243749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR1653444349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. EMERSON, PAUL M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18855 MEADOW VIEW BLVD  
 City PRIOR LAKE State MN Zip Code 55372-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR1806750349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1903550749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR1903622049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 540.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2119476749171**  
 Amount of Each Receipt this Period 270.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1039.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2119477949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2119484949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2119486749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TUCKER, STEVEN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3784 8TH AVENUE  
 City SAN DIEGO State CA Zip Code 92103-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2119492049171**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**B. MASON, JOHN TYLER, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 N CRESCENT HEIGHTS BLVD  
 City LOS ANGELES State CA Zip Code 90048-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2126373849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2133132449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2133133249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2133133849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2133134249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 427.68

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2145728449171**  
 Amount of Each Receipt this Period 233.84  
 Memo Item  
 P/R Deduction (\$116.92 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2145729949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 461.52

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2225813649171**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	849.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 DRURY LANE  
 City WYCKOFF State NJ Zip Code 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2225818849171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2225819649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) VP Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2225819749171**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2247625849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2247626849171**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2247627349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2247627449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OHMAN, DANIEL L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 RIVERMERE WAY  
 City ATLANTA State GA Zip Code 30350-6346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2247628049171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. 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) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2259738449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 230.76

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2270522949171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. LOGAN, JAKE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4826 EAST CALLE REDONDA  
 City PHOENIX State AZ Zip Code 85018-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2402318249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BECKER, JAMES H, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 378 FERNDAL ROAD WEST  
 City WAYZATA State MN Zip Code 55391-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2402445149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. COLEMAN, JAMES C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 WEST 66TH STREET  
 City EDINA State MN Zip Code 55435-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2402445249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2402445649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2405428849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2408545049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FUENTEVILLA, ANA T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 N CALLE COLMADO  
 City TUCSON State AZ Zip Code 85718-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2437119849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2437120049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BALTHAZOR, PAUL JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9013 FARNSWORTH AVENUE NORTH  
 City BROOKLYN PARK State MN Zip Code 55443-1754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2437120749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2437121549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) SVP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2437121649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EDELSON, BRETT 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 Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2437127149171**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$200.00 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) SVP Corp Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2437127549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LIPPERT, ROBIN E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 A ST SE  
 City WASHINGTON State DC Zip Code 20003-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2439928049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1169.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2444265749171**  
 Amount of Each Receipt this Period **384.60**  
 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 ▼ 684.61

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2445015449171**  
 Amount of Each Receipt this Period **392.30**  
 Memo Item  
 P/R Deduction (\$196.15 Bi-Weekly)

**C. ADLINGTON SHKABERIN, AMY R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4329 EWING AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2445016449171**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1161.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2460168149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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) UHC International Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2460168249171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2463723149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. SCHICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 DENBIGH LANE  
 City WAYNE State PA Zip Code 19087-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2480620549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2484541749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KNARR, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4806 HUTCHINS PLACE NW  
 City WASHINGTON State DC Zip Code 20007-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2484542349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. TROPEANO, DANIEL R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 BROOKSIDE AVE  
 City WAYNE State PA Zip Code 19087-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 247.39

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2484542849171**  
 Amount of Each Receipt this Period 227.39  
 Memo Item  
 P/R Deduction (\$113.63 Bi-Weekly)

**B. 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) Optum Services, Inc Occupation (for Individual) Mkt Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2491457049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2491457349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	996.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2491457549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2540175349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2541300649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2541300749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 384.64

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2541300849171**  
 Amount of Each Receipt this Period 192.32  
 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 ▼ 230.76

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2542541949171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2543582549171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. DAVENPORT, ALLISON MCCONOMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 PELHAM ROAD  
 City PHILADELPHIA State PA Zip Code 19119-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2552313649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2552960249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2552964249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 307.68

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2552966749171**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. 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 ▼ 388.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2553475449171**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	732.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2553475549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FLAGSTAD, KARSTEN S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 141ST LANE NE  
 City HAM LAKE State MN Zip Code 55304-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2554013049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GIANCURSIO, DONALD J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 72 MIDNIGHT RIDGE DR  
 City LAS VEGAS State NV Zip Code 89135-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2560064949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2560065349171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CLIFFFIELD ROAD  
 City BEDFORD State NY Zip Code 10506-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 388.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2560065449171**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. 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 ▼ 388.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2560065649171**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 580.30  
**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 40 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.64

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2560066049171**  
 Amount of Each Receipt this Period 192.32  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2560398849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 WALLACE RD  
 City BEDFORD State NH Zip Code 03110-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2560821149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	961.52
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, CHARLES NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5217 EDGEWOOD ROAD  
 City LITTLE ROCK State AR Zip Code 72207-5413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2561358949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BARTON, JACQULYN, , ,**  
 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 ▼ 400.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2563211249171**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2564297149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	969.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARLSON, 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2564802649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 388.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2564802749171**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2564803349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	963.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOQUIST, DARREN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 ARDEN AVE  
 City EDINA State MN Zip Code 55424-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2564803449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2564804049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WICKS, TIMOTHY A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2600 WEST LAFAYETTE ROAD PO BOX 454  
 City EXCELSIOR State MN Zip Code 55331-9417  
 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2565448649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 576.90

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2568900549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2571978749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2572590049171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2572992749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GOETZ, MERRITT D, David, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 CLEARVIEW DR  
 City NASHVILLE State TN Zip Code 37205-1915  
 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2573477349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. QUINN, PATRICK G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15972 WETHERBURN RD  
 City CHESTERFIELD State MO Zip Code 63017-7341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 213.84

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2573518749171**  
 Amount of Each Receipt this Period 116.92  
 Memo Item  
 P/R Deduction (\$58.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	886.12
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CIANFROCCO, HEATHER R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2799 WEST BARDONNER ROAD  
 City GIBSONIA State PA Zip Code 15044-8462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2574986249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KAPLAN-LEWIS, DEBRA N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 WILDWOOD DR  
 City SOUTHBOROUGH State MA Zip Code 01772-1989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2574986949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2574995449171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. WILLIAMS, JOSEPH RANDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3221 FORSYTH DRIVE  
 City GREENSBORO State NC Zip Code 27407-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 307.70

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575008849171**  
 Amount of Each Receipt this Period 153.85  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. DUNCAN, MICHELE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3038 FAIRWAY CIRCLE  
 City CHASKA State MN Zip Code 55318-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575029649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. O'BRIEN, JENNIFER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 WOODLAWN AVE  
 City SAINT PAUL State MN Zip Code 55105-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575034549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	923.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. JORDAN, GARELL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6104 S 64TH DRIVE  
 City LAVEEN State AZ Zip Code 85339-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575050249171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575054949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. ZAETTA, CHRISTOPHER ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5840 RIDGE ROAD  
 City EXCELSIOR State MN Zip Code 55331-8153  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575068349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	769.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. CHRISTIAN, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 WINGATE COURT  
 City FLOURTOWN State PA Zip Code 19031-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575071449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575074549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CARTER, JOCELYN CHISHOLM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 SILVERSTONE DRIVE  
 City MADISON State MS Zip Code 39110-7581  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575141949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DEWALL, PATRICK 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) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575145349171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. JONES, RON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10066 ESCAMBIA BAY CT  
 City NAPLES State FL Zip Code 34120-4621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575163549171**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575170149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	826.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575185449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575196149171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. CONDON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 482 FAIROAK DRIVE  
 City SEVERNA PARK State MD Zip Code 21146-3130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl VP Sls & Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575203149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575203349171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575222349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575252249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BACHMANN, ANITA HART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 NORTHERN SHORES POINT  
 City GREENSBORO State NC Zip Code 27455-3459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 533.34

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575258449171**  
 Amount of Each Receipt this Period 133.34  
 Memo Item  
 P/R Deduction (\$66.67 Bi-Weekly)

**B. BEAUREGARD, THOMAS RAYMOND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 555 MILTON ROAD  
 City GOSHEN State CT Zip Code 06756-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575295149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CUEVAS, BRANDON E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 CLOISTER COURT  
 City LADERA RANCH State CA Zip Code 92694-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575305649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	902.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575310449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. VAN HAM, COLLEEN HASTINGS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575341949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575390949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FENLON, STEVEN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4925 DREW AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575392049171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575441349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. AXBERG, PAMELA JEAN STEGORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1427 BROOKSHIRE COURT  
 City NEW BRIGHTON State MN Zip Code 55112-6390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 388.94

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575443849171**  
 Amount of Each Receipt this Period 196.64  
 Memo Item  
 P/R Deduction (\$4.34 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	773.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 115  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. SPILKER, TIMOTHY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 FITCH LANE  
 City NEW CANAAN State CT Zip Code 06840-5051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575446349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAUTMAN, MILLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 SYCAMORE CIRCLE  
 City PLYMOUTH State MN Zip Code 55441-5667  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575447149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MURPHY, ERIC D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 BLAKE ROAD  
 City EDINA State MN Zip Code 55436-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575453749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FRANZ, PHILLIP R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 WALLACE ROAD  
 City MIDDLETOWN State NJ Zip Code 07748-2932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575463149171**  
 Amount of Each Receipt this Period 4999.90  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. HOWELL, NICHOLAS F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 ORANGE GROVE AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575510049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JOSEPH, MOLLY E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 GRAND SUMMIT BLVD  
 City DRIPPING SPRINGS State TX Zip Code 78620-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575521749171**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5768.50  
**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 58 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 500.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575522349171**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. CROCKETT, DOUGLAS F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5938 DEER HOLLOW COURT  
 City PITTSBORO State IN Zip Code 46167-9583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.84

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575526049171**  
 Amount of Each Receipt this Period 114.28  
 Memo Item  
 P/R Deduction (\$57.14 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575526149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	748.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GREENBERG, JASON, , ,**  
 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 ▼ 0.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575526749171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 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  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575533049171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. STEINBRECHER, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 LILAC LANE  
 City FRISCO State TX Zip Code 75034-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575544549171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOCK, CURTIS 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) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575579249171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575582849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GISCH, SHAWNA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1735 HEMLOCK WAY  
 City CHANHASSEN State MN Zip Code 55317-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575592149171**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	976.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHIMENTO, LISA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 FORT WILLIAMS PKWY  
 City ALEXANDRIA State VA Zip Code 22304-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mngng Dir Optuml Cons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575596149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575603249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) Optum Services, Inc Occupation (for Individual) Chief Talent Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575604549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COSTA, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 WESTCHESTER AVENUE  
 City SHAKOPEE State MN Zip Code 55379-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575605849171**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. KING, SARAH D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CUTLER ROAD  
 City GREENWICH State CT Zip Code 06831-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575612849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WAULTERS, SCOTT D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 HEMLOCK COURT  
 City MANALAPAN State NJ Zip Code 07726-4254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575622149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, 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 CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575634649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CLARK, TERENCE M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575636949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 252.79

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575639249171**  
 Amount of Each Receipt this Period 222.55  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	991.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 230.80

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575648649171**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. HERMAN, CRAIG S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 WYOMING CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575650249171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MCFANN, ELENA J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18925 24TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-2072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575654749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.30
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575665649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STIDMAN, CHRISTOPHER J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575683849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OCHIPINTI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 MEETING PLACE  
 City ORLANDO State FL Zip Code 32814-6136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575685749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575705849171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575708849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. VOLLRATH, MICHELLE G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7647 MARKER ROAD  
 City SAN DIEGO State CA Zip Code 92130-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.46

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575719849171**  
 Amount of Each Receipt this Period 113.68  
 Memo Item  
 P/R Deduction (\$56.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	690.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575735749171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. MURRAY, THOMAS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CIRCLE WEST  
 City EDINA State MN Zip Code 55436-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575736549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575739049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. EKLO, BENJAMIN N, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3942 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575761849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575767849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575798149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. LEVINE, CAROL L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 LARKSPUR LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575803349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HJERPE, ADAM C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13932 UTAH AVE S  
 City SAVAGE State MN Zip Code 55378-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575806249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHAPIRO, DAVID A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 MORGAN AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575814249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MECKEY, SAMUEL JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1828 WYNDAM DRIVE  
 City SHAKOPEE State MN Zip Code 55379-5437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575814549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SEXTON, ELLEN R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14750 CRESTWOOD COURT  
 City ELM GROVE State WI Zip Code 53122-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575823249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575829849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575832049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BEESON, MARY JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 BLUE INDIGO CT  
 City PONTE VEDRA BEACH State FL Zip Code 32082-6543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575839549171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575859349171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	769.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PEZHMAN, PAYMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 GROVELAND SCHOOL ROAD  
 City WAYZATA State MN Zip Code 55391-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575883549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 388.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575885049171**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. 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) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2575938449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	963.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RILEY, FELICITY SPRING, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2315 BEVERLY ROAD  
 City SAINT PAUL State MN Zip Code 55104-5003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.07

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575943349171**  
 Amount of Each Receipt this Period 147.15  
 Memo Item  
 P/R Deduction (\$108.69 Bi-Weekly)

**B. RICHARDS, ALISON L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 WEST GRANTLEY  
 City ELMHURST State IL Zip Code 60126-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP NA Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2575987949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BRIGGS, MARC R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13534 TUSCALEE HILL CIR  
 City DRAPER State UT Zip Code 84020-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 526.34

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2576001649171**  
 Amount of Each Receipt this Period 526.34  
 Memo Item  
 P/R Deduction (\$203.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1058.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576040349171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. BYRNES, CHRISTOPHER A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3920 GLENWOOD STREET  
 City DULUTH State MN Zip Code 55804-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576042849171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 E PIEDRA DRIVE  
 City SCOTTSDALE State AZ Zip Code 85255-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576051349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	769.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REX, JOHN 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2576060049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 667.68

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2576085749171**  
 Amount of Each Receipt this Period 393.84  
 Memo Item  
 P/R Deduction (\$196.92 Bi-Weekly)

**C. 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) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2576089949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	970.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JOHNSON, 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576103749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BOADO, ANDREA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576144649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) EVP UHC CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576144849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MYHRAN, LYNN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2280 FOX STREET  
 City ORONO State MN Zip Code 55356-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576158449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PAUNOVICH, VUKASIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 KEITH RD  
 City WAKE FOREST State NC Zip Code 27587-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576306749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2576310949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SCHMALTZ, CHRISTOPHER M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4807 BEACH DR SW  
 City SEATTLE State WA Zip Code 98116-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2576312849171**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 P/R Deduction (\$208.33 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2578819449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2578823249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1185.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR2578824349171**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COHEN, JAY J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 98 VISTA DEL SOL  
 City LAGUNA BEACH State CA Zip Code 92651-6748  
 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 ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR2578829649171**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. 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 ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR2595208349171**  
 Amount of Each Receipt this Period  
 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SNYDER, MARY RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1075 BOSTON POST RD  
 City MADISON State CT Zip Code 06443-3363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2595229349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2601133549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2601140749171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10501 SW 102 AVENUE  
 City MIAMI State FL Zip Code 33176-3511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2601176849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCBEATH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2537 RED ARROW DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2605708949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2605734249171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 S 22ND ST  
 City ARLINGTON State VA Zip Code 22202-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2605736949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WEISSEL, MICHAEL E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 99 HAGEN ROAD  
 City NEWTON State MA Zip Code 02459-2731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2606842949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MATECZUN, JOHN MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403  
 City LONGBOAT KEY State FL Zip Code 34228-4207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres M&V  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2606845149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BODELL, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18710 34TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2609811349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2609812349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STRAUSS, DAVID E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5000 FRANCE AVENUE S UNIT 33  
 City MINNEAPOLIS State MN Zip Code 55410-2061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Total Rewards, HC Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2612521849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2612530549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DICKINSON, DAVID PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 ATKINSON LANE  
 City SUDBURY State MA Zip Code 01776-1938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 242.84

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2613388949171**  
 Amount of Each Receipt this Period 114.28  
 Memo Item  
 P/R Deduction (\$57.14 Bi-Weekly)

**C. 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 ▼ 230.76

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2614315649171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	614.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2615073449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OCONNOR, THOMAS P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 JAMES STREET  
 City DURHAM State NC Zip Code 27707-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2615082049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2615671649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 369.24

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2615682849171**  
 Amount of Each Receipt this Period 184.62  
 Memo Item  
 P/R Deduction (\$92.31 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) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2622557949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MOURAS, DENNIS J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6376 MARSH ROAD  
 City COTTRELLVILLE State MI Zip Code 48039-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2623702949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	761.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2624442649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STALLWOOD, GREGG E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 JUNIPER DR  
 City PALM HARBOR State FL Zip Code 34685-2688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2625499049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COLLETTE, CHRISTOPHER LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4776 MANITOU ROAD  
 City EXCELSIOR State MN Zip Code 55331-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2625499549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RELLER, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2625501949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LAWTON, MICHAEL S, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 CROSS PINES DR  
 City FLEMING ISLAND State FL Zip Code 32003-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2625505449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CULHANE, DEBORAH ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 COVE WAY UNIT 301  
 City QUINCY State MA Zip Code 02169-5857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2626356049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. 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) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2626886549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2626915549171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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/Modernizatn  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2628332349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KORNHAUSER, MICHAEL STEWART, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 SUMMIT LANE  
 City BALA CYNWYD State PA Zip Code 19004-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 231.84

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2628335749171**  
 Amount of Each Receipt this Period 115.92  
 Memo Item  
 P/R Deduction (\$57.96 Bi-Weekly)

**B. THOMPSON, BRUCE E, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2509 WELBORN STREET UNIT C  
 City DALLAS State TX Zip Code 75219-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2628833649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2629556849171**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GORSUCH, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2632087849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2632087949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KEANEY, CRAIG J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6233 CRESCENT DRIVE  
 City EDINA State MN Zip Code 55436-2572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2632088349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2632873649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2632880749171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 230.76

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2634167049171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CASTILLO, 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 ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2634177949171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2634656649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHEID, ADREAN ELISABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 CATHEDRAL AVENUE NW  
 City WASHINGTON State DC Zip Code 20008-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2634880449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PESCATELLO, SARA M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2149 CALIFORNIA STREET NW  
 APT #D  
 City WASHINGTON State DC Zip Code 20008-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2634888549171**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2635451249171**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2639701849171**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EDWARDS, MICHAEL F, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 379 DURHAM ROAD  
 City WYCKOFF State NJ Zip Code 07481-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP Optuml  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2639702049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BIGHAM, ANNE ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2610 HOLLY LANE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2639771449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUTTA, SUMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 W WRIGHTWOOD AVE  
 City CHICAGO State IL Zip Code 60614-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2639773849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NELSON, ELLEN RUTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11882 TILDEN PLACE  
 City WELLINGTON State FL Zip Code 33414-6056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2639795349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2640466449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHUTT, ERIC A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2359 US HWY 51  
 City MC FARLAND State WI Zip Code 53558-9142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2640846249171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 115
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2642024149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FISHMAN, EINA GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27708 WATER ASH DRIVE  
 City WESLEY CHAPEL State FL Zip Code 33544-8752  
 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 ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2642027849171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BRUECKMAN, BRIAN D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4601 PARK COMMONS DRIVE #417  
 City SAINT LOUIS PARK State MN Zip Code 55416-4993  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2642029449171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FOX, ELIZABETH NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 NORTH GARFIELD STREET #308  
 City ARLINGTON State VA Zip Code 22201-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2642832049171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WILLENBRING, LYNN CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7903 20TH STREET NORTH  
 City OAKDALE State MN Zip Code 55128-5325  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.39

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2642839349171**  
 Amount of Each Receipt this Period 217.39  
 Memo Item  
 P/R Deduction (\$217.39 Bi-Weekly)

**C. MCKOY, PHILIP GREGORY JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 LINCOLN AVE  
 City SAINT PAUL State MN Zip Code 55105-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2644651649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	794.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MISTRY, RASHMITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6658 WATERTON CIRCLE  
 City MUKILTEO State WA Zip Code 98275-4805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen 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  
 02 / 28 / 2018  
**Transaction ID : PR2645169149171**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SELIG, JOHN M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 WESTMINSTER  
 City BENTON State AR Zip Code 72019-6682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Health Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR2699184649171**  
 Amount of Each Receipt this Period  
 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. FARRELL, ELIZABETH ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18777 THE PINES  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2018  
**Transaction ID : PR2699980049171**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	923.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCSWEENEY, ERIN L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 NOUVELLE WAY SUITE 805  
 City NATICK State MA Zip Code 01760-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2701818049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FRINGER, TRICIA LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 STANFORD AVE  
 City DALLAS State TX Zip Code 75225-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2701818649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. O'CONNELL, DANIEL T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 W 18TH AVENUE  
 City DENVER State CO Zip Code 80204-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 361.52

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2701819649171**  
 Amount of Each Receipt this Period 180.76  
 Memo Item  
 P/R Deduction (\$90.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	949.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. BRUCE, JAMIE ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 THOREAU BLVD  
 City O FALLON State MO Zip Code 63366-7451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2701823049171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SPARKS, KEVIN P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10681 S CEDAR NILES BLVD  
 City OLATHE State KS Zip Code 66061-7415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2701825549171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. BRENNER, JEFFREY CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 CEDAR AVE APT 301  
 City PHILADELPHIA State PA Zip Code 19143-2118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Integrated Hlth Human Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **02 / 28 / 2018**  
**Transaction ID : PR2702506349171**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 115
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MERZLICHER, CAREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 BENTLEY PARK CIRCLE  
 City O FALLON State MO Zip Code 63368-8022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2703246949171**  
 Amount of Each Receipt this Period 72.00  
 Memo Item  
 P/R Deduction (\$36.00 Bi-Weekly)

**B. ROLLINS, CARISSA L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6805 CHEYENNE TRAIL  
 City EDINA State MN Zip Code 55439-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2704188949171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DELANY, ANDREW JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5166 MEADOWCREEK DRIVE  
 City DUNWOODY State GA Zip Code 30338-3846  
 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 02 / 28 / 2018  
**Transaction ID : PR2704196349171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	841.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 115
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHARFF, RICHARD L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 RUMSON ROAD  
 City BIRMINGHAM State AL Zip Code 35209-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2705063649171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SPADE, NATHAN THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 WARWICK CIRCLE  
 City MECHANICSBURG State PA Zip Code 17050-2643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2705987049171**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. AGEN RYAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 HIGH PARK LANE #433  
 City SILVER SPRING State MD Zip Code 20910-3198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2705987449171**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 115
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BARTHOLET, DANIEL PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5918 VALEWOOD DRIVE  
 City MINNETONKA State MN Zip Code 55345-6545  
 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 ▼ 769.20

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2706451149171**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MADRID, MERLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 514 SOUTH 3RD STREET  
 City COLUMBUS State OH Zip Code 43215-5756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 02 / 28 / 2018  
**Transaction ID : PR2740510349171**  
 Amount of Each Receipt this Period 192.00  
 Memo Item  
 P/R Deduction (\$96.00 Bi-Weekly)

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.60
<b>TOTAL</b> This Period (last page this line number only).....	100805.93



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement Contribution

Category/Type

Candidate Name McCarthy, Kevin, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CA District: 23

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814536**

Amount of Each Disbursement this Period

Contribution  Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Contribution

Category/Type

Candidate Name Gottheimer, Josh, , Rep.,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NJ District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814537**

Amount of Each Disbursement this Period

Contribution  Memo Item

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Contribution

Category/Type

Candidate Name Heller, Dean, , Sen.,

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814539**

Amount of Each Disbursement this Period

Contribution  Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Moderate Democrats PAC**

Mailing Address 303 Massachusetts Avenue, NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Moderate Democrats PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2018

FEC Identification Number

C C00436022

**Transaction ID : 41814552**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition PAC**

Mailing Address 700 13th Street NW, Suite 600

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

011

Candidate Name

**New Democrat Coalition PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2018

FEC Identification Number

C C00409730

**Transaction ID : 41814553**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City  
Cincinnati

State  
OH

Zip Code  
45244-2768

Purpose of Disbursement  
Contribution

011

Candidate Name

**Promoting Our Republican Team PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	01	/	2018

FEC Identification Number

C C00440032

**Transaction ID : 41814554**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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

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

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Making America Prosperous PAC**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814558**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street SE, 2nd F

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Democratic Congressional Campaign Committee**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814565**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Democratic Senatorial Campaign Committee**

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

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814567**

Amount of Each Disbursement this Period

Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kaine For Virginia**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Kaine, Timothy, , Sen.,**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41838860**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Cheri Bustos**

Mailing Address PO Box 65322

City Washington State DC Zip Code 20035

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Bustos, Cheri, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: IL District: 17

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41922174**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Olson for Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496-6381

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Olson, Peter, G., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 22

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41922202**

Amount of Each Disbursement this Period

Memo Item Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Alamo PAC**

Mailing Address 919 Congress Avenue  
Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Alamo PAC**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41922203**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Blue Dog Political Action Committee**

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Blue Dog Political Action Committee**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41930986**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Supporting House Problem Solvers PAC**

Mailing Address 1050 17th St NW, Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Supporting House Problem Solvers PAC**

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41930988**

Amount of Each Disbursement this Period

Memo Item Contribution

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City  
Tarpon Springs

State  
FL

Zip Code  
34688-0606

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, Michael, Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: FL

District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

C C00408534

**Transaction ID : 41945977**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**National Republican Congressional Committee**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

C C00075820

**Transaction ID : 41945980**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 First Street SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**National Republican Congressional Committee**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2018

FEC Identification Number

C C00075820

**Transaction ID : 41945981**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2018

Mailing Address 320 First Street SE

FEC Identification Number

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

City Washington State DC Zip Code 20003

Transaction ID : 41945982

Purpose of Disbursement Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**National Republican Congressional Committee**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

5000.00
---------

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

97000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. GREENBERG, JASON, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 630 STILSON CANYON ROAD

City CHICO State CA Zip Code 95928-9179

Purpose of Disbursement Refund of 2018 PAC Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2018

FEC Identification Number: C

Transaction ID : 41934704

Amount of Each Disbursement this Period: 384.60

Refund of 2018 PAC Contribution

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	384.60
<b>TOTAL</b> This Period (last page this line number only).....▶	384.60



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Caldwell for State House**

Mailing Address 2010 Ramona Dr

City Enid State OK Zip Code 73703

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Caldwell, Chad, , OK Rep.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814614**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of AJ Griffin**

Mailing Address 1951 Segovia Circle

City Edmond State OK Zip Code 73034

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Griffin, Ann, , OK Sen.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814632**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Glen Mulready 2018**

Mailing Address 660 W 77th Pl

City Tulsa State OK Zip Code 74132

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Mulready, Glen, , OK Rep.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 41814639**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Kevin Wallace 2018**

Mailing Address 332401 E 875 Rd

City Wellston

State OK

Zip Code 74881

Purpose of Disbursement Contribution

011

Candidate Name

**Wallace, Kevin, , OK Rep.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 41814643**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Kim David 2018**

Mailing Address 9597 N 50th St W

City Porter

State OK

Zip Code 74454

Purpose of Disbursement Contribution

011

Candidate Name

**David, Kim, , OK Sen.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 41814646**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Marcus McEntire 2018**

Mailing Address 1101 Crescent Dr

City Duncan

State OK

Zip Code 73533

Purpose of Disbursement Contribution

011

Candidate Name

**McEntire, Marcus, , OK Rep.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
02 / 01 / 2018

FEC Identification Number

C [REDACTED]

**Transaction ID : 41814649**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

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

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

[REDACTED] 2500.00

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. William Casey Murdock 2018</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2018	
Mailing Address Route 1, Box 45		FEC Identification Number C [ ] <b>Transaction ID : 41814650</b>	
City Felt	State OK	Zip Code 73937	Amount of Each Disbursement this Period [ ] 500.00 Contribution
Purpose of Disbursement Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Murdock, Casey, , OK Rep.,</b>			
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>B.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [ ]	
City	State	Zip Code	Amount of Each Disbursement this Period [ ]
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00