FEC FORM 3X	AN	PORT OF ND DISBUR Other Than An Aut	SEMENT	S		Office Use Only
1. NAME OF COMMITTEE (in fu		E OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
UnitedHealth G		porated PAC (Uni	tedHealth Grou	ip PAC)		
ADDRESS (number and Check if differ than previousl reported. (ACC	street) S ent y v	01 Pennsylvania Ave, NW uite 200 Vashington				20004
2. FEC IDENTIFICA		ER ▼ CIT	Y	S		
C C00274431			<b>v</b>	NEW N) <b>OR</b>	AME (A)	NDED
July 15 Quarterly October 1 Quarterly January 3 Year-End July 31 M	orts: Report (Q1) 5 Report (Q2) 1 Report (Q3) 1 Report (YE) id-Year on-election ) (MY)	Report Due On:	20 (M3) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 (M4) 20 Primary (12F Convention ( Convention ( n on ( General (300)	(12C)	Aug 20 Sep 20 Oct 20 General (1 Special (12 Runoff (30	0 (M9)       Dec 20 (M12) (Non-Election Year Only)         0 (M10)       Jan 31 (YE)         2G)       Runoff (12R)         2S)       in the State of
Type or Print Name of Signature of Treasurer	S Treasurer Sherwood,		through my knowledge and [Electronical]	y Filed] Da	ate 03	2017 complete.
Office Use Only						FEC FORM 3X Rev. 05/2016

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03/20/2017 17 : 12

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x

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

### UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	eport Covering the Period: From:		: 02 / D D / Y Y Y Y 28 / 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2017		242591.24
	(b) Cash on Hand at Beginning of Reporting Period	256411.13	
	(c) Total Receipts (from Line 19)	104702.07	196121.96
	<ul><li>(d) Subtotal (add Lines 6(b) and</li><li>6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	361113.20	438713.20
7.	Total Disbursements (from Line 31)	82508.33	160108.33
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	278604.87	278604.87
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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From:	02 / D D / Y Y Y Y 01 / 2017 To:	02 / D D / Y Y Y Y 02 28 2017
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	75143.47	120040 67
(i) Itemized (use Schedule A)	13143.47	129040.67
(ii) Unitemized	24558.60	62081.29
(iii) TOTAL (add Lines 11(a)(i) and (ii)►	99702.07	191121.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	99702.07	191121.96
Totals to Line 33, page 5)► 12. Transfers From Affiliated/Other		41. 41. 45.
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	5000.00	5000.00
17. Other Federal Receipts		
(Dividends, Interest, etc.)		0.00
<ol> <li>Transfers from Non-Federal and Levin Fur (a) Non-Federal Account</li> </ol>	ius	
(from Schedule H3)	0.00	0.00
		41 41 41
(b) Levin Funds (from Schedule H5)	0.00	0.00
	4	474 474 474
(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))▶	104702.07	196121.96
20 Total Eddoral Receipte		
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	104702.07	196121.96

I

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Tear-to-Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li></ul>	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	89500.00	167000.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	208.33	208.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	208.33	208.33
Other Disbursements (Including Non-Federal Donations)	-7200.00	-7100.00
Federal Election Activity (52 U.S.C. § 30101( (a) Allocated Federal Election Activity (from Schedule H6)	20))	
(i) Federal Share	0.00	0.00
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	0.00	0.00
<ul> <li>(c) Total Federal Election Activity (add</li> <li>(c) Total Federal Election Activity (add</li> </ul>	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	82508.33	160108.33
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)►	82508.33	160108.33

### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

### III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36) .....

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	i.	-			-	208.33
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		-7-			-	191121.96
			1			208.33
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	-	7	÷	÷	7	0.00
	_	-7			-7	0.00
		_			-	0.00

COLUMN B

Calendar Year-to-Date

#### Page 5

## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12										
Any information copied from such Reports an or for commercial purposes, other than using				butions									
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group PA	NC)										
Full Name of Individual (Last, First, Middle A. HOWELL, NICHOLAS F, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 300 ORANGE GROVE AV	-		02 10 / Y Y Y Y 2017										
City SOUTH PASADENA	State CA	Zip Code 91030-1616	Transaction ID : 40576088 Amount of Each Receipt this Period	od									
FEC ID number of contributing federal political committee.	С		21	7.39									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Optuml Cnslt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 217.39											
Full Name of Individual (Last, First, Middle B. JOHNSON-MILLS, RITA FAYE, ,		rganization Name	Date of Receipt										
Mailing Address 235 GOVERNORS WAY			02 / D D / Y Y Y Y 02 10 2017										
City BRENTWOOD	State TN	Zip Code 37027-8931	Transaction ID : 40576122										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify) ▼		115.38											
Full Name of Individual (Last, First, Middle C. KELLY, JOHN W, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 568 HAWTHORNE WOOI			02 / D D / Y Y 2017										
City EAGAN	State MN	Zip Code 55123-3059	Transaction ID : 40576139           Amount of Each Receipt this Period	bc									
FEC ID number of contributing federal political committee.	С		g	96.15									
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP 1	upation (for Individual) Fax	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.45											
SUBTOTAL of Receipts This Page (optional)	)		35	2.00									
TOTAL This Period (last page this line numb	per only)												

## SCHEDULE A (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

				Detailed Summary Page	×	11a 13		11b		11c 15		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n					or the		pose		oliciting		ntributi	ions				
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	Jni	tedHealth Group PA	NC)												
A.	Full Name of Individual (Last, First, Middle Initia MURLEY, MARY J, , ,	l) or Full O	rgar	nization Name	[	Date of Receipt											
	Mailing Address 2775 COUNTRYSIDE DRIVE W	'EST				02 / D D / Y Y Y Y 10 2017											
	ORONO	State MN		Zip Code 55356-9675	Transaction ID : 40576319 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			2499.80												
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) f Actuary	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.90													
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date of Receipt											
	Mailing Address 1909 EAST JEANINE DRIVE					M       M       M       M       M       M       Y											
	City TEMPE	State AZ		Zip Code 85284-3416													
	FEC ID number of contributing federal political committee.	С				365.00											
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir I	•	ion (for Individual) I		Me	emo	lten	n								
	Receipt For: Primary General Other (specify) ▼	Aggregate	r-to-Date ▼ 365.00														
с.	Full Name of Individual (Last, First, Middle Initia ZIESMANN, THOMAS KARL, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceipt	:								
	Mailing Address 2004 ESTES PARK ROAD					<sup>M</sup> 02	/		D 10	/ Y		)17	Y				
	City SOUTHLAKE	State TX		Zip Code 76092-3855						<b>057666</b> ceipt th		eriod					
	FEC ID number of contributing federal political committee.	С						y		y		96.1	5				
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	•	ion (for Individual) s		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 288.45													
s	UBTOTAL of Receipts This Page (optional)				.				_		2	2960.9	5				
Т	OTAL This Period (last page this line number or	ıly)						-		Ţ							

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PAGE 8 OF

	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle	e Initial) or Full C	rganization Name									
A. FRANK, JOHN, , , Mailing Address 10723 BAYBRIDGE WAY	,		Date of Receipt								
Maining Address 10723 BATBRIDGE WAT			02 24 2017								
City	State IN	Zip Code	Transaction ID : 40597455								
FISHERS		46040-9473	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		1000.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
United HealthCare Services Inc	VP	Gen Mgmt									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		1000.00									
		, ,									
Full Name of Individual (Last, First, Middle GRAHAM, MICHELLE, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 200 W FAIRFIELD CT			02 24 2017								
City	State WI	Zip Code	Transaction ID : 40597485								
	VVI	53154-5029	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		365.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		, 365.00	]								
Full Name of Individual (Last, First, Middle C. HOWELL, NICHOLAS F, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 300 ORANGE GROVE A	VENUE		02 24 2017								
City	State	Zip Code	Transaction ID : 40597562								
SOUTH PASADENA	CA	91030-1616	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		207.93								
Name of Employer (for Individual)		upation (for Individual)	Memo Item								
Optum Services, Inc Receipt For:	I	POptuml Cnslt									
Primary General	Aggregate	Year-to-Date ▼									
Other (specify)		425.32	1								
SUBTOTAL of Receipts This Page (optional	)		1572.93								
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13	$\square$	11b		11c 15		12 16	17			
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay n Iddre	ot be sold or used by any peess of any political committee	erson f to so	or the	purp ntrib	oose ution	of sons from	oliciting	cor	ntributi	ons			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initia JOHNSON-MILLS, RITA FAYE, , ,	l) or Full O	rga	nization Name		Date of Receipt										
	Mailing Address 235 GOVERNORS WAY					02 24 2017										
	City BRENTWOOD	State TN		Zip Code 37027-8931		Trans Amount		-	-	<b>)59759</b> eipt th	-	eriod				
	FEC ID number of contributing federal political committee.	С			212.37											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 327.75												
в.	Full Name of Individual (Last, First, Middle Initial KELLY, JOHN W, , ,		rga	nization Name		Date of	Re	ceipt	t							
	Mailing Address 568 HAWTHORNE WOODS DR					02 / D D / Y Y Y Y 24 2017										
	City EAGAN	State MN		Zip Code 55123-3059		Transaction ID : 40597613 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				204.85										
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP		tion (for Individual)		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 493.30												
C.	Full Name of Individual (Last, First, Middle Initia MECHANIK, REBECCA, , ,	l) or Full O	rga	nization Name		Date of	Re	ceipt	t							
	Mailing Address 594 SCOTS CT					02 <sup>M</sup>	/		24	/ Y		17 <sup>°</sup>	Y			
	City INVERNESS	State IL		Zip Code 60067-4364		Trans Amount				059774 ceipt th		eriod				
	FEC ID number of contributing federal political committee.	С						7		y	2	2500.0	0			
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) m Ops		Me	emo	lten	n							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 2500.00												
s	UBTOTAL of Receipts This Page (optional)							,		1	2	917.2	2			
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12									
	y information copied from such Reports and Sta		ay not be sold or used by any pe										
or	for commercial purposes, other than using the n	ame and a	address of any political committee	to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	.C)									
A.	Full Name of Individual (Last, First, Middle Initia MURRAY, THOMAS M, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 10 CIRCLE WEST			02 24 2017									
	City EDINA	State MN	Zip Code 55436-1313	Transaction ID : 40597795 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		217.39									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP (	upation (for Individual) Ops	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 217.39										
в.	Full Name of Individual (Last, First, Middle Initia REICHEL, RANDI, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 331 TUSCANY ROAD			M M / D D / Y Y Y Y 02 24 2017									
	City BALTIMORE	State MD	Zip Code 21210-2934	Transaction ID : 40597896 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		400.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item									
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
<u> </u>	Full Name of Individual (Last, First, Middle Initia WATERS, KATIE, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 7625 W 85TH STREET			02 24 2017									
	City BLOOMINGTON	State MN	Zip Code 55438-1308	Transaction ID : 40598089 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		365.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00										
s	UBTOTAL of Receipts This Page (optional)			982.39									
Т	OTAL This Period (last page this line number on	ly)	•										

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

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

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			Detailed Summary Page	×	11a 13	$\vdash$	11b 14	11c	$\vdash$	12 16	17					
	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose of	solicitin		ntribut	ions					
<u>\</u>	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P/	AC)												
۹.	Full Name of Individual (Last, First, Middle Initial ZENICK, GEOFFREY, , ,	l) or Full O	rganization Name		Date of Receipt											
	Mailing Address 7714 TWISTED OAKS CIRCLE				м м 02	1	D 24			ү 017	Y					
	City DALLAS	State TX	Zip Code 75231-4711		Transaction ID : 40598140											
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 365.00												
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship		Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00														
в.	Full Name of Individual (Last, First, Middle Initia ZIESMANN, THOMAS KARL, , ,	l) or Full O	rganization Name	Date of Receipt												
	Mailing Address 2004 ESTES PARK ROAD				м м 02	/	D 1			)17 )17	Y					
	City SOUTHLAKE	StateZip CodeTransaction ID : 40598143TX76092-3855Amount of Each Receipt this Period														
	FEC ID number of contributing federal political committee.	С					-			192.3	0					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops		Me	emc	o Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 480.75	]												
с.	Full Name of Individual (Last, First, Middle Initia HOLCOMB, JOHN, , ,	l) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 6852 BRIARWOOD CT				02	/	23			) 17	Ŷ					
	City CHANHASSEN	State MN	Zip Code 55317-6703					<b>406206</b> Receipt t		Poriod						
	FEC ID number of contributing federal political committee.	С			Amount	. 01				2500.0	0					
	Name of Employer (for Individual) Optum Services, Inc	Occi VP F	upation (for Individual) Prd		Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	]												
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т	OTAL This Period (last page this line number on	ly)						-								

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

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

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				or each category of the Detailed Summary Page		_	11a 13		] 11   14	ŀ		11c 15		12 16	17	
	y information copied from such Reports and State for commercial purposes, other than using the na					fo	r the		pos	se of	f sol	liciting		ntribu	tions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jn	itedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) REYNOLDS, JOHN, , ,	or Full O		Da	ate of	Re	ece	ipt								
	Mailing Address 3970 WILD MEADOWS DRIVE					02 09 2017 Transaction ID : 40620639										
	City MEDINA	State MN		Zip Code 55340-9804												
	FEC ID number of contributing federal political committee.	C	l			Ar	nount	t of	Ea	ich H	lece	eipt thi	s Pe	eriod 365.	00	
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) I Mgmt	Memo Item											
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 365.00												
в.	Full Name of Individual (Last, First, Middle Initial) POLICH, CYNTHIA, , ,	or Full O	rga	nization Name		Da	ate of	Re	ece	ipt						
	Mailing Address 3401 E VIA PALOMITA			-		[	02	/	ľ	28		/ Y	20 <sup>-</sup>	ү 17	Y	
	City TUCSON	State AZ		Zip Code 85718-3371								5 <b>72735</b> eipt thi		eriod		
	FEC ID number of contributing federal political committee.	С							-		_			0.	00	
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Strat Initiv						emo	o It	em						
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 208.33	F	Ref cha	<sup>i</sup> und(s inges	s) or the	ו S YT	ched ID To	lule otal	B Tota to \$20	aling 8.33	\$208 3	3.33 This	
с.	Full Name of Individual (Last, First, Middle Initial) WICHMANN, DAVID S, , ,	or Full O	rga	nization Name		Da	ate of	Re	ece	ipt						
	Mailing Address 7000 ANTRIM ROAD			1		Ľ	02	1	l	28		/ Y	ү 20	17 <sup>°</sup>	Y	
	City EDINA	State MN		Zip Code 55439-1708								11598			4	
	FEC ID number of contributing federal political committee.	С				Ar	nount	t of	Ea	ich H	fece	eipt thi	s Pe	eriod 384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Pres		tion (for Individual) IG			M	emc	o It	em						
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Yea	ar-to-Date ▼ 769.20		P/F	R Ded	ucti	on	(\$19	)2.3(	0 Bi-W	eek	ly)		
s	UBTOTAL of Receipts This Page (optional)			•		[			,			y		749.	60	
т	OTAL This Period (last page this line number onl	y)			-	ĺ			-			-				

### SCHEDULE A (FEC Form 3X) \_\_\_ \_\_\_ - - - - -

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FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     17       erson for the purpose of soliciting contributions       a to solicit contributions from such committee									
or for commercial purposes, other than using	me name and a	duress of any political committee	e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle MUNSELL, WILLIAM A, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2119 WINDSONG CIRCLE			02 28 Y Y Y Y Y 02 28 2017									
City WAYZATA	State MN	Zip Code 55391-2259	Transaction ID : PR1159816645214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		200.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Advsr to Office of CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle PENSHORN, JOHN S, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 120 BLACK OAKS LANE			02 28 2017									
City WAYZATA	State MN	Zip Code 55391-1363	Transaction ID : PR1159816945214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHIth Group	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify) ▼		769.20										
Full Name of Individual (Last, First, Middle QUIRK, THOMAS J, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 6458 ORCHID LANE			02 / D D / Y Y Y Y Y 28 2017									
City DALLAS	State TX	Zip Code 75230-4121	Transaction ID : PR1159819145214           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Care Initiv	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			776.90									
TOTAL This Period (last page this line numb	er only)											

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for committee to solicit contributions from such con NAME OF COMMITTEE (in Full)       Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting con or for committee to solicit contributions from such con NAME OF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. MIGLICRI, RICHARD J.,       Date of contributing federal policial committee.         City       State       Zip Code         WAYZATA       MN       55391-0072         Receipt For:       C       Transaction ID : PRI1598274/         Maling Address PO BOX 72       C       20         City       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekh         FEC ID number of contributing federal policical committee.       C       20       28         Name of Employer (for Individual)       Occupation (for Individual)       PR Deduction (\$192.30 Bi-Weekh         Mining Address 4305 TRILLIUM WAY       City       Transaction ID:	ie)	(check only one)	ate schedule(s)		-				
Any information copied from such Reports and Statements may not be soft or used by any person for the purpose of soliciting con- or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com- NAME OF COMMITTEE (In Full)         NAME OF COMMITTEE (In Full)       Intercent of contributions from such com- Mailing Address PO BOX 72         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A. MIGLIORI, RICHARD J.,       Transaction ID: PR115982744         Mailing Address PO BOX 72       Code         Oity       State       Zip Code         WAXZTA       NN       S5391-0072         FEC ID number of contributing federal political committee.       EVP Consum Hith Med Care         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekt)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         RIVET, JEANNINE M,       Mailing Address 4305 TRILLIUM WAY       Transaction ID: PR15583004 Amount of Each Receipt Mis Per						WILLD RECEIPIS			
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name         A.       Mailing Address PO BOX 72         Oily       State         Zip Code         WAYZATA       State         PFEC ID number of contributing federal political committee.       C         Mailing Address PO BOX 72       Occupation (for Individual)         UnitedHealth Care Services Inc       C         Receipt For:       PirR Deduction (\$192.30 Bi-Weekt)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B.       RIVET, JEANNINE M, . , .         Mailing Address 4305 TRILLIUM WAY       State         City       State         Mining Address 4305 TRILLIUM WAY       Occupation (for Individual)         City       Mailing Address 4305 TRILLIUM WAY         City       State         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Pirmary       General         City       State         Receipt For:       Pirmary         Primary       General         City       Conter (specify) ▼         Receipt For:       Pirmary	pose of soliciting contributions	son for the purpose	or used by any per political committee	L ay not be sold ddress of any	d Statements ma the name and a	information copied from such Reports an or commercial purposes, other than using	Any inform or for con		
✓       Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         A.       MiGLIORI, RICHARD J, , ,       Maling Address PO BOX 72       Date of Receipt         Gity       MAXATA       MN       55391-0072       Transaction ID : PR11598274         MAID Dumber of contributing federal political committee.       C       Amount of Each Receipt for:       Aggregate Year-to-Date ▼         Name of Employer (for Individual)       Occupation (for Individual)       Pr/R Deduction (\$192.30 Bi-Weekt)       P/R Deduction (\$192.30 Bi-Weekt)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekt)         RIVET, JEANNINE M, , ,       Maling Address 4305 TRILLIUM WAY       City       State       Zip Code         MiNNETRISTA       Maling Address 4305 TRILLIUM WAY       City       State       Zip Code         Maling Address 4305 TRILLIUM WAY       City       State       Zip Code         Maling Address 4305 TRILLIUM WAY       City       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)       Pr/R Deduction (\$192.30 Bi-Weekt)       Pr/R Deduction (\$192.30 Bi-Weekt)         Vieter (specify) ▼       General       Occupation (for Individual)       Pr/R Deduction (\$192.30 Bi-Weekt)         Other (specify) ▼						IAME OF COMMITTEE (In Full)	NAME		
A.       MIGLIORI, RICHARD J, , , Midling Address PO BOX 72       Date of Receipt         Miling Address PO BOX 72       State       Zip Code         City       WAYZATA       MN       55391-0072         FEC ID number of contributing tederal political committee.       C       Amount of Each Receipt this Pe         Name of Employer (for Individual)       Occupation (for Individual)       Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       Prinary       Date of Receipt         FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         RivET, JEANNINE M, , ,       Mailing Address 4305 TRILLIUM WAY       C       20         City       State       Zip Code       Mount of Each Receipt this Pe         Primary       General       Occupation (for Individual)       Date of Receipt         Mailing Address 4305 TRILLIUM WAY       C       20       7       28       20         City       State       Zip Code       MN       55364-7708       Amount of Each Receipt this Pe       20         Receipt For:       Aggregate Year-to-Date ▼       Prinary       General       Occupation (for Individual)       PriNeekly       Prinary       Prinary       General       Prinary       Gener		C)	alth Group PA	JnitedHea	ated PAC (L	JnitedHealth Group Incorpora			
City       WAYZATA       State       Zip Code       Transaction ID : PR11586274         FEC ID number of contributing       C       Amount of Each Receipt this Pe         Receipt For:       City       EVP Consumr Hith Med Care         Preceipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekt)         Pull Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt for         B.       RIVET, JEANNINE M, , ,       State       Zip Code         Mailing Address 4305 TRILLIUM WAY       C       Zab       20         City       State       Zip Code       Transaction ID : PR11586274         Mailing Address 4305 TRILLIUM WAY       C       Zab       20         City       Mailing Address 4305 TRILLIUM WAY       Date of Receipt         MiNNETRISTA       Ma       S5364-7708         Receipt For:       EVP UnitedHith Grp       Preceipt For         Primary       General       Occupation (for Individual)       Memo Item         United HealtCare Services Inc       EVP UnitedHith Grp       Preceipt For         Primary       General       Other (specify) ▼       Zab         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       P/R Deduction (\$192.30 Bi-Weekt)         <	ceipt	Date of Receipt	ame	rganization Na	Initial) or Full O	MIGLIORI, RICHARD J, ,	A. MIGL		
WAYZATA       MN       55391-0072       Amount of Each Receipt this Performance         FEC: ID number of contributing federal political committee.       C       Amount of Each Receipt this Performance         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         United HealthCare Services Inc       EVP Consumer Hith Med Care         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       769.20         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         RIVET, JEANNINE M, , ,       Mailing Address 4305 TRILLIUM WAY       Date of Receipt         City       Mailing Address 4305 TRILLIUM WAY       C       Transaction ID : PR115983004         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID : PR115983004         Name of Employer (for Individual)       Occupation (for Individual)       Transaction ID : PR11598304         Name of Employer (for Individual)       Occupation (for Individual)       P/R Deduction (\$192.30 Bi-Week)         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Week)         City       Mailing Address 25 JEREMIAHS WAY       Transaction ID : PR15511334         City       General       Oiter Gontributing federal p						-			
rederal political committee. <ul> <li>Mame of Employer (for Individual)</li> <li>Directed Reservices Inc</li> <li>EVP Consumr Hith Med Care</li> <li>Receipt For:</li> <li>Primary</li> <li>General</li> <li>Other (specify) ▼</li> </ul> P/R Deduction (\$192.30 Bi-Week!) <ul> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> </ul> <ul> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>Date of Receipt</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>Date of Receipt</li> </ul> <ul> <li>Date of Receipt</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>Date of Receipt</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>Date of Receipt</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li> <li>Memo Item</li> <li>P/R Deduction (\$192.30 Bi-Week!)</li>             &lt;</ul>						WAYZATA			
United HealthCare Services Inc       EVP Consumr Hith Med Care         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         B. RIVET, JEANNINE M, , ,       Malling Address 4305 TRILLIUM WAY       Date of Receipt         City       State       Zip Code         MINNETRISTA       MN       55364-7708         FEC ID number of contributing       C       Aggregate Year-to-Date ▼         Primary       General       Occupation (for Individual)         Inited HealthCare Services Inc       C       Memo Item         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekk)         Primary       General       Occupation (for Individual)       Memo Item         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekk)         City       Malling Address 25 JEREMIAHS WAY       Zip Code       Transaction ID : PR15511334         SOUTH GLASTONBURY       State       Zip Code       Transaction ID : PR15511334         Maunt of Each Receipt this Pe       C       Memo Item       Memo Item         Viet (specify) ▼       Stat	384.60				С	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc			
Primary       General         Other (specify) ▼       P/R Deduction (\$192.30 Bi-Weekh)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         Mailing Address 4305 TRILLIUM WAY       Date of Receipt         City       State       Zip Code         MINNETRISTA       MN       S5364-7708         FEC ID number of contributing       C       Image: Committee         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Primary       General       Occupation (for Individual)       P/R Deduction (\$192.30 Bi-Weekh)         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekh)         City       Mailing Address 25 JEREMIAHS WAY       P/R Deduction (\$192.30 Bi-Weekh)         City       Mailing Address 25 JEREMIAHS WAY       Date of Receipt         City       State       Zip Code         SOUTH GLASTONBURY       State       Zip Code         FEC ID number of contributing       C       Transaction ID : PR15511334         Amount of Each Receipt this Pe       20       20         Transaction ID : PR15511334       South GLASTONBURY       State       Zip Code         Name of Employer (for Individual)       Occupation (for Individual)	Item	Memo Item	,						
B.       RIVET, JEANNINE M, , ,         Mailing Address 4305 TRILLIUM WAY       Date of Receipt         City       State       Zip Code         MINNETRISTA       MN       55364-7708         FEC ID number of contributing federal political committee.       C       Image: Committee and the althCare Services Inc         Name of Employer (for Individual) United HealthCare Services Inc       C/memory (for Individual) EVP UnitedHith Grp       P/R Deduction (\$192.30 Bi-Weekly)         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly)         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt       Date of Receipt         City       State       Zip Code       C       201         Mailing Address 25 JEREMIAHS WAY       City       State       Zip Code       202         City       State       Zip Code       C       204       Transaction ID : PR15511334         Amount of Each Receipt for:       Mailing Address 25 JEREMIAHS WAY       City       State       Zip Code       204         FEC ID number of contributing federal political committee.       C       City       Memo Item       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Occupation (for Individual)	on (\$192.30 Bi-Weekly)	P/R Deduction (\$1		Year-to-Date	Aggregate	Receipt For:			
City       State       Zip Code         MINNETRISTA       MN       55364-7708         FEC ID number of contributing       C         federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         United HealthCare Services Inc       C         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         City       State       Zip Code         SOUTH GLASTONBURY       C       06073-3621         FEC ID number of contributing       C       0072       28         FEC ID number of contributing       C       0073-3621       Transaction ID : PR15511334         Amount of Each Receipt this Per       0072       28       201         Transaction ID : PR15511334       Mailing Address 25 JEREMIAHS WAY       Date of Receipt       02         City       State       Zip Code       06073-3621       Transaction ID : PR15511334         Amount of Each Receipt this Per       Memo Item       01       02       28       201         Transection ID : PR15511344       Memo Ite	ceipt	Date of Receipt	ame	rganization Na	Initial) or Full O	RIVET, JEANNINE M, , ,			
MINNETRISTA       MN       55364-7708       Amount of Each Receipt this Performance         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) EVP UnitedHIth Grp       P/R Deduction (\$192.30 Bi-Weekly         Primary       General       Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly         City       MATTEO, MICHAEL C, , ,       Mailing Address 25 JEREMIAHS WAY       Date of Receipt         City       State       Zip Code       O6073-3621         FEC ID number of contributing federal political committee.       C       Memo Item         Name of Employer (for Individual)       Occupation (for Individual)       Memo Item         Optum Services, Inc       Aggregate Year-to-Date ▼       Memo Item				Zin Codo	State				
FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual) United HealthCare Services Inc       Occupation (for Individual) EVP UnitedHith Grp         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$192.30 Bi-Weekly         City       State       Zip Code         City       State       Zip Code         City       State       Zip Code         FEC ID number of contributing federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Optum Services, Inc       Aggregate Year-to-Date ▼         Memo Item       Memo Item						•			
United HealthCare Services Inc       EVP UnitedHIth Grp         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       MATTEO, MICHAEL C, , ,         Mailing Address 25 JEREMIAHS WAY       Date of Receipt         City       State       Zip Code         SOUTH GLASTONBURY       C         FEC ID number of contributing       C         federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Optum Services, Inc       Aggregate Year-to-Date ▼	384.60				С	EC ID number of contributing	FEC II		
Primary       General       P/R Deduction (\$192.30 Bi-Weekly         Other (specify) ▼       769.20       P/R Deduction (\$192.30 Bi-Weekly         Full Name of Individual (Last, First, Middle Initial) or Full Organization Name       Date of Receipt         C.       MATTEO, MICHAEL C, , ,       Date of Receipt         Mailing Address 25 JEREMIAHS WAY       06073-3621       Date of Receipt         City       State       Zip Code       769.20         SOUTH GLASTONBURY       CT       06073-3621       Amount of Each Receipt this Performant the second the s	Item	Memo Item	,						
C. MATTEO, MICHAEL C, , ,       Date of Receipt         Mailing Address 25 JEREMIAHS WAY       Dot of Receipt         City       State       Zip Code         SOUTH GLASTONBURY       CT       06073-3621         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Perfection of the perfection of t	ın (\$192.30 Bi-Weekly)	P/R Deduction (\$1		Year-to-Date	Aggregate	Primary General	F		
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federal political committee.       C         Name of Employer (for Individual)       Occupation (for Individual)         Optum Services, Inc       Chief Growth Off         Receipt For:       Aggregate Year-to-Date ▼						-			
Optum Services, Inc     Chief Growth Off       Receipt For:     Aggregate Year-to-Date ▼	230.76				C	6			
	Item	Memo Item	dividual)			Optum Services, Inc			
Other (specify) 461.52	on (\$115.38 Bi-Weekly)	P/R Deduction (\$1	461.52	Year-to-Date	Aggregate	Primary General			
SUBTOTAL of Receipts This Page (optional)	999.96		<b>F</b>						

### SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

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PAGE 15 OF

	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
Any information copied from such Reports a	and Statements many	ay not be sold or used by any purchase of any political committee	13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ig the name and a	duress of any political commute								
UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Mido A. ERICKSON, KAREN L, , ,	lle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 15348 RED OAKS ROA	D SE		M M / D D / Y Y Y Y Y 02 28 2017							
City PRIOR LAKE	State MN	Zip Code 55372-1834	Transaction ID : PR1575957645214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mido B. MONFILETTO, ERNEST, , ,	lle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3062 COMFORT ROAD			02 28 2017							
City NEW HOPE	State PA	Zip Code 18938-5622	Transaction ID : PR1575958145214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		153.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 307.68	P/R Deduction (\$76.92 Bi-Weekly)							
Full Name of Individual (Last, First, Mido C. VALENTA, LEE D, , ,	lle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 5033 PARK TERRACE			02 / 28 / 2017							
City EDINA	State MN	Zip Code 55436-1098	Transaction ID : PR1575958545214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		923.04							
TOTAL This Period (last page this line nu	mber only)	······								

## SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 16 OF

		Use separate schedule(s)	(check only	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a	11b	11c	12						
Any information copied from such Reports and												
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	ine name and a	duress of any political committee			om such	Commute	e.					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle A	Initial) or Full O	rganization Name	Date of	Receipt								
Mailing Address 4516 DREXEL AVENUE			02	/ D D 28	/ Y	Y Y 2017	Y					
City EDINA	State MN	Zip Code 55424-1130		Transaction ID : PR1580865345214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C				-7-	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHIth Grp	Me	emo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dedu	uction (\$192.	30 Bi-W	eekly)						
Full Name of Individual (Last, First, Middle B. HUGHES, RICHARD J, , ,	Initial) or Full O	rganization Name	Date of	Receipt								
Mailing Address 3905 COUNTY ROAD 44			02	02 28 2017								
City MINNETRISTA	State MN	Zip Code 55364-9572		action ID : P of Each Re								
FEC ID number of contributing federal political committee.	С			200.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P COO of Human Capital	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Dedu	P/R Deduction (\$100.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. JOHNSON, THAD C, , ,	Initial) or Full O	rganization Name	Date of	Receipt								
Mailing Address 9741 GLACIER BAY	1		02	/ D D 28	/ Y	y y 2017	Ŷ					
City EDEN PRAIRIE	State MN	Zip Code 55347-2615		of Each Re			4					
FEC ID number of contributing federal political committee.	С			,	9	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel	Me	emo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).						969.2	0					
TOTAL This Period (last page this line number	er only)		. [.		-							

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

		Use separate schedule(s)	(cheo	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle I SCHUMACHER, DANIEL J, , ,	nitial) or Full C	organization Name	D	Date of Receipt									
Mailing Address 5401 LARADA LANE				02	1	28	) / Y	ү 2017	Y				
City EDINA	State MN	Zip Code 55436-1024		Transaction ID : PR1596305445214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			_				384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group COO		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/I	R Dedi	uctio	on (\$19	2.30 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middle I LEWIS, THOMAS D, , ,	nitial) or Full C	organization Name	D	ate of	Re	ceipt							
Mailing Address 306 CHIPPEWA AVENUE				<sup>M</sup> 02	/	28	) / Y	2017	Y				
City TAMPA	State FL	Zip Code 33606-3614				-		30694521	4				
FEC ID number of contributing federal political committee.	С		mount	OT	Each F	receipt th	his Period 192.	30					
Name of Employer (for Individual) United HealthCare Services Inc	Occ	1	Me	emo	Item								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I C. OBERRENDER, ROBERT W, , ,		organization Name		ate of	Re	ceipt							
Mailing Address 4505 MOORLAND AVENUE				02	/	28		ү ү 2017	Y				
City EDINA	State MN	Zip Code 55424-1158						30704521 nis Period	4				
FEC ID number of contributing federal political committee.	С		ļ			y .	. ,	384.	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Treasurer		Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)						,	. ,	961.	50				
TOTAL This Period (last page this line numbe	r only)					-							

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

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

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(check only one)

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		Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17											
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	NC)											
Full Name of Individual (Last, First, Middle In DAVIDSON, TRACY L, , ,	iitial) or Full C	rganization Name	Date of Receipt											
Mailing Address 6058 HARBOUR TOWN CIR			02 / 28 / Y Y Y Y 2017											
	State OH	Zip Code	Transaction ID : PR1596311645214											
WESTERVILLE	ОП	43082-8144	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		769.20	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In B. ROSENTHAL, DANIEL I, , ,	itial) or Full C	rganization Name	Date of Receipt											
Mailing Address 8 VIA HERMOSA			02 28 2017											
City	State	Zip Code	Transaction ID : PR1596317345214											
ORINDA	CA	94563-1828	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In C. RUTH, KEVIN J, , ,	iitial) or Full C	rganization Name	Date of Receipt											
Mailing Address 16621 ALEXANDER MANOR	R DRIVE		02 28 2017											
City	State	Zip Code	Transaction ID : PR1596317445214											
SILVER SPRING	MD	20905-5028	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual)		upation (for Individual)	Memo Item											
United HealthCare Services Inc Receipt For:		P, HIth Advancement												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			1153.80											
TOTAL This Period (last page this line number		· ·												

## Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★     11a     11b     11c     12       13     14     15     16     17										
or	v information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)										
<b>A.</b>	Full Name of Individual (Last, First, Middle Initial) ILE, MICHAEL L, , ,	or Full O	rganization Name	Date of Receipt										
	Mailing Address 14924 PONDVIEW CIRCLE	04-44-		02 / 28 / 2017										
	City WAYZATA	State MN	Zip Code 55391-2249	Transaction ID : PR1600597645214										
	FEC ID number of contributing ederal political committee.	С		Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Prod	Memo Item										
	Acceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) MICHAUX, MICHAEL D, , ,	or Full O	rganization Name	Date of Receipt										
	Mailing Address 742 GOODRICH AVE			02 28 2017										
	City SAINT PAUL	State MN	Zip Code 55105-3343	Transaction ID : PR1600598545214 Amount of Each Receipt this Period										
	FEC ID number of contributing rederal political committee.	С		200.00										
	Name of Employer (for Individual) Dptum Services, Inc		upation (for Individual) GM PCM	Memo Item										
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) SANDY, LEWIS G, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name DY, LEWIS G, , ,												
	Mailing Address 4800 SUNNYSLOPE ROAD E			02 / D D / Y Y Y Y 28 / 2017										
	City EDINA	State MN	Zip Code 55424-1163	Transaction ID : PR1600598745214										
	FEC ID number of contributing rederal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Advancement	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$100.00 Bi-Weekly)										
sı	JBTOTAL of Receipts This Page (optional)			784.60										
тс	TAL This Period (last page this line number only	/)	▶											

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

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE 20 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using the			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
VinitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle I PETERSON, MATTHEW W, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2260 FOX STREET			02 / D D / Y Y Y Y 28 2017						
City ORONO	State MN	Zip Code 55356-8316	Transaction ID : PR1602669945214           Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. MALONEY, JEFFREY W, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6327 PASADENA POINT BI			02 / 28 / 2017						
City GULFPORT	State FL	Zip Code 33707-3867	Transaction ID : PR1613243545214 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I BELLAMY, THOMAS J, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2743 THOMAS AVENUE S	OUTH		02 D D / Y Y Y Y Y 02 28 2017						
City MINNEAPOLIS	State MN	Zip Code 55416-4346	Transaction ID : PR1653444345214 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.40						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  230.80	P/R Deduction (\$57.70 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			692.30						
TOTAL This Period (last page this line number	er only)								

## SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

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ITC			Use separate schedule(s)	(ch	(check only one)								
116	MIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12				
	r information copied from such Reports and Stat or commercial purposes, other than using the na												
<u> </u>	NAME OF COMMITTEE (In Full)			. 10 01									
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	(C)									
	Full Name of Individual (Last, First, Middle Initial EMERSON, PAUL M, , ,	) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 18855 MEADOW VIEW BLVD	1			м м 02	1	28	) / Y	Y Y 2017	Ŷ			
-	City PRIOR LAKE	State MN	Zip Code 55372-3133		Transaction ID : PR1806750345214 Amount of Each Receipt this Period								
	FEC ID number of contributing ederal political committee.	С			<u> </u>				384	1.60			
	Name of Employer (for Individual) Optum360 Services Inc	Occu COC	upation (for Individual) D		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 769.20	F	P/R Dedu	uctio	on (\$19	2.30 Bi-W	/eekly)				
	Full Name of Individual (Last, First, Middle Initial ANDERSON, CATHERINE K, , ,	) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 57 SIMMONS LANE	1			02 / <sup>y</sup> y y y y 28 / 2017								
	City SEVERNA PARK	State MD	Zip Code 21146-1921					PR19035 leceipt th					
	FEC ID number of contributing rederal political committee.	С			194.00								
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu SVP		Me	emo	Item							
ļ	Receipt For:       General         Primary       General         Other (specify) ▼	Aggregate `	Year-to-Date ▼ 388.00	F	P/R Dedu	uctio	on (\$97.	00 Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial SANTELLI, JOHN C, , ,	) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 25510 BIRCH BLUFF ROAD		-		<sup>M</sup> 02	/	28		2017 <sup>°</sup>	Y			
(	City EXCELSIOR	State MN	Zip Code 55331-8520					PR1903					
	EC ID number of contributing ederal political committee.	С			<u> </u>		y .		384	l.60			
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	upation (for Individual) CIO		Me	emc	ltem						
ļ	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
รเ	JBTOTAL of Receipts This Page (optional)						, ,		963	.20			
тс	TAL This Period (last page this line number on	ly)	•	-				1.95		-			

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

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17								
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
$\setminus$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini HANSEN, DAVID M, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 33 VIA CONOCIDO			02 28 2017								
	City SAN CLEMENTE	State CA	Zip Code 92673-7044	Transaction ID : PR2119476745214 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		270.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	P/R Deduction (\$135.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Ini HO, SAMUEL W, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 4220 OCEAN DR			02 / D D / Y Y Y Y 28 2017								
		State CA	Zip Code 90266-3059	Transaction ID : PR2119477945214								
	MANHATTAN BEACH           FEC ID number of contributing           federal political committee.	C	90200-3039	Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Chief Clin Off	Memo Item								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Ini NEURURER, SCOTT A, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 23822 VIA MONTE			02 / D D / Y Y Y Y Y 28 2017								
	Coto de caza	State CA	Zip Code 92679-4001	Transaction ID : PR2119484945214           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.38								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (	upation (for Individual) Dps	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.76	P/R Deduction (\$57.69 Bi-Weekly)								
⊢	UBTOTAL of Receipts This Page (optional)			769.98								

FOR LINE NUMBER:

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TEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle PITTMAN, AUSTIN T, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4621 EDINA BLVD			02 28 2017									
City EDINA	State MN	Zip Code 55424-1154	Transaction ID : PR2119486745214           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle <b>B.</b> POLICH, CYNTHIA, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3401 E VIA PALOMITA			02 28 2017									
City TUCSON	State AZ	Zip Code 85718-3371	Transaction ID : PR2119486845214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		416.66									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Strat Initiv	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	-									
Other (specify) ▼		208.33	P/R Deduction (\$208.33 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. TUCKER, STEVEN M, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 12331 COUNTRY LANE			02 / D D / Y Y Y Y 28 / 2017									
City SANTA ANA	State CA	Zip Code 92705-3330	Transaction ID : PR2119492045214           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.00	P/R Deduction (\$96.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			993.26									
TOTAL This Period (last page this line numb	er only)	······										

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)									
TEMIZED RECEIPTS			for each category of the Detailed Summary Page	<b>X</b> 1	H	11b	11c	12	·				
			y not be sold or used by any pe ddress of any political committee	erson for									
				10 30110	t cont	ibution	13 110111 300						
		d PAC (L	JnitedHealth Group PA	C)									
Full Name of Individu A. MASON, JOHN T	ual (Last, First, Middle Initia YLER, J, ,	al) or Full Or	rganization Name	Da	te of I	Receipt	t						
Mailing Address PO	BOX 2083			M M / D D / Y Y Y Y 02 28 2017									
CityStateCYPRESSCAFEC ID number of contributing federal political committee.C			Zip Code 90630-1583					637384521 this Period					
						-17-		384.	60				
Name of Employer ( United HealthCare Se			ipation (for Individual) Comm		Mer	no Iten	n						
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 576.90	P/R	Deduo	ction (\$	192.30 Bi-	Weekly)					
Full Name of Individu	ual (Last, First, Middle Initia EST G, , ,	al) or Full Or	rganization Name	Da	te of I	Receipt	t						
Mailing Address 380	LEAF STREET		M	02 <sup>M</sup>		28	2017	Y					
City ORONO		State MN	Zip Code					313244521					
			55356-9733	Am	iount o	of Each	n Receipt 1	this Period					
FEC ID number of c federal political comr	0	С						384.	60				
Name of Employer ( United HealthCare Se			upation (for Individual) s PS Labor Trust		Mer	no Iten	n						
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 769,20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individu	ual (Last, First, Middle Initia BROR O, , ,	al) or Full Or	rganization Name	Da	te of I	Receipt	t						
Mailing Address 408	22ND ST	1		M	02 <sup>M</sup>		28	2017	Y				
City GOLDEN		State CO	Zip Code 80401-2452					313324521 this Period					
FEC ID number of c federal political comr	0	С				y	9	384.	60				
Name of Employer (1 United HealthCare Se			npation (for Individual) NCEO		Mer	no Iten	n						
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 769.20	P/R	Dedu	ction (\$	192.30 Bi-	Weekly)					
SUBTOTAL of Receipt	s This Page (optional)		····· •			9		1153.	80				
TOTAL This Period (la	st page this line number or	nly)	•			-							

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

## Use separate schedule(s)

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			Use separate schedule(s)	(ch	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a	$\square$	11b	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia MORISATO, SUSAN C, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 238 ARDMORE ROAD			02 28 2017									
	City DES PLAINES	State IL	Zip Code 60016-2119	_					<b>3384521</b> is Period	4			
	FEC ID number of contributing federal political committee.	С					7		384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Insurance Sols		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 769.20	]	P/R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia PUTNAM, T JEFFREY, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 303 ELMWOOD PLACE WEST			м м 02	/	D D D 28	/ Y	2017	Y				
	City MINNEAPOLIS	State MN	Zip Code 55419-1349				-		3424521 is Period	4			
	FEC ID number of contributing federal political committee.	С				U			384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Fin Plng Anlys		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia SMITH, DANNETTE L, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 4200 ALDEN DRIVE	1 -			м м 02	/	D D 28		2017				
	City EDINA	State MN	Zip Code 55416-5010						72994521 is Period	4			
	FEC ID number of contributing federal political committee.	С				0.	1		384.	60			
Name of Employer (for Individual) United HealthCare Services Inc			pation (for Individual) eputy Gen Counsel		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		••••••	•			9		1153.	30			
т	OTAL This Period (last page this line number or	ly)	•••••	•			,						

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17							
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. SPIVACK, DAVID A, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 37 HIDDEN TRAIL			M M / D D / Y Y Y Y 02 28 2017							
City IRVINE	State CA	Zip Code 92603-0212	Transaction ID : PR2162867645214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) PBus Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. BEAULE, JEAN-FRANCOIS, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 7 STRATFORD RD			02 / D D / Y Y Y Y Y 28 2017							
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR2225813645214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		230.76							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P HIth Advancement	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.52	P/R Deduction (\$115.38 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. RANGEN, ERIC S, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 15348 RED OAKS ROAD			02 / D D / Y Y Y Y Y 28 / 2017							
City PRIOR LAKE	State MN	Zip Code 55372-1834	Transaction ID : PR2225819345214           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	)		999.96							
TOTAL This Period (last page this line num	per only)									

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IT.	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)								
			Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16								
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
<u> </u>	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	NC)								
<u> </u>	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	rganization Name									
Α.				Date of Receipt								
	Mailing Address 45 WESTMORELAND LN			02 / D D / Y Y Y Y 28 2017								
	City NAPERVILLE	State IL	Zip Code 60540-5817	Transaction ID : PR2225819645214 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		115.38								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	United HealthCare Services Inc	RVF	P CInt Mgmt Svc									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General		000.70	P/R Deduction (\$57.69 Bi-Weekly)								
	Other (specify) <b>v</b>		230.76									
B	Full Name of Individual (Last, First, Middle Initi SAILOR, ROY THOMAS, , ,	ial) or Full O	rganization Name	Date of Receipt								
υ.	Mailing Address 276 COYOTE WILLOW DRIVE	:										
				02 28 2017								
	City	State	Zip Code	Transaction ID : PR2225819745214								
	COLORADO SPRINGS	CO	80921-7631	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		153.84								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dvlp	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼	-								
	Primary General	, iggi oguto		P/R Deduction (\$76.92 Bi-Weekly)								
	Other (specify) V	L	307.68									
	Full Name of Individual (Last, First, Middle Initi CONNLY, MICHAEL R, , ,	ial) or Full O	rganization Name	Date of Receipt								
<b>.</b>	Mailing Address 570 MONTCALM PL											
				02 28 2017								
	City	State	Zip Code	Transaction ID : PR2247625845214								
	SAINT PAUL	MN	55116-1730	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		200.00								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	Optum Services, Inc		of Tech Off									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		400.00	P/R Deduction (\$209.09 Bi-Weekly)								
	Other (specify)	L	400.00									
s	UBTOTAL of Receipts This Page (optional)			469.22								
<sub>T</sub>	OTAL This Period (last page this line number of	only)	-									
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ITC	MIZED RECEIPTS		Use separate schedule(s)	(check	(check only one)								
			for each category of the Detailed Summary Page	<b>X</b> 11		11b 14	11c	12	17				
Any or fo	information copied from such Reports and S or commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for t	he pu	rpose of	soliciting	g contribut	ions				
<u> </u>	JAME OF COMMITTEE (In Full)		·····										
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
A	ull Name of Individual (Last, First, Middle Init CARCIONE JR, JOSEPH R, , ,	tial) or Full O	rganization Name	Date	e of R	eceipt							
_	lailing Address 11 CARRIAGE WAY				02 28 2017								
	City WHITE PLAINS	State NY	Zip Code 10605-5424					626845214 nis Period	L				
	EC ID number of contributing ederal political committee.	С					7	115.4	<i>,</i> 0				
	Jame of Employer (for Individual) Jnited HealthCare Services Inc	Occi Med	upation (for Individual) I Dir		Mem	o Item							
Ē	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.80	P/R D	Deduct	ion (\$57	.70 Bi-We	eekly)					
В	ull Name of Individual (Last, First, Middle Init O'BRIEN, DENNIS P, , ,	tial) or Full O	rganization Name	Date	e of R	eceipt							
_	Aailing Address 61 LOUGHLIN AVE			C C	<sup>M</sup> 2	28		2017	Y				
	City COS COB	State CT	Zip Code 06807-2621					627345214	<u> </u>				
F	EC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) In CEO		Mem	o Item							
Ē	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 769.20	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)					
	<sup></sup> <sup></sup> ull Name of Individual (Last, First, Middle Init VERNEY, JEFFERY RICHARD, ,		rganization Name	Date	e of R	eceipt							
_	Aailing Address 266 WESTLEDGE ROAD			C	2	28		2017					
	City WEST SIMSBURY	State CT	Zip Code 06092-2017					627445214 nis Period	1				
	EC ID number of contributing ederal political committee.	С				y	7	192.3	0				
ι	lame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Gen Mgmt		Mem	io Item							
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R [	Deduc	tion (\$96	6.15 Bi-Wo	eekly)					
	BTOTAL of Receipts This Page (optional)					y 1	, , ,	692.3	0				

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

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

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		Detailed Summary Page		13		14	15		16	17		
Any information copied from such Reports or for commercial purposes, other than usi							soliciting		ntribut	ions		
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	orated PAC (	UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Mid OHMAN, DANIEL L, , ,	dle Initial) or Full C	Organization Name	[	Date of Receipt								
Mailing Address 8970 MOOR PARK RU	N			02 28 2017								
City	State	Zip Code		Trans	act	ion ID :	PR2247	628	)4521/	4		
DULUTH	GA	30097-6621	/	Amount	t of	Each F	Receipt th	nis F	'eriod			
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Jn CEO		M	emc	Item						
Receipt For:	Aggregate	Year-to-Date V										
Primary General	3334.0		P/	/R Ded	uctio	on (\$96	.15 Bi-W	eekl	y)			
Other (specify) V		384.60	4									
Full Name of Individual (Last, First, Mid B. PRINCE, JOHN M, , ,	dle Initial) or Full C	Organization Name	[	Date of	f Re	eceipt						
Mailing Address 546 HARRINGTON RO		02 / D D / Y Y Y Y Y 28 2017										
City	State	Zip Code		Trans	acti	on ID :	PR2259	7384	45214	ł		
WAYZATA	MN	55391-1550	A				Receipt th					
FEC ID number of contributing federal political committee.	С			384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Group COO		Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify) ▼		, 769.20										
Full Name of Individual (Last, First, Mid C. LOGAN, JAKE, , ,	dle Initial) or Full C	Organization Name	[	Date of	f Re	eceipt						
Mailing Address 4826 EAST CALLE RE	1			<sup>M</sup> 02	1	28			) 17	Y		
City	State	Zip Code		Trans	act	ion ID :	PR2402	318	24521	4		
PHOENIX	AZ	85018-2931	/	Amount	t of	Each F	Receipt th	nis F	'eriod			
FEC ID number of contributing federal political committee.	С					,	,		384.6	60		
Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	tem						
United HealthCare Services Inc		t Affs Dir										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		769.20	P/R Deduction (\$192.30 Bi-Weekly)						<ly)< td=""><td></td></ly)<>			
SUBTOTAL of Receipts This Page (option	nal)		•   •			y	. ,		961.5	60		
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a 13	$\square$	] 11   14		-	11c	12 16	17			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements ma ame and a	ay no Iddre	ot be sold or used by any pe ess of any political committee	erson fo	or the	purp htrib	pos	se of :	sol	15 iciting 1 such	contribut	ions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated															
A.	Full Name of Individual (Last, First, Middle Initial, BECKER, JAMES H, , ,	) or Full O	rgar	nization Name	C	ate of	Re	ecei	ipt							
	Mailing Address 378 FERNDALE ROAD WEST				1	02 28 2017										
	City WAYZATA	State MN		Zip Code 55391-1559	A			-			-	<b>4514521</b> s Period	4			
	FEC ID number of contributing federal political committee.							Amount of Each Receipt this Period 384.60								
Name of Employer (for Individual)     Occupation (for Individual)       United HealthCare Services Inc     SVP Ops							emo	) Ite	em							
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 769.20	P/	R Dedu	uctic	on (	(\$192	.30	) Bi-W	eekly)						
B.	Full Name of Individual (Last, First, Middle Initial) COLEMAN, JAMES C, , ,	) or Full O	rgar	nization Name		ate of	Re	ecei	ipt							
	Mailing Address 4720 WEST 66TH STREET	1-				02 28 2017										
	City EDINA	State MN		Zip Code 55435-1506		Transaction ID : PR2402445245214 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			ļ	200.00							00			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) SVP, Human Capital	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 400.00	P/R Deduction (\$100.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial)	) or Full O	rgar	nization Name		ate of	Re	ecei	ipt							
	Mailing Address 11688 TANGLEWOOD DRIVE	1 -				02 <sup>M</sup>	/	L	D D D 28	L	/ Y	y y 2017				
	City EDEN PRAIRIE	State MN		Zip Code 55347-4726	A							4564521 s Period	4			
	FEC ID number of contributing federal political committee.	С				_	_	,			<b>9</b>	384.6	80			
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ment CEO		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 769.20	P/	R Dedi	uctio	on	(\$192	2.30	) Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)			••••••	[			,			,	969.2	20			
т	OTAL This Period (last page this line number onl	y)		•				_			-g	4				

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IТ.			Use separate schedule(s)	(check on	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b 14	11c 15		Г	17		
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the		bose of s	oliciting	contr	ributio	ons		
$\setminus$	NAME OF COMMITTEE (In Full)											
$ \rangle$	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group P	4C)								
<u> </u>	Full Name of Individual (Last, First, Middle Init ALEXANDER, CORY, , ,	ial) or Full C	Organization Name	Date o	of Re	ceipt						
	Mailing Address 4203 BRADLEY LANE			02	/	28	/ Y	Y 201	Y Y 7	7		
	City CHEVY CHASE	State MD	Zip Code 20815-5234			<b>on ID : P</b> Each Re						
	FEC ID number of contributing federal political committee.	С				7	- -		84.60	)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affairs		/lemo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dec	ductic	on (\$192.	30 Bi-W	/eekly)	)			
B	Full Name of Individual (Last, First, Middle Init WEE, KATHLYN G, , ,	Date o	of Re	ceipt								
	Mailing Address 2225 46TH ST NW		02		28	/ Y	2017					
	City WASHINGTON	State DC	Zip Code 20007-1032			on ID : P			-			
	FEC ID number of contributing federal political committee.	C				Each Re			84.60	)		
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) P State SIs OptumI	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Dec	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Init BALTHAZOR, PAUL JOSEPH, , ,	ial) or Full C	Organization Name	Date o	of Re	ceipt						
	Mailing Address 9013 FARNSWORTH AVENU			02	И /	D D D 28	/ Y	2017				
	City BROOKLYN PARK	State MN	Zip Code 55443-1754			on ID : F Each Re						
	FEC ID number of contributing federal political committee.	С				y .		3	84.60	)		
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Bus	upation (for Individual) Segment COO	N	/lemo	Item						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)					y	,	11:	53.80			
Т	OTAL This Period (last page this line number of	only)				,			-			

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17							
			13     14     15     16     17       verson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle COSGRIFF, JOHN W, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1837 SUMMIT LANE			02 28 2017							
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137	Transaction ID : PR2437121645214           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date  769.20	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. RAINEY, PETER W, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3115 WEST 47 STREET			02 / D D / Y Y Y Y Y 28 2017							
City MINNEAPOLIS	State MN	Zip Code 55410-1857	Transaction ID : PR2437127545214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. LIPPERT, ROBIN E, , ,	e Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 701 PENNSYLVANIA AV SUITE 200 City	E NW	Zip Code	02 28 2017							
WASHINGTON	DC	20004-3610	Transaction ID : PR2439928045214           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	)		1153.80							
TOTAL This Period (last page this line num	ber only)									

## SCHEDULE A (FEC Form 3X) DEOEIDTO

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	,	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	▲     11a     11b     11c     12       13     14     15     16     17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Fi		JnitedHealth Group P/	AC)									
Full Name of Individual (Last,												
A. HEYMAN, STEPHEN M, ,	,		Date of Receipt									
Mailing Address 5300 SHERR	ILL AVENUE		M M / D D / Y Y Y Y 02 28 2017									
City CHEVY CHASE	State MD	Zip Code 20815-3720	Transaction ID : PR2444265745214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individ United HealthCare Services Inc	,	upation (for Individual) 9 Govt Affs	Memo Item									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, B. ADLINGTON SHKABEI		rganization Name	Date of Receipt									
Mailing Address 4329 EWING			02 / 28 / 2017									
City MINNEAPOLIS	State MN	Zip Code 55410-1342	Transaction ID : PR2445016445214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		269.24									
Name of Employer (for Individ United HealthCare Services Inc	,	upation (for Individual) Human Capital	Memo Item									
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 538.48	P/R Deduction (\$134.62 Bi-Weekly)									
Full Name of Individual (Last, <b>C. RENFRO, LARRY C</b> ,		rganization Name	Date of Receipt									
Mailing Address 5 DOVE LAN	E		02 / 28 / 2017									
City ANDOVER	State MA	Zip Code 01810-2845	Transaction ID : PR2460168145214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individe Optum Services, Inc		upation (for Individual) E CHAIRMAN & CEO Optum	Memo Item									
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Pa	ge (optional)		1038.44									
TOTAL This Period (last page th	nis line number only)											

### SCHEDULE A (FEC Form 3X) DEOEIDTO

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			Use separate schedule(s)	(check only one)
11			for each category of the Detailed Summary Page	<b>≭</b> 11a ☐ 11b ☐ 11c ☐ 12
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full)		duress of any political committee	to solicit contributions norm such committee.
$\rangle$	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)
A.	Full Name of Individual (Last, First, Middle Initia ORBUCH, DAVID B, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 2220 CEDAR LAKE PKWY	02 28 2017		
	City MINNEAPOLIS	State MN	Zip Code 55416-3644	Transaction ID : PR2460168245214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) um Exec	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia SCHICK, SUE, , ,	Date of Receipt		
	Mailing Address 1220 DENBIGH LANE	02 28 2017		
	City WAYNE	State PA	Zip Code 19087-4644	Transaction ID : PR2480620545214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Growth Off	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia BURNS, MATTHEW A, , ,	Date of Receipt		
	Mailing Address 2724 BISON DRIVE	02 / D D / Y Y Y Y 28 2017		
	City EDMOND	State OK	Zip Code 73034-3475	Transaction ID : PR2484541745214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$125.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			826.90
т	OTAL This Period (last page this line number or	ıly)	•	

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

## Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a │ 11b │ 11c │ 12
			Solariou Summary Laye	13 14 15 16 17
	y information copied from such Reports and Staten for commercial purposes, other than using the narr			
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	JnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) of MCMAHON, DIRK C, , ,	Date of Receipt		
	Mailing Address 60 WILDHURST ROAD	02 28 / Y Y Y Y 2017		
		State MN	Zip Code 55331-8461	Transaction ID : PR2491457045214
			33331-0401	Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PENTRPRS OPS/TECH	Memo Item
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name NATHAN, DONALD H, , ,			Date of Receipt
	Mailing Address 275 GREENWICH STREET #30			02 28 2017
		State NY	Zip Code 10007-2150	Transaction ID : PR2491457345214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Comm Off	Memo Item
	Receipt For:     Ag       Primary     General       Other (specify) ▼	gregate	Year-to-Date ▼ , 769.20	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) of SULLIVAN, KATHRYN M, , ,	Date of Receipt		
	Mailing Address 530 N LAKE SHORE DR # 2309	02 / D D / Y Y Y Y 28 / 2017		
	5	State IL	Zip Code 60611-7435	Transaction ID : PR2491457545214
				Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ) E&I Regions	Memo Item
	Receipt For:	1	Year-to-Date ▼ 388.00	P/R Deduction (\$97.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			963.20
T	OTAL This Period (last page this line number only)		►	

## Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12		
Any information copied from such Reports an or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)		
Full Name of Individual (Last, First, Middle SMITH, KARA V, , ,	Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 610 CRESTWOOD DRIVE	02 28 2017				
City ALEXANDRIA	State VA	Zip Code 22302-2533	Transaction ID : PR2540175345214 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		384.60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)		
Full Name of Individual (Last, First, Middle B. PURDY, PATRICIA A, , ,	Date of Receipt				
Mailing Address 7417 LYNNHURST STREE	02 / 28 / 2017				
City CHEVY CHASE	State MD	Zip Code 20815-3101	Transaction ID : PR2541300645214		
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60		
Name of Employer (for Individual) United HealthCare Services Inc					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)		
Full Name of Individual (Last, First, Middle C. VERSAGGI, JOHN, , ,	Date of Receipt				
Mailing Address 800 ALBANY AVENUE	02 / 28 / Y Y Y Y 02 28				
City ALEXANDRIA	State VA	Zip Code 22302-3501	Transaction ID : PR2541300845214           Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	ů l				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.64	P/R Deduction (\$96.16 Bi-Weekly)		
SUBTOTAL of Receipts This Page (optional)			961.52		
TOTAL This Period (last page this line numb	per only)				

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check d	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	a 🗌	11b	11c	12					
Any information copied from such Reports and or for commercial purposes, other than using t												
NAME OF COMMITTEE (In Full)								•				
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle ALTER, JEFFREY D, , ,	Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address 3 WOODLAND ROAD	1	[	02 28 2017									
City PORT JEFFERSON	State NY	Zip Code 11777-1053				PR25529 Receipt th	6024521 is Period	4				
FEC ID number of contributing federal political committee.	С					1 - <del>1</del>	384.6	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)					
Full Name of Individual (Last, First, Middle LOVELADY, JOHN H, , ,	Initial) or Full C	Organization Name	Date	of R	eceipt							
Mailing Address 6268 ORCHARD PARK	0	7in Onde	02 / 28 / 2017									
City FRISCO	State TX	Zip Code 75034-5126					64245214	1				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60									
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Regn CEO			Memo Item							
Receipt For:		Year-to-Date ▼										
Primary     General       Other (specify) ▼		769.20	P/R D	educt	ion (\$192	2.30 Bi-W	(eekly)					
Full Name of Individual (Last, First, Middle STREIT, BARRY R, , ,	Initial) or Full C	organization Name	Date	of R	eceipt							
Mailing Address 5421 KELLOGG AVENUE			0	2	28		2017					
City EDINA	State MN	Zip Code 55424-1604				PR25529 Receipt th	96674521 is Period	4				
FEC ID number of contributing federal political committee.	С				y :		115.3	38				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Sls		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date  230.76	P/R Deduction (\$57.69 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).					,	. ,	884.5	58				
TOTAL This Period (last page this line number	er only)				-	-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
				13 14 15 16 17							
An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and ad	y not be sold or used by any poddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
٩.	Full Name of Individual (Last, First, Middle Initia THOMAS, RICHARD D, , ,	l) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 5121 DUPONT AVENUE SOUT	H		02 / 28 / Y Y Y Y 02 28 2017							
	City	State	Zip Code	Transaction ID : PR2553475445214							
	MINNEAPOLIS	MN	55419-1151	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		194.00							
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt	Memo Item							
	Receipt For:		Year-to-Date ▼	—							
	Primary General Other (specify) ▼		388.00	P/R Deduction (\$97.00 Bi-Weekly)							
3.	Full Name of Individual (Last, First, Middle Initia VOJTA, DENEEN, , ,	l) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 5201 KELLOGG AVENUE			M         /         D         /         Y							
	City	State	Zip Code	Transaction ID : PR2553475545214							
	EDINA	MN	55424-1304	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Bus Initiv Clin Aff	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia FLAGSTAD, KARSTEN S, , ,	l) or Full Or	rganization Name	Date of Receipt							
	Mailing Address 13420 JAY ST NW			02 28 2017							
	City	State	Zip Code	Transaction ID : PR2554013045214							
	ANDOVER	MN	55304-4015	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item							
	Optum Services, Inc		nfo Tech								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify)		769.20	P/R Deduction (\$192.30 Bi-Weekly)							
	UBTOTAL of Receipts This Page (optional)			963.20							

## Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	<b>≭</b> 11a ☐ 11b ☐ 11c ☐ 12							
	y information copied from such Reports and Sta		ay not be sold or used by any pe								
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)							
A.	Full Name of Individual (Last, First, Middle Initia GIANCURSIO, DONALD J, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 72 MIDNIGHT RIDGE DR			M M / D D / Y Y Y Y 02 28 2017							
	City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064945214 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia KUNEMUND, GREGG J, , ,	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 9040 RIVERBEND MANOR			02 28 2017							
	City ALPHARETTA	State GA	Zip Code 30022-1813	Transaction ID : PR2560065345214 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		134.62							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.24	P/R Deduction (\$67.31 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Date of Receipt							
	Mailing Address 55 CLIFFIELD ROAD	1		02 / D D / Y Y Y Y 02 28 2017							
	City BEDFORD	State NY	Zip Code 10506-1210	Transaction ID : PR2560065445214           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		194.00							
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	upation (for Individual) Dir	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 388.00	P/R Deduction (\$97.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			713.22							
т	OTAL This Period (last page this line number or	ly)									

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

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

FOR LINE NUMBER:

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			Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
	y information copied from such Reports and State for commercial purposes, other than using the na			person for the purpose of soliciting contributions							
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)							
A.	Full Name of Individual (Last, First, Middle Initial) LUCHT, JEFFREY D, , ,	) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 33 FOUR SEASONS DRIVE			M M / D D / Y Y Y Y 02 28 2017							
	City ALTON	State NH	Zip Code	Transaction ID : PR2560065645214							
	ALTON		03809-4872	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		194.00							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Act Underwriting	Memo Item							
	Receipt For:	Aaareaate	Year-to-Date V								
	Primary General Other (specify) ▼		388.00	P/R Deduction (\$97.00 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initial) NOEL, TIMOTHY J, , ,	) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 4316 FREMONT AVENUE SOUT	ΓH		02 28 / Y Y Y Y 02 107							
	City	State	Zip Code	Transaction ID : PR2560398845214							
	MINNEAPOLIS	MN	55409-1721	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Prd	Memo Item							
	Receipt For:     //       Primary     General       Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initial) CRONIN, JAMES, , ,	) or Full O	Drganization Name	Date of Receipt							
	Mailing Address 241 WALLACE RD			02 28 2017							
	City	State	Zip Code	Transaction ID : PR2560821145214							
	BEDFORD	NH	03110-5144	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.30							
	Name of Employer (for Individual) United HealthCare Services Inc		eupation (for Individual) P Ops	Memo Item							
	Receipt For:     //       Primary     General       Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			770.90							
т	OTAL This Period (last page this line number onl	y)									

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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11			for each category of the Detailed Summary Page	>	<b>1</b> 1a		11b	11c	12	_	_	
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)			10 01								
$\rangle$	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia BARTON, JACQULYN M, , ,	l) or Full Or	rganization Name	Date of Receipt								
	Mailing Address 1587 112 TH COURT WEST	1		02 28 2017								
	City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5412					PR25632 leceipt th				
	FEC ID number of contributing federal political committee.	С			<u> </u>				200	0.00		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Partner		Me	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	F	P/R Dedu	uctio	on (\$10	0.00 Bi-W	/eekly)			
в.	Full Name of Individual (Last, First, Middle Initia MACKENZIE, ANDREW C, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt					
	Mailing Address 1912 IRVING AVE S	_		02 / D D / Y Y Y Y 28 2017								
	City MINNEAPOLIS	State MN	Zip Code 55403-2823					PR25642 leceipt th				
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Bus Segment CMO			384.60							
	Name of Employer (for Individual) United HealthCare Services Inc				Memo Item							
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 769.20	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)			
C.	Full Name of Individual (Last, First, Middle Initia CARLSON, CHRISTOPHER CHAR		rganization Name		Date of	Re	ceipt					
	Mailing Address 10618 WEST RIVER ROAD				м м 02	/	28		y y 2017	Y	]	
	City BROOKLYN PARK	State MN	Zip Code 55443-1233					PR2564				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	y	384	4.60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cnsmr & Cust Experience		Me	emc	tem					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)						, .		969	9.20		
т	OTAL This Period (last page this line number on	ly)	•				-			-		

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

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

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		Detailed Summary Page	×			111		11c	12	·			
Any information copied from such Reports and	Statements ma	ay not be sold or used by any n	erson f	13 or the	puri	14 pos		15 solicitinc	16 contribut	ions			
or for commercial purposes, other than using t													
NAME OF COMMITTEE (In Full)	ated PAC (I	JnitedHealth Group PA	AC)										
	,	•	,										
Full Name of Individual (Last, First, Middle <b>A.</b> HANSEN, PAUL DANIEL, , ,	Initial) or Full C	organization Name	1	Date of	Re	eceij	pt						
Mailing Address 18430 62ND PLACE NORT	Ή			02 28 2017									
City	State	Zip Code			acti	ion	1.00	R2564	B0274521	4			
MAPLE GROVE	MN	55311-4585							is Period				
FEC ID number of contributing federal political committee.	С		194.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) htroller Mkt Grp		Me	emc	o Ite	em						
Receipt For:		· ·	-										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 388.00	P/	/R Ded	uctio	ion (	(\$97.0	0 Bi-We	eekly)				
Full Name of Individual (Last, First, Middle MOQUIST, DARREN C, , ,	Initial) or Full C	organization Name		Date of	Re	ecei	pt						
Mailing Address 5004 ARDEN AVE				M M 02	1	D	28	/ Y	2017	Y			
City	State	Zip Code				-			30344521	4			
EDINA	MN	55424-1314	/	Amount	of	Ead	ch Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	С					-9-			192.:	32			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.64	P/R Deduction (\$96.16 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. BERNS, DEBRA J, , ,	Initial) or Full C	organization Name		Date of	Re	eceij	pt						
Mailing Address 3209 GALLERIA UNIT 1705				<sup>M</sup> 02	1		28	/ Y	2017 <sup>°</sup>	Y			
City	State MN	Zip Code	$\vdash$						80404521	4			
	IVIN	55435-2556	/	Amount	of	Ead	ch Re	ceipt th	iis Period	_			
FEC ID number of contributing federal political committee.	C					y	_		384.	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef CompInc/Ethics Off		M	emo	o Ite	əm						
Receipt For:		Year-to-Date ▼											
Primary General Other (specify)		769.20	]   P.	/R Ded	ucti	ion (	(\$192	.30 Bi-V	Veekly)				
SUBTOTAL of Receipts This Page (optional).									770.9	92			
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#### SCHEDULE A (FEC Form 3X) DEOEIDTO

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116	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12				
	r information copied from such Reports and Stat or commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	NC)									
	Full Name of Individual (Last, First, Middle Initial ZAMORE, DENISE V, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
-	Mailing Address 180 FELT ROAD			02 28 2017									
(	City SOUTH WINDSOR	State CT	Zip Code 06074-3864						12954521 is Period	4			
	FEC ID number of contributing rederal political committee.	С					-		192.	30			
I	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) ssc Gen Counsel		Me	emo	Item						
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	F	P/R Dedu	uctio	on (\$96.	15 Bi-We	ekly)				
<b>B.</b> _	Full Name of Individual (Last, First, Middle Initial ARNONE, WENDY D, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
-	Mailing Address 5243 E DESERT PARK LANE	State	Zip Code	02 / 28 / 2017 Transaction ID : PR2568900545214									
	PARADISE VALLEY	AZ	85253-3015						0054521 is Period	4			
	FEC ID number of contributing rederal political committee.	С						384.	60				
l	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occupation (for Individual) Regn CEO			Memo Item								
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial CARLSON, KEVIN JAMES, , ,	) or Full Or	ganization Name		Date of	Re	ceipt						
-	Mailing Address 4511 BROWNDALE AVENUE	01-1-	Zin On da		02	/	28		2017 <sup>°</sup>				
,	City EDINA	State MN	Zip Code 55424-1142						59004521 is Period	4			
	FEC ID number of contributing ederal political committee.	С			<u> </u>		y .		192.	30			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) twk Contrctng		Me	emo	Item						
I	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 384.60	I F	P/R Dedu	uctio	on (\$96.	15 Bi-We	eekly)					
รเ	JBTOTAL of Receipts This Page (optional)		••••••				9		769.:	20			
тс	TAL This Period (last page this line number on	ly)		- •			,						

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PAGE 44 OF

		Use separate schedule(s)	(check only one)	L							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11		12						
Any information copied from such Reports and or for commercial purposes, other than using t				se of soliciting							
NAME OF COMMITTEE (In Full)					Commute						
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	C)								
Full Name of Individual (Last, First, Middle I WIFFLER, THOMAS P, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1421 SOMERFIELD DRIVE											
City BOLINGBROOK	State IL	Zip Code 60490-3207	Transaction Amount of Ea	ID: PR25729 ch Receipt th		ļ					
FEC ID number of contributing federal political committee.	С			1 1 7	384.6	0					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Ite	em							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (	(\$192.30 Bi-W	eekly)						
Full Name of Individual (Last, First, Middle I B. CIANFROCCO, HEATHER R, , ,	nitial) or Full C	rganization Name	Date of Recei	ipt							
Mailing Address 2799 WEST BARDONNER			02 / D D / Y Y Y Y 28 2017								
City GIBSONIA	State PA	Zip Code 15044-8462		ID : PR25749							
	_	15044-6462	Amount of Ea	ch Receipt th	s Period	_					
FEC ID number of contributing federal political committee.	C		Memo Item								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Clin Ops									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		, , 769.20	P/R Deduction (	(\$192.30 Bi-W	eekly)						
Full Name of Individual (Last, First, Middle I ALLAZETTA, DAVID W, , ,	nitial) or Full C	rganization Name	Date of Recei	ipt							
Mailing Address 339 DARTMOUTH HILLS S			02	28	2017 <sup>Y</sup>						
City LAS VEGAS	State NV	Zip Code 89138-1544	Amount of Ea	ID: PR25749		ŀ					
FEC ID number of contributing federal political committee.	С			,	192.3	0					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Ite	em							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)					961.5	0					
TOTAL This Period (last page this line number	er only)	••••••									

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

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

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

			Detailed Summary Page	<b>X</b> 11a 11b 11c 12
			Detailed Summary Page	
An or	/ information copied from such Reports and for commercial purposes, other than using th	Statements ma e name and a	ay not be sold or used by ar ddress of any political comm	ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
$\backslash$	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group	PAC)
۱.	Full Name of Individual (Last, First, Middle Ir DUNCAN, MICHELE M, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 3038 FAIRWAY CIRCLE			02 28 2017
	City	State	Zip Code	Transaction ID : PR2575029645214
	CHASKA	MN	55318-3408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		769.20	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Ir VAN HOLMES, LORI A, , ,	hitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4117 BRYANT AVENUE SO	UTH		02 28 2017
	City	State	Zip Code	Transaction ID : PR2575030945214
	MINNEAPOLIS	MN	55409-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		194.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Dev	Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		388.00	P/R Deduction (\$97.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Ir O'BRIEN, JENNIFER M, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 4371 BENT TREE LANE			02 / D D / Y Y Y Y 02 28 2017
	City	State	Zip Code	Transaction ID : PR2575034545214
	EAGAN	MN	55123-3054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	United HealthCare Services Inc		ef Compli Off	_
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify)		769.20	P/R Deduction (\$192.30 Bi-Weekly)
	JBTOTAL of Receipts This Page (optional)	1		963.20

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		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
angle UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle I A. LINDSAY, VIVIAN M, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 14930 SW 39 ST			02 28 2017									
City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054945214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I A. NICHOLS, SANDRA B, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 12706 YOUNG LANE			02 / D D / Y Y Y Y Y 28 2017									
City	State MD	Zip Code	Transaction ID : PR2575074545214									
		20878-6112	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ired Svs Regn CMO	Memo Item									
Receipt For:	Aggregate	Year-to-Date <b>V</b>										
Other (specify) ▼		384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I DEWALL, PATRICK J, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 7662 RIDGEVIEW WAY			02 / 28 / Y Y Y Y 2017									
City CHANHASSEN	State MN	Zip Code 55317-4507	Transaction ID : PR2575145345214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			576.90									
TOTAL This Period (last page this line number	er only)											

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		Use separate schedule(s)	(check	(check only one)								
ITEMIZED RECEIPTS	<b>D RECEIPTS</b> for each category of the Detailed Summary Page				11b	11c	12	·				
Any information copied from such Reports and or for commercial purposes, other than using th				the pu								
NAME OF COMMITTEE (In Full)				contr	ibutions	from suc	n commu	ee.				
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle Ir A. JONES, RON, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 10066 ESCAMBIA BAY CT				02 28 2017								
City NAPLES	State FL	Zip Code 34120-4621				: PR2575 Receipt th		4				
FEC ID number of contributing federal political committee.	С			_			250.0	00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? CInt Relationship		Merr	no Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R I	Deduc	tion (\$1	25.00 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middle Ir B. CASSANO, SCOTT G, , ,	nitial) or Full C	rganization Name	Dat	e of F	Receipt							
Mailing Address 4855 BUCKHORN BUTTE C			02 / D D / Y Y Y Y 28 2017									
City LAS VEGAS	State NV	Zip Code 89149-5258				: PR2575 Receipt th		4				
FEC ID number of contributing federal political committee.	С					- - -	200.0	00				
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Prov Svc	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R [	Deduct	tion (\$1	00.00 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middle Ir MCGUIRE, THOMAS J, , ,	nitial) or Full C	rganization Name	Dat	e of F	Receipt							
Mailing Address 41 CUMBERLAND ROAD				)2 <sup>M</sup>	/ D	8	2017					
City WEST HARTFORD	State CT	Zip Code 06119-1121				: PR2575 Receipt th		4				
FEC ID number of contributing federal political committee.	С			_	y	, ,	384.0	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) leputy Gen Counsel		Men	no Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		•••••			, ,	. ,	834.6	60				
TOTAL This Period (last page this line number	r only)					-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

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171			Use separate schedule(s)	(ch	eck only	/ or	ne)	L				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12	<u> </u>		
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial GRANBERG, MITCHELL W, , ,	) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 6721 GALWAY DRIVE			02 28 / Y Y Y Y 02 10 2017								
	City EDINA	State MN	Zip Code 55439-1313					PR25751 Receipt th		4		
	FEC ID number of contributing federal political committee.	С							192.	30		
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Ity Gen Counsel Mgr		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 384.60	F	P/R Ded	uctio	on (\$96	.15 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initial SHORS, MATTHEW MACKINNON, ,		ganization Name		Date of	Re	eceipt					
	Mailing Address 4649 EWING AVENUE SOUTH	1			м м 02	1	28		2017	Y		
	City MINNEAPOLIS	State MN	Zip Code				-	PR25752		4		
			55410-1745		Amount	of	Each H	Receipt th	is Period	_		
	FEC ID number of contributing federal political committee.	С	384.60									
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Sr Deputy Gen Counsel			Memo Item							
		Aggregate `	Year-to-Date ▼									
	Other (specify) ▼		769,20	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	'eekly)			
C.	Full Name of Individual (Last, First, Middle Initial BEAUREGARD, THOMAS RAYMO		ganization Name		Date of	Re	eceipt					
	Mailing Address 161 SPRING VALLEY ROAD	1-			м м 02	/	28		ү ү 2017			
	City RIDGEFIELD	State CT	Zip Code 06877-1219	-				PR25752 Receipt th		4		
	FEC ID number of contributing federal political committee.	С					J		384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Innovation		Me	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 769.20	F	P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)		•••••				, .	.,	961.	50		
т	OTAL This Period (last page this line number on	ly)		-			<del>,</del>					

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		Use separate schedule(s)	(check only one)									
ILEIVIILED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     1       erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)		and be any pointed commute										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle CUEVAS, BRANDON E, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 25 STRATHMORE			02 28 2017									
City LADERA RANCH	State CA	Zip Code 92694-0549	Transaction ID : PR2575305645214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle HUNT, BRADLEY W, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 6636 W SHORE DR			02 / 28 / 2017									
City EDINA	State MN	Zip Code 55435-1529	Transaction ID : PR2575310445214									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CMO	P/R Deduction (\$96.15 Bi-Weekly)									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60										
Full Name of Individual (Last, First, Middle C. VAN HAM, COLLEEN HASTING		rganization Name	Date of Receipt									
Mailing Address 727 N EVERGREEN AVE			02 / 28 / 2017									
City ARLINGTON HEIGHTS	State IL	Zip Code 60004-5566	Transaction ID : PR2575341945214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			961.50									
TOTAL This Period (last page this line numb	er only)											

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

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

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	EIVIZED RECEIPIS		Detailed Summary Page				]11b		11c	12					
			Lotaiou cuminary rugo		13		14		15	16	17				
	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) BRATTEBO, CRAIG L, , ,	) or Full O	rganization Name	[	Date of Receipt										
	Mailing Address 10202 HARMONY CIRCLE				02 28 / Y Y Y Y 02 28 2017										
	City EDEN PRAIRIE	State MN	Zip Code 55347-5019	Transaction ID : PR2575397245214 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			192.30										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emo	) Iter	m							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/	'R Dedi	uctio	on (\$	\$96.1	5 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial) CASTILLO, EFREM, , ,	) or Full O	rganization Name		Date of	Re	eceip	ot							
	Mailing Address 307 JOLIET AVE				M M       M M       P P       P										
	City SAN ANTONIO	State TX	Zip Code 78209-5243												
	FEC ID number of contributing federal political committee.	С													
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)												
C.	Full Name of Individual (Last, First, Middle Initial) SPILKER, TIMOTHY M, , ,	) or Full O	rganization Name		Date of	Re	eceip	ot							
	Mailing Address 9801 MOHAWK LANE	1			м м 02	1		28	/ Y	2017					
	City LEAWOOD	State KS	Zip Code 66206-2432	A						44634521 iis Period	4				
	FEC ID number of contributing federal political committee.	С			_		,		9	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	o Itei	m							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P	/R Ded	uctio	on (\$	\$192.:	30 Bi-V	Veekly)					
s	UBTOTAL of Receipts This Page (optional)						,		y	961.	50				
т	OTAL This Period (last page this line number onl	ly)	•						-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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177			Use separate schedule(s)	(check only one)									
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12	17								
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initia HAUTMAN, MILLA, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 410 SYCAMORE CIRCLE			02 28 2017									
	City PLYMOUTH	State MN	Zip Code 55441-5667	Transaction ID : PR2575447145214           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.30	)								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Tech Off	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia MURPHY, ERIC D, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 5201 BLAKE ROAD	01-1-	7. 0.4	02 / 28 / 2017									
	City EDINA	State MN	Zip Code 55436-1127	Transaction ID : PR2575453745214 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) erprise Growth Officer	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia WHIPPLE, LAURA, , ,	al) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9758 230TH STREET EAST	1		02 / D D / Y Y Y Y 02 28 2017									
	City LAKEVILLE	State MN	Zip Code 55044-8292	Transaction ID : PR2575463245214           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		365.00	)								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP N	upation (for Individual) Aktg	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.00	P/R Deduction (\$365.00 Bi-Weekly)									
S	JBTOTAL of Receipts This Page (optional)		••••••	941.90	)								
т	OTAL This Period (last page this line number or	וy)	••••••										

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

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

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a		] 11b		11c	12				
An	y information copied from such Reports and Statem	ents may	not be sold or used by any pe	rson fe	13 or the	pur	14 pose	e of s	15 oliciting	contribu	tions			
	for commercial purposes, other than using the name	e and add	iress of any political committee	ເບ SOI	ICIT CO	מוזוו	JULIO	ns tro	JTT SUC	i commit	iee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (Ur	nitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) of JOSEPH, MOLLY E, , ,	r Full Org	anization Name		Date of Receipt									
	Mailing Address 9209 GRAND SUMMIT BLVD				02 28 2017									
	-	tate X	Zip Code							52174521	-			
		~	78620-2882	_	Amoun	t of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	;			384.00									
	Name of Employer (for Individual) United HealthCare Services Inc	Occup VP Op	ation (for Individual) os		М	emc	o Itei	m						
	Receipt For: Agg	gregate Ye	ear-to-Date 🔻											
	Primary General Other (specify) ▼		768.00	P/	/R Ded	luctio	on (S	\$192.	00 Bi-W	/eekly)				
В.	Full Name of Individual (Last, First, Middle Initial) of HEBERT, PAUL B, , ,	r Full Org	anization Name		Date o	f Re	eceip	ot						
	Mailing Address 13 GOVERNORS ROW				02 / 28 / Y Y Y Y 02 28 2017									
	,	tate	Zip Code		Transaction ID : PR2575522345214									
	WEST HARTFORD C	Т	06117-1931	A	Amoun	t of	Eac	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	;			250.00									
	Name of Employer (for Individual) United HealthCare Services Inc	Occup VP Fir	ation (for Individual) า		Memo Item									
	Receipt For:     Age       Primary     General       Other (specify) ▼	gregate Ye	ear-to-Date ▼ 500.00	P/R Deduction (\$125.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial) or GREENBERG, JASON E, , ,	r Full Org	anization Name	Date of Receipt										
	Mailing Address 630 STILSON CANYON ROAD				м м 02	/	D	28	/ Y	2017	Y			
	5	tate	Zip Code		Trans	sact	ion	ID : P	R2575	52674521	4			
	CHICO	CA	95928-9179	A	Amoun	t of	Eac	h Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	;					9		y	192.	30			
	Name of Employer (for Individual)	Occup	ation (for Individual)		M	lemo	o Ite	m						
	Optum Services, Inc	VP Clr	nt Svc Acct Mgt											
		gregate Ye	ear-to-Date 🔻											
	Primary General Other (specify)		384.60	P/	/R Dec	lucti	ion (S	\$96.1	5 Bi-We	eekly)				
S	UBTOTAL of Receipts This Page (optional)		•				9		9	826.	30			
т	OTAL This Period (last page this line number only)		•				-7		-					

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

### Use separate schedule(s)

FOR LINE NUMBER:

PAGE 53 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a         11b         11c         12									
Any information copied from such Reports an or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee									
NAME OF COMMITTEE (In Full)		and any pointed commuter										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle HOLOVNIA, KRISTEN NOEL ANDEF	Initial) or Full O RSO, , ,	organization Name	Date of Receipt									
Mailing Address 4610 LAKEVIEW DRIVE												
City EDINA	State MN	Zip Code 55424-1518	Transaction ID : PR2575533045214           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. STEINBRECHER, HOLLY, , ,	Initial) or Full O	organization Name	Date of Receipt									
Mailing Address 3631 CHESAPEAKE			02 / D D / Y Y Y Y 28 / 2017									
City FRISCO	State TX	Zip Code 75034-0807	Transaction ID : PR2575544545214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		192.30									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. MOCK, CURTIS A, , ,	Initial) or Full O	organization Name	Date of Receipt									
Mailing Address 23 KELTON STREET			02 28 2017									
City REHOBOTH	State MA	Zip Code 02769-2530	Transaction ID : PR2575579245214           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ied Dir	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			576.90									
TOTAL This Period (last page this line numb	er only)											

### SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

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PAGE 54 OF

	-	Use separate schedule(s)	(check on	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12						
Any information copied from such Reports and				purp									
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	e to solicit co	ntribu	itions fro	om such	committe	96.					
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle A. WINSOR, ELIZABETH C, , ,	Initial) or Full O	rganization Name	Date o	of Rec	ceipt								
Mailing Address 57 WILDERS PASS			M 02	02 / 28 / Y Y Y Y 02 28 2017									
City CANTON	State CT	Zip Code 06019-2259					8284521	4					
FEC ID number of contributing federal political committee.	C				y	- 7	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D NA Acct		/lemo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle <b>B. PETEROY, MICHAEL</b> , , ,	Initial) or Full O	rganization Name	Date o	of Rec	ceipt								
Mailing Address 1004 PHILLIPS STREET			02										
City VISTA	State CA	Zip Code 92083-7171					85645214	l					
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. IVERSON, LISA M, , ,	Initial) or Full O	rganization Name	Date o	of Rec	ceipt								
Mailing Address 13341 CARRACH AVENU	1		02		28		ү ү 2017						
City ROSEMOUNT	State MN	Zip Code 55068-4774			-		<b>0324521</b> is Period	4					
FEC ID number of contributing federal political committee.	С				y	. y	384.6	60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		/lemo	ltem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R De	ductio	ın (\$192	.30 Bi-W	/eekly)						
SUBTOTAL of Receipts This Page (optional)					9		961.5	60					
TOTAL This Period (last page this line numb	er only)				y	-							

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171			(ch	(check only one)										
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia MCNUTT, DIANE L, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 11524 ZION ROAD				M M / D D / Y Y Y Y 02 28 2017									
	City BLOOMINGTON	State MN	Zip Code 55437-3636						<b>0454521</b> is Period	4				
	FEC ID number of contributing federal political committee.	С					7	-7	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Iuman Capital Partner		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Initia COSTA, JOEL, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 775 WESTCHESTER AVENUE	State		02 / 28 / 2017 Transaction ID : PR2575605845214										
	SHAKOPEE	MN						0584521 is Period	4					
	FEC ID number of contributing federal political committee.	C			230.76									
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Fin				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 461.52	F	P/R Dedu	uctic	on (\$115	5.38 Bi-W	eekly)					
С.	Full Name of Individual (Last, First, Middle Initia KING, SARAH D, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 116 CUTLER ROAD				02 <sup>M</sup>	/	D D 28		2017					
	City GREENWICH	State CT	Zip Code 06831-2511						51284521 is Period	4				
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	. ,	400.	00				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) een Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 600.00		P/R Ded	uctio	on (\$200	).00 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	•			9		1015.:	36				
т	OTAL This Period (last page this line number or	ly)	•••••	•			, I	-						

## Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13 14 15 16 17									
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo			NC)									
Full Name of Individual (Last, First, Mide CLARK, TERRENCE M, , ,	dle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8 COOPER AVENUE			02 28 2017									
City	State	Zip Code	Transaction ID : PR2575636945214									
EDINA	MN	55436-1315	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		769.20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Mido 3. DAVIS, BENTON V, , ,	dle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9825 NORTH 53RD PLA	ACE		02 28 2017									
City	State	Zip Code	Transaction ID : PR2575639245214									
PARADISE VALLEY	AZ	85253-1634	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) GM Clin Comnty Ntwk	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Mido C. HERMAN, CRAIG S, , ,	dle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9609 WYOMING CIRCL	E		02 28 2017									
City	State	Zip Code	Transaction ID : PR2575650245214									
BLOOMINGTON	MN	55438-1628	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Optum Services, Inc Receipt For:	VP	Gen Mgmt	-									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option TOTAL This Period (last page this line nu	,	, , , , , , , , , , , , , , , , , , ,	1153.80									

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PAGE 57 OF

IТ			(check only one)										
11			for each category of the Detailed Summary Page	<b>X</b> 1 <sup>2</sup>	- F	11b	11c 15		r	17			
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements mand a	l ay not be sold or used by any p address of any political committee	erson for	the p	urpose of	soliciting	contr	ributic	ons			
	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initi MCFANN, ELENA J, , ,		Drganization Name	Dat	Date of Receipt								
	Mailing Address 18925 24TH AVENUE NORTH				02 / 28 / 2017 Transaction ID : PR2575654745214								
	City PLYMOUTH	State MN	Zip Code 55447-2072			ction ID : of Each R							
	FEC ID number of contributing federal political committee.	С				7		3	84.60	)			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) gn CEO		Mer	no Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 769.20	P/R	Deduo	ction (\$192	2.30 Bi-W	/eekly)	)				
в.	Full Name of Individual (Last, First, Middle Initi ZIGLER, JANICE C, , ,	al) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 21 TREVINO CIRCLE			02 / D D / Y Y Y Y 28 2017									
	City	State NM	Zip Code			ction ID :							
	ANGEL FIRE FEC ID number of contributing federal political committee.	С	87710	Am	ount d	of Each R	eceipt th		riod 84.60	)			
	Name of Employer (for Individual) United HealthCare Services Inc	Occ	Memo Item										
	Receipt For:		gn Pres Ntwk Mgmt	_									
	Primary General Other (specify) ▼	Aggregate	P Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initi STIDMAN, CHRISTOPHER J, , ,	al) or Full C	Drganization Name	Dat	e of I	Receipt							
	Mailing Address 6504 CHEROKEE TRAIL	1.000			02 <sup>M</sup>	/ D D 28	JL	2017	7				
	City EDINA	State MN	Zip Code 55439-1109			ction ID :							
	FEC ID number of contributing federal political committee.	С				of Each R	eceipt tri		84.60	)			
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) CInt Relationship		Mer	no Item							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 769.20	P/R	Dedu	ction (\$19)	2.30 Bi-W	/eekly	)				
	UBTOTAL of Receipts This Page (optional)				-	y :	· ·	11	53.80				

## Use separate schedule(s)

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IT.			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	▶ 11a 11b 11c 12								
	y information copied from such Reports and Sta											
	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	address of any political committee	to solicit contributions from such committee.								
$\rangle$	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia PROKOCKI, ELIZABETH SOBERG, , ,	l) or Full O	Drganization Name	Date of Receipt								
	Mailing Address 9746 SUNSET HILL DR			02 28 2017								
	City LONE TREE	State CO	Zip Code 80124-6720	Transaction ID : PR2575705845214           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia WILSON, D ELLEN, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 400 STUART STREET			02 / 28 / 2017								
	City BOSTON	State MA	Zip Code 02116-5011	Transaction ID : PR2575708845214 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) /P Human Capital									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia GROSKLAGS, JEFFREY, , ,	l) or Full O	Organization Name	Date of Receipt								
	Mailing Address 3233 TIMBERWOLF CIRCLE	-		02 / D / Y Y Y Y 28 / 2017								
	City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735745214 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	cupation (for Individual) Fin	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			769.20								
т	OTAL This Period (last page this line number or	ly)	••••••									

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PAGE 59 OF

IT,			(ch	(check only one)											
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>4</b> 11a		11b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the n														
<u> </u>	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	NC)											
	Full Name of Individual (Last, First, Middle Initia CESARETTI, GINA L, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 5020 CIRCLE DOWN			02 28 2017											
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304					PR2575							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr		Me	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 769.20	F	P/R Dedu	uctio	on (\$19	2.30 Bi-W	/eekly)						
B.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE J, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 2899 EDGEWATER COVE	State Zip Code				02 28 2017 Transaction ID : PR2575798145214									
	WOODBURY	MN					PR25757 Receipt th								
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) VP Mktg			184.62										
	Name of Employer (for Individual) Optum Services, Inc				Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	P/R Deduction (\$92.31 Bi-Weekly)												
	Full Name of Individual (Last, First, Middle Initia HJERPE, ADAM C, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 13932 UTAH AVE S	1			02 <sup>M</sup>	1	28		ү ү 2017	Y					
	City SAVAGE	State MN	Zip Code 55378-2159					PR2575							
	FEC ID number of contributing federal political committee.	С					,	,	384						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) f of Staff		Me	emo	tem Item								
	Receipt For: Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 769.20			ucti	on (\$19	2.30 Bi-V	Veekly)						
s	JBTOTAL of Receipts This Page (optional)		····· •				, ,		953	.82					
т	OTAL This Period (last page this line number on	ly)	·····	- •	<u> </u>										

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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IT?			Use separate schedule(s)	(check o	(check only one)								
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>×</b> 11a		11b	11c	12	<u> </u>				
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	IC)									
A.	Full Name of Individual (Last, First, Middle Initia MECKEY, SAMUEL JAMES, , ,	al) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 1828 WYNDAM DRIVE			02 28 2017									
	City SHAKOPEE	State MN	Zip Code 55379-5437					81454521	4				
	FEC ID number of contributing	_		Amou	int of	Each Re	eceipt th	is Period	_				
	federal political committee.	С			_	-y I	-	384.6	<b>;</b> 0				
	Name of Employer (for Individual) Optum Services, Inc	Occi VP (	upation (for Individual) Dps		Memo	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R De	educti	on (\$192	.30 Bi-W	/eekly)					
	Full Name of Individual (Last, First, Middle Initia MILLER, WILLIAM J, , ,	al) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 27409 W 108 STREET			02 / 28 / Y Y Y Y Y 2017									
	City	State	Zip Code			-		819845214	1				
	OLATHE	KS	66061-7533	Amou	int of	Each Re	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	C		176.94									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		, 353.88	P/R De	ductio	on (\$88.4	17 Bi-We	ekly)					
	Full Name of Individual (Last, First, Middle Initia SEXTON, ELLEN R, , ,	al) or Full O	rganization Name	Date	of Re	eceipt							
	Mailing Address 15346 FISH POINT ROAD			02		28	/ Y	2017	Y				
	City PRIOR LAKE	State MN	Zip Code 55372-1948			-		82324521	4				
	FEC ID number of contributing federal political committee.	С		Ē	_	, ,	,	192.3	30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Memo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R D	əducti	ion (\$96.⁄	15 Bi-We	eekly)					
SI	JBTOTAL of Receipts This Page (optional)			Г	_			753.8	34				
т	OTAL This Period (last page this line number or	nly)	••••••			-	-						

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

FOR LINE NUMBER:

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	,	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12										
			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Fu UnitedHealth Group I		JnitedHealth Group PA	AC)										
Full Name of Individual (Last, F A. KAUFMAN, PHILIP R, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1680 NORTH	FARM ROAD		02 28 2017										
City ORONO	State MN	Zip Code 55356-9309	Transaction ID : PR2575829845214 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		230.76										
Name of Employer (for Individu United HealthCare Services Inc	,	upation (for Individual) O Spclty Ben Visn	Memo Item										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 461.52	P/R Deduction (\$115.38 Bi-Weekly)										
Full Name of Individual (Last, F B. HUNTLEY, MICHELLE		rganization Name	Date of Receipt										
Mailing Address 19503 HARMC			02 / D / Y Y Y Y 28 2017										
City ROGERS	State	Zip Code 55374-4843	Transaction ID : PR2575832045214 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		192.30										
Name of Employer (for Individu Optum Services, Inc	,	upation (for Individual) uty Gen Counsel	Memo Item										
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, F BEESON, MARY JAN		rganization Name	Date of Receipt										
Mailing Address 279 OAK CON			02 / D D / Y Y Y Y Y 28 2017										
City SAINT AUGUSTINE	State FL	Zip Code 32095-6803	Transaction ID : PR2575839545214           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		192.30										
Name of Employer (for Individu Optum Services, Inc		upation (for Individual) Adv/Tech Cnslt Sr Dir	Memo Item										
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Pag	ge (optional)		615.36										
TOTAL This Period (last page th	is line number only)												

### SCHEDULE A (FEC Form 3X) DEOEIDTO

## Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12									
			13     14     15     16     1       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)		duces of any political commute										
UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middl <b>A.</b> GOLDEN, WILLIAM J, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 106 SOUND COURT												
City NORTHPORT	State NY	Zip Code 11768-3527	Transaction ID : PR2575859345214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middl <b>B.</b> PEZHMAN, PAYMAN, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 14801 CRESTVIEW LAN			02 / D D / Y Y Y Y Y 28 2017									
City MINNETONKA	State MN	Zip Code 55345-4602	Transaction ID : PR2575883545214									
FEC ID number of contributing federal political committee.	С	33343-4002	Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. LANGAN, PATRICK J, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 405 MEADOW LANE			02 / D D / Y Y Y Y Y 28 / 2017									
City BENSON	State MN	Zip Code 56215-1033	Transaction ID : PR2575885045214 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		194.00									
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP I	upation (for Individual) T	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 388.00	P/R Deduction (\$97.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)		578.60									
TOTAL This Period (last page this line num	ber only)											

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

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

FOR LINE NUMBER:

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			Detailed Summary Page	×	-		11b	11c		12							
A	w information conied from such Departs and O	otomosta			13		14	15		16 ntribut	17						
	y information copied from such Reports and Si for commercial purposes, other than using the																
$\setminus$	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporate	d PAC (	UnitedHealth Group PA	AC)													
Α.	Full Name of Individual (Last, First, Middle Init MATTERA, RICHARD J, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MATTERA, RICHARD J, , ,						Date of Receipt									
	Mailing Address 483 HIGHCROFT ROAD				M M / D D / Y Y Y Y 02 28 2017												
	City	State	Zip Code		Transaction ID : PR2575938445214												
	WAYZATA	MN	55391-1548	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			384.60												
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emc	tem										
	United HealthCare Services Inc	Mkt	Group Gen Counsel														
	Receipt For:	Aggregate	Year-to-Date <b>V</b>														
	Primary General		769.20	P	/R Ded	ucti	on (\$19	2.30 Bi-W	/eek	dy)							
	Other (specify) <b>v</b>		/09.20														
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name														
В.	PERLMAN, JUDITH GAGER, , ,	-	-		Date of Receipt												
	Mailing Address 4937 GREY OAKS VILLAS DRIVE						02 / D D / Y Y Y Y 28 2017										
	City	State	Zip Code		Trans	acti	ion ID :	PR25759	9689	945214	•						
	GLEN ALLEN	VA	23059-5763	/	Amount	of	Each F	Receipt th	is F	Period							
	FEC ID number of contributing federal political committee.							115.3	88								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		Memo Item												
	Receipt For:	Aggregate	Year-to-Date V														
	Primary     General       Other (specify) ▼		, 230.76	P.	/R Ded	uctio	on (\$57.	.69 Bi-We	ekly	/)							
с.	Full Name of Individual (Last, First, Middle Init ADAMS, GAYLE Q, , ,	ial) or Full C	Organization Name		Date of	Re	eceipt										
	Mailing Address 39 CANYON RIDGE DRIVE				<sup>M</sup> 02	1	28	JL	20	)17 <sup>°</sup>							
		State	Zip Code				-	PR2576			4						
	SANDIA PARK	NM	87047-8509		Amount	of	Each F	Receipt th	is F	Period							
	FEC ID number of contributing federal political committee.	С					y 1	,		192.3	30						
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	ttem										
	United HealthCare Services Inc	SVF	P Strategic Acct Mgmt														
	Receipt For:	Aggregate	Year-to-Date <b>V</b>														
	Primary General		384.60	P	/R Ded	ucti	on (\$96	.15 Bi-We	eekl	y)							
	Other (specify)																
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			•   •			9	- y		692.2	8						

## Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using			13     14     15     16     17       erson for the purpose of soliciting contributions     from such committee								
		uness of any pullical contribute									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle BYRNES, CHRISTOPHER A, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 705 IRVING PLACE	,		02 / 28 / Y Y Y Y 02 28 2017								
City DULUTH	State MN	Zip Code 55812-1419	Transaction ID : PR2576042845214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.30								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
B. JOHNSON, RESTOR, , ,											
Mailing Address 2700 CRESCENT RIDGE F	1	Zin Onde	02 / D D / Y Y Y Y Y 28 2017								
City MINNETONKA	State MN	Zip Code 55305-2806	Transaction ID : PR2576051645214								
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Entrprs Real Estate Svs	Memo Item								
Receipt For:		Year-to-Date ▼	-								
Primary General Other (specify) ▼		388.00	P/R Deduction (\$97.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle REX, JOHN F, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 503 HARRINGTON ROAD			02 / D D / Y Y Y Y 28 2017								
City WAYZATA	State MN	Zip Code 55391-1512	Transaction ID : PR2576060045214           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) G CFO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			770.90								
TOTAL This Period (last page this line number	er only)										

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		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle <b>A.</b> DUDA, MICHAEL R, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5208 RICHWOOD DRIVE			02 28 2017									
City	State	Zip Code	Transaction ID : PR2576089945214									
EDINA	MN	55436-2322	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		192.30									
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir I	upation (for Individual) M A	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		384.60	P/R Deduction (\$96.15 Bi-Weekly)									
			-									
Full Name of Individual (Last, First, Middle <b>NELSON, STEVEN H</b> , , ,	Date of Receipt											
Mailing Address 640 LOCUST HILLS DRIVE			02 / 28 / 2017									
City WAYZATA	State MN	Zip Code 55391-1973	Transaction ID : PR2576144845214									
	_	55591-1975	Amount of Each Receipt this Period									
federal political committee.	FEC ID number of contributing federal political committee.											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify) ▼		769.20	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. MYHRAN, LYNN M, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2280 FOX STREET			02 28 2017									
City	State MN	Zip Code	Transaction ID : PR2576158445214									
		55356-9652	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		416.66									
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
Optum Services, Inc Receipt For:		Grp SVP, Human Capital										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 416.66	P/R Deduction (\$208.33 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			993.56									
TOTAL This Period (last page this line number	er only)											

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11c	12				
	y information copied from such Reports and Stat			erson fo									
or	for commercial purposes, other than using the n	ame and ad	ddress of any political committee	to solic	cit con	tribı	utions f	rom such	n committ	ee.			
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia BENSON, JEAN C, , ,	l) or Full Or	rganization Name	Da	ate of	Ree	ceipt						
	Mailing Address 14951 HIGHLAND COURT NE				02	/	28	) / Y	2017	Y			
	City PRIOR LAKE	State MN	Zip Code 55372-4109						31094521 is Period	4			
	FEC ID number of contributing federal political committee.	С					,		384.6	50			
	Name of Employer (for Individual)Occupation (for Individual)Optum Services, IncVP Fin						Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R	R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ELLIOTT III, THOMAS L, , ,					Ree	ceipt						
	Mailing Address 1880 SUGARLOAF CLUB DR						D D 28	/ Y	2017	Y			
	City DULUTH	State GA	Zip Code 30097-7451				-		13345214 is Period	4			
	FEC ID number of contributing federal political committee.						192.30						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CInt Relationship		Me	emo	Item						
		Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		, 384.60	P/R	Dedu	ictio	n (\$96.	15 Bi-We	ekly)				
c.	Full Name of Individual (Last, First, Middle Initia KENIRY, DANIEL J, , ,	l) or Full Or	rganization Name	Da	ate of	Ree	ceipt						
	Mailing Address 5553 LITTLE FALLS ROAD	State	Zip Code	4 6	02	/	28		2017 3 <b>7934521</b>				
	ARLINGTON	VA	22207-1525						is Period	+			
	FEC ID number of contributing federal political committee.	С					,	. ,	384.6	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/F	R Dedu	uctio	on (\$19)	2.30 Bi-W	/eekly)				
s	UBTOTAL of Receipts This Page (optional)		•				,	. ,	961.5	50			
Т	OTAL This Period (last page this line number on	ly)		Γ									

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

## Use separate schedule(s)

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17			Use separate schedule(s)	(ch	eck only	on o	ie)							
	EWIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n				for the p		oose of	soliciting	contribu	tions				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia DUFFEY, KRISTY O, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 8906 WINGED FOOT DRIVE			02 28 / Y Y Y Y 02 100 / Y Y Y Y Y										
	City PASADENA	State MD	Zip Code 21122-6670						32324521 is Period					
FEC ID number of contributing federal political committee.							-		384.	60				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) CInt Ops		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20					P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia CIAVOLA, LAURA, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 1686 WILDFIRE LANE				02 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City FRISCO	State TX	Zip Code 75033-7325				-		32434521					
	FEC ID number of contributing federal political committee.						Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Ops		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 2613 VICTORIA DR				02 <sup>M</sup>	/	28		2017					
	City LAGUNA BEACH	State CA	Zip Code 92651-3948						32964521 is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	. ,	192.	30				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Med Grp Physn		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 384.60		P/R Dedu	uctio	on (\$96.	.15 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)		•••••	•			,	,	961.	50				
т	OTAL This Period (last page this line number on	ly)	••••••	•			,							

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than using t			person for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle SHORT, MARIANNE D, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 2215 SUMMIT AVENUE			M M / D D / Y Y Y Y 02 28 2017								
City SAINT PAUL	State MN	Zip Code 55105-1002	Transaction ID : PR2601133545214           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	EVF	upation (for Individual) 9 Gen Counsel	Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle <b>3.</b> SWANSON, AMY N, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 621 SPARROW WAY	1-		02 / D D / Y Y Y Y Y 28 2017								
City WADSWORTH	State OH	Zip Code 44281-7716	Transaction ID : PR2601140745214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		192.30								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middle MALONE, TRACY, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 900 S 22ND ST			02 / D D / Y Y Y Y Y 28 2017								
City ARLINGTON	State VA	Zip Code 22202-2625	Transaction ID : PR2605736945214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			961.50								
TOTAL This Period (last page this line number	er only)										

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ITEMIZED RECEIPTS		Use separate schedule(s)	(che	(check only one)								
11			for each category of the Detailed Summary Page	×	11a 13		11b	11c		Г	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	soliciting	g conti	ributic	ons	
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia WEISSEL, MICHAEL E, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 99 HAGEN ROAD			02 28 2017								
	City NEWTON	State MA	Zip Code 02459-2731					PR2606				
	FEC ID number of contributing federal political committee.	С							3	84.60	)	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/	/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly	)		
B.	Full Name of Individual (Last, First, Middle Initian MATECZUN, JOHN MATTHEW, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 1908 HARBOURSIDE DRIVE UNIT 403	01-14-	02 / 28 / 2017									
		State FL	Zip Code				-	PR26068		-		
	LONGBOAT KEY     FL     34228-4207       FEC ID number of contributing federal political committee.     C					t of	Each H	eceipt th		100 84.60	)	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s M&V		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia WRIGHT, NORMAN L, , ,	al) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 5205 KELSEY TERRACE				<sup>M</sup> 02		28	JL	201	7		
	City EDINA	State MN	Zip Code 55436-1172	A				PR2609				
	FEC ID number of contributing federal political committee.	С					, .	, , ,	3	84.60	)	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) if of Ops		M	emo	ttem					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 769.20					on (\$19)	2.30 Bi-V	Veekly	)		
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			· ·		-	y :		11	53.80		

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

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

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	LIVIZED RECEIPIS		Detailed Summary Page	×	11a		11b	11	c		12			
			Detailed Summary Faye		13		14	15			16	1		
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$\backslash$	NAME OF COMMITTEE (In Full)													
$\Big)$	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)										
۹.	Full Name of Individual (Last, First, Middle Init BAKER, MICHAEL, , ,	tial) or Full C	Organization Name		Date of Receipt									
	Mailing Address 2383 HIGHOVER TRAIL			02 28 2017										
	City	State	Zip Code		Transaction ID : PR2612530545214									
	CHANHASSEN	MN	55317-4744	A	Amount	t of	Each I	Receip	t thi	s P	eriod			
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs		M	emo	Item							
	Receipt For:	Angregate	Year-to-Date V											
	Primary General Other (specify) ▼	Primary General												
	 Full Name of Individual (Last, First, Middle Init DECKMANN, NATASHA, , ,	tial) or Full C	Date of Receipt											
	Mailing Address 133 WEST 22 STREET #6F				02 28 2017									
	City	State	Zip Code		Trans	acti	on ID :	: PR26	125	346	4521	4		
	NEW YORK	NY	10011-2783	A	Amount	t of	Each I	Receip	t thi	s P	eriod			
	FEC ID number of contributing federal political committee.										384.	60		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Init BIRNBAUM, MICHAEL, , ,	tial) or Full C	Organization Name		Date of	Re	ceipt							
	Mailing Address 55 DEAN STREET				<sup>M</sup> 02	/	D 28		Y		ү 17	Y		
	City	State	Zip Code		Trans	acti	ion ID	: PR26	5156	716	4521	4		
	BROOKLYN	NY	11201-6245	A	Amount	t of	Each I	Receip	t thi	s P	eriod			
	FEC ID number of contributing federal political committee.	С					,				200.	00		
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item							
	United HealthCare Services Inc		Hithcare Econ											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/	/R Ded	uctio	on (\$1(	00.00 E	3i-W	eek	ly)			
	JBTOTAL of Receipts This Page (optional)		<b>r</b>		-		y	-			969.	20		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	porated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, M NIEMYER, ELIZABETH S, , ,	1iddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9237 ENGLISH MEA			02 / D D / Y Y Y Y Y 28 2017								
City LAYTONSVILLE	State MD	Zip Code 20882-1348	Transaction ID : PR2615682845214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, M B. BAKSHI, BIKRAM, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt								
	Mailing Address 9036 BRONSON DRIVE										
City POTOMAC	State MD	Zip Code 20854-4606	Transaction ID : PR2615954845214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, M WENGER, BRIAN, , ,	1iddle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 818 GOODRICH AV			02 / D D / Y Y Y Y Y 28 2017								
City SAINT PAUL	State MN	Zip Code 55105-3345	Transaction ID : PR2623703345214 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (opt	ional)		1153.80								
TOTAL This Period (last page this line	number only)	•••••									

## Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	✗ 11a         11b         11c         12           13         14         15         16         11									
	y information copied from such Reports and Stater for commercial purposes, other than using the nam			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) RELLER, TAMI, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 5120 MIRROR LAKES DRIVE	State	Zip Code	02 / D D / Y Y Y Y 28 2017									
	5	MN	55436-1342	Transaction ID : PR2625501945214           Amount of Each Receipt this Period									
	FEQ ID number of contribution	C		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO	Memo Item									
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	P/R Deduction (\$192.30 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Initial) CULHANE, DEBORAH ANNE, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 100 COVE WAY UNIT 301			02 28 2017									
	City QUINCY	State MA	Zip Code 02169-5857	Transaction ID : PR2626356045214 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	ů (											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	P/R Deduction (\$104.17 Bi-Weekly)									
	Receipt For:     Ag       Primary     General       Other (specify) ▼	ggregate	Year-to-Date ▼ 208.34										
с.	Full Name of Individual (Last, First, Middle Initial) VAN DER WALDE, LAMBERT, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 45 AUDUBON CAUSEWAY			02 / 28 / Y Y Y Y 02 28 2017									
	City LANTANA	State FL	Zip Code 33462-4756	Transaction ID : PR2628332345214									
	FEC ID number of contribution			Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ' Hlth Reform/Modernizatn	Memo Item									
	Receipt For:     Ag       Primary     General       Other (specify)	ggregate `	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			977.54									
Т	OTAL This Period (last page this line number only)	)											

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FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check o	(check only one)							
11			for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	<b>_</b> _			
	y information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)		address of any political committee									
$\left \right\rangle$	UnitedHealth Group Incorporate	ed PAC (	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init SHAPIRO, VICTORIA L, , ,	ial) or Full C	Drganization Name	Date	of R	eceipt						
	Mailing Address 3106 FABER DRIVE			02		28	) / Y	үүү 2017	Y			
	City FALLS CHURCH	State VA	Zip Code 22044-1711				PR26288 Receipt th					
	FEC ID number of contributing federal political committee.	С				т. т.	. т т	416	.02			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) vt Affs Dir		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 423.74	P/R De	educt	ion (\$20	8.01 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Init WONG, MING TED, , ,	ial) or Full C	Drganization Name	Date	of R	eceipt						
	Mailing Address 21066 ASHLEY LANE			M 02		D D D 28		y y 2017	Y			
	City LAKE FOREST	State CA	Zip Code				PR26295					
	FEC ID number of contributing federal political committee.	C	92630-5867	Amou	int of	Each H	Receipt th	is Period 192	_			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual)	- 0	Mem	o Item						
	Receipt For: Primary General Other (specify) ▼		e Gen Mgmt e Year-to-Date ▼ 384.60	P/R De	educti	ion (\$96.	.15 Bi-We	ekly)				
— c.	Full Name of Individual (Last, First, Middle Init GORSUCH, KIRSTEN, , ,	ial) or Full C	Drganization Name	Date	of R	eceipt						
	Mailing Address 2780 COUNTRYSIDE DRIVE	WEST		02		28		y y 2017	Y			
	City ORONO	State MN	Zip Code 55356-9676				PR26320 Receipt th					
	FEC ID number of contributing federal political committee.	С				y .	,	192	.30			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Comm		Mem	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 384.60	P/R D	educt	ion (\$96	.15 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)							800	.62			
T T	OTAL This Period (last page this line number of	only)					7					

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check	(check only one)							
11			for each category of the Detailed Summary Page		1a [	11b	11c		12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the p	urpose	of solicitin	g cont	tributio			
	NAME OF COMMITTEE (In Full)		duress of any political committee	10 301101	. com	Ibutiona	s nom suc		minue			
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Init TUFFIN, MICHAEL J, , ,		Organization Name	Dat	e of	Receipt						
	Mailing Address 5904 ASHBY MANOR PLACE				02 <sup>M</sup>	/ D		201	17	ŕ		
	City ALEXANDRIA	State VA	Zip Code 22310-2267				Receipt t					
	FEC ID number of contributing federal political committee.	С			_	-gr.	-	3	384.60	)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Public Affairs		Mer	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R	Dedu	ction (\$1	92.30 Bi-\	Veekly	¥)			
в.	Full Name of Individual (Last, First, Middle Init TEMPLE, MARTHA R, , ,	tial) or Full C	Organization Name	Dat	e of	Receipt						
	Mailing Address 194 LITTLE LANE				02 <sup>M</sup>	/ D	В / Ү	201	7 7			
	City DURHAM	State CT	Zip Code 06422-1303				: PR2632		-			
	FEC ID number of contributing	C	00422-1303	Am	ount	of Each	Receipt t		eriod 192.3(	0		
	federal political committee.		un etter (fan hedisieken)		Mor	no Item		_				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R	Deduo	ction (\$9	6.15 Bi-W	eekly)				
	Full Name of Individual (Last, First, Middle Init PLATT, LAWRENCE DAVID, , ,	tial) or Full C	Organization Name	Dat	e of	Receipt						
0.	Mailing Address 3830 KING STREET			M	02 <sup>M</sup>	/ D	р / ү 8	201				
	City ALEXANDRIA	State VA	Zip Code 22302-1906				: PR2632 Receipt t					
	FEC ID number of contributing federal political committee.	С				y .	9	3	384.60	)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R	Dedu	ction (\$1	92.30 Bi-\	Neekly	y)			
s	UBTOTAL of Receipts This Page (optional)							ę	961.50	)		
F 1	OTAL This Period (last page this line number	only)		Ē		-						

### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

# Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and s or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	C)
Full Name of Individual (Last, First, Middle In A. HOWARD, PATRICIA A, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 12 STAYMAN COURT			02 28 2017
City MANALAPAN	State NJ	Zip Code 07726-7928	Transaction ID : PR2632882745214
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle In CASTILLO, FLORA M, , ,	hitial) or Full C	organization Name	Date of Receipt
Mailing Address 202 N ROSBOROUGH AVE			02 28 2017
City VENTNOR CITY	State NJ	Zip Code 08406-2022	Transaction ID : PR2634177945214 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle In c. PRIBLE, JOHN M, , ,	nitial) or Full C	organization Name	Date of Receipt
Mailing Address 1923 SHIVER DR			02 / D D / Y Y Y Y Y 28 2017
City ALEXANDRIA	State VA	Zip Code 22307-1629	Transaction ID : PR2634656645214
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			961.50
TOTAL This Period (last page this line number	only)	••••••	· · · · · · · · · · · ·

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

# Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	(check only one)								
111			for each category of the Detailed Summary Page		<b>1</b> 1a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
$\overline{\}$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		InitedHealth Group PA										
/	Onned leann Group incorporated			10)									
Α.	Full Name of Individual (Last, First, Middle Initia SCHEID, ADREAN ELISABETH, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 2915 CATHEDRAL AVENUE N	N			м м 02	/	D D 28	/ Y	ү ү 2017	Y			
	City WASHINGTON	State DC	Zip Code 20008-3406	_					38044521 is Period	4			
	FEC ID number of contributing federal political committee.	С							384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) External Affs		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	I F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)				
B.	Full Name of Individual (Last, First, Middle Initia MCMAHON, THOMAS, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 1808 LAUDERDALE ROAD				02	/	D D 28	/ Y	2017	Y			
	City LOUISVILLE	State KY	Zip Code 40205-1624				-		8514521 is Period	4			
	FEC ID number of contributing federal political committee.	С				U			192.:	30			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 384.60	] F	P/R Dedu	uctic	on (\$96. <sup>-</sup>	15 Bi-We	ekly)				
C.	Full Name of Individual (Last, First, Middle Initia PESCATELLO, SARA M, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 2149 CALIFORNIA STREET NV APT #D				<sup>M</sup> 02	/	D D D 28		2017 <sup>°</sup>				
	City WASHINGTON	State DC	Zip Code 20008-1834						38854521 is Period	4			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y =	. ,	192.:	30			
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Sovt Affs		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	]   '	P/R Ded	uctio	on (\$96.	15 Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			9		769.2	20			
т	OTAL This Period (last page this line number or	ıly)	•	•			,						

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ITC			Use separate schedule(s)	(check only one)								
			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16	17							
Any or f	information copied from such Reports and St or commercial purposes, other than using the	atements managements managements and a	l ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contribu	tions							
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initi ACQUAVIVA, GREGORY, , ,	ial) or Full O	Organization Name	Date of Receipt								
_	Mailing Address 20 COLLINS AVENUE			02 28 2017	Y							
	City BLOOMFIELD	State NJ	Zip Code 07003-4505	Transaction ID : PR263533194521           Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		384.	60							
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item								
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
B	Full Name of Individual (Last, First, Middle Initi ROOS, THOMAS EDWARD, , ,	ial) or Full O	Organization Name	Date of Receipt								
-	Mailing Address 3199 KAGEN AVE NE			02 / D D / Y Y Y 28 2017	Y							
		State MN	Zip Code	Transaction ID : PR263545124521								
F	SAINT MICHAEL FEC ID number of contributing ederal political committee.	C	55376-3416	Amount of Each Receipt this Period 384.	_							
Ī	Name of Employer (for Individual) Jnited HealthCare Services Inc		supation (for Individual) P Chief Acctng Off	Memo Item								
Ē	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initi ADAMS, SCOTT MARTIN, , ,	ial) or Full O	Organization Name	Date of Receipt								
-	Mailing Address 7019 TRUMPETER SWAN LA			02 / D D / Y Y Y 28 / 2017								
	City MANASSAS	State VA	Zip Code 20112-3293	Transaction ID : PR263672624521           Amount of Each Receipt this Period								
	FEC ID number of contributing ederal political committee.	С		192.	30							
I	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item								
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)								
-	BTOTAL of Receipts This Page (optional)			961.	50							

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         17							
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In BARRA, JOSE, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9688 GEISLER ROAD			02 28 2017							
City EDEN PRAIRIE	State MN	Zip Code 55347-3562	Transaction ID : PR2636728845214 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In 3. ZEGLINSKI, MICHAEL G, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1 TRIMONT LANE #610A	Otata	Zin Onda	02 / D D / Y Y Y Y Y 28 2017							
City PITTSBURGH	State PA	Zip Code 15211-1206	Transaction ID : PR2639701845214							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		769.20	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. THIERER, MARK A, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11 EAST WALTON UNIT 4701			02 / D D / Y Y Y Y Y 28 / 2017							
City CHICAGO	State IL	Zip Code 60611-5441	Transaction ID : PR2639773645214           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	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 DECEIDTS

# Use separate schedule(s)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	★     11a     11b     11c     12       13     14     15     16     17
or for commercial purposes, other than usir		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group	PAC)
Full Name of Individual (Last, First, Mide STOW, CHRISTINA L, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 4709 ALTON PL NW		02 28 / Y Y Y Y 2017
City	State Zip Code DC 20016-2041	Transaction ID : PR2640466445214
WASHINGTON	DC 20016-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP External Affs	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Other (specify) ▼	769.20	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mido B. BERKOWITZ, JEFFREY, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5 MORNINGSIDE DRIV	E	02 28 2017
City	State Zip Code	Transaction ID : PR2640469245214
LIVINGSTON	NJ 07039-1811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Optum Exec	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. SCHUTT, ERIC A, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 2359 US HWY 51		02 28 2017
City	State Zip Code	Transaction ID : PR2640846245214
MC FARLAND	WI 53558-9142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
United HealthCare Services Inc	SVP External Affs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	769.20	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)	1153.80
TOTAL This Period (last page this line num	mber only)	

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

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

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated			
<u> </u>	Full Name of Individual (Last, First, Middle Initia FOX, ELIZABETH NICOLE, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 1021 NORTH GARFIELD STRE	ET #30		02 28 2017
	City	State	Zip Code	Transaction ID : PR2642832045214
	ARLINGTON	VA	22201-2548	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$96.15 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia MCKOY, PHILIP GREGORY JAMES		rganization Name	Date of Receipt
-	Mailing Address 927 LINCOLN AVE	,		02 28 2017
	City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651645214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp CIO	Memo Item
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia SCHACHER, ELIZABETH ALDEN,		rganization Name	Date of Receipt
	Mailing Address 3579 13TH ST NW APT 6	1		02 / D D / Y Y Y Y 28 2017
	City WASHINGTON	State DC	Zip Code 20010-2001	Transaction ID : PR2644918345214 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			961.50
т	OTAL This Period (last page this line number or	nly)		

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

# Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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				for each category of the Detailed Summary Page		<b>K</b> 11			11 14	1b 1		11c 15		2	17	
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$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) FARRELL, ELIZABETH ANN, , , Mailing Address 18777 THE PINES	or Full O	Drga	nization Name		Date of Receipt										
	City	State		Zip Code	_	(	)2		L	28		/ Y R26999	201	17		
	EDEN PRAIRIE	MN		55347								eipt thi			•	
	FEC ID number of contributing federal political committee.	С							-			-		384.6	0	
	Name of Employer (for Individual) Optum Services, Inc	Occi	•	tion (for Individual) ps			M	emo	o It	em						
	Receipt For:     A       Primary     General       Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 769.20	'	P/R I	Ded	uctio	on	(\$19	2.3	80 Bi-W	eekly	/)		
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	Mailing Address					M	M	/	ľ	D	D	/ Y	Y	Y	Y	
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	FEC ID number of contributing federal political committee.	C							-			-		-10		
	Name of Employer (for Individual)	Occ	cupa	tion (for Individual)		Ц	M	emo	o It	em						
	Receipt For:     µ       Primary     General       Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼												
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	FEC ID number of contributing federal political committee.	С				Ē	_		y			7				
	Name of Employer (for Individual)	Occi	upa	tion (for Individual)		Ц	М	emo	o It	em						
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#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial) Mark Takai For Congress	or Full O	rganization Name		Date c	f Re	eceipt					
	Mailing Address PO Box 2267	State	Zip Code		02			9	/ Y	20	)17	Y
	Pearl City	HI	96782						062064 ceipt th		eriod	
	FEC ID number of contributing federal political committee.	C coo	0548131								5000.0	00
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	Receipt For:     2016     A       Primary     ▼     General       Other (specify) ▼     I	oggregate	Year-to-Date ▼ 5000.00		Refund							
В.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date c	of Re	eceipt					
	Mailing Address				M	/	D	D	/ Y	Y	Y	Y
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	Receipt For:       A         Primary       General         Other (specify) ▼	vggregate	Year-to-Date ▼									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date c	f Re	eceipt					
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	Name of Employer (for Individual)	Occu	upation (for Individual)		N	lemc	b Item					
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S	CHEDULE B (FEC Form 3X)			F	OR L	INE N	NUMBER: PAGE 83 OF 96
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$\left  \right\rangle$	NAME OF COMMITTEE (In Full)			_	_		
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth (	Grou	рF	PAC)	
Α.	Full Name (Last, First, Middle Initial) Elise For Congress						Date of Disbursement
	Mailing Address PO Box 500						02 06 2017
	City Glens Falls	State NY	Zip Code 12801				FEC Identification Number
	Purpose of Disbursement Contribution			0	)11	٦	C C00547893 Transaction ID : 40552600
	Candidate Name Stefanik, Elise, , ,			Cate		y/	Amount of Each Disbursement this Period
		ement For:	2018	1	ype		5000.00
	Senate <b>x</b> President	Primary Other (spe	General cify) ▼				Contribution Memo Item
	State: NY District: 21						
В.	Full Name (Last, First, Middle Initial) Republican Majority Fund						Date of Disbursement
	Mailing Address 901 N Washington St Ste 700						02 06 2017
	City ALEXANDRIA	State VA	Zip Code 22314				FEC Identification Number
	Purpose of Disbursement Contribution			C	)11		C C00296640 Transaction ID : 40552601
	Candidate Name Republican Majority Fund			Cate	egor ype	y/	Amount of Each Disbursement this Period
		ement For:			урс		5000.00
	Senate	Primary	General				Contribution
	State: District:	Other (spe	cify)				Memo Item
C.	Full Name (Last, First, Middle Initial) Next Century Fund						Date of Disbursement
	Mailing Address 116 S Royal Street						02 / D D / Y Y Y Y 13 / 2017
	City Alexandria	State VA	Zip Code 22314				FEC Identification Number
	Purpose of Disbursement Contribution	<u>I</u>		0	)11	٦	C C00343947 Transaction ID : 40575035
	Candidate Name Next Century Fund				egor ype	y/	Amount of Each Disbursement this Period
		ment For:					5000.00
	Senate President	Primary Other (spe	General				Contribution
	State: District:		ony) v				Memo Item
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Grou	p P.	٩C	;)	
Full Name (Last, First, Middle Initial) A. HellerHighWater PAC						Date of Disbursement	Y
Mailing Address PO Box 370672						02 13 2017	
City Las Vegas	State NV	Zip Code 89137				FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name				11	]	C C00471607 Transaction ID : 40575038	
HellerHighWater PAC	ement For:			egory/ /pe		Amount of Each Disbursement this F	
Senate President State: District:	Primary Other (spe	General cify) ▼				Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. Excelsior PAC Mailing Address 824 S Milledge Avenue						Date of Disbursement	Y
Suite 101 City	State	Zip Code				FEC Identification Number	
Athens Purpose of Disbursement Contribution	GA	30605	0	11	1	C C00541078 Transaction ID : 40575047	
Senate	ement For: Primary	General		gory/ /pe		Amount of Each Disbursement this F 2500.0 Contribution	0
State: District:	Other (spe	cify)				Memo Item	
Full Name (Last, First, Middle Initial) C. Making America Prosperous PAC						Date of Disbursement	Y
Mailing Address PO Box 2485		_				02 13 2017	
City Springfield Purpose of Disbursement Contribution	State VA	Zip Code 22152	0	11	1	FEC Identification Number C C00445379 Transaction ID : 40575050	
Candidate Name Making America Prosperous PAC				gory/ /pe		Amount of Each Disbursement this F	
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼				Contribution	0
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ITEMIZED DISBURSEMIENTS       for each category of the Detailed Summary Page       22       23 <th></th> <th>HEDULE B (FEC Form 3X)</th> <th></th> <th></th> <th></th> <th>OR LINI</th> <th></th> <th></th> <th>:</th> <th></th> <th>PA</th> <th>GE</th> <th>85 OF 96</th>		HEDULE B (FEC Form 3X)				OR LINI			:		PA	GE	85 OF 96		
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UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name (Last, First, Middle Initial)         A Biggs For Congress         Mailing Address 228 8 Washington St Suite 115         City         Alexandria         Purpose of Disbursement         Contribution Funds Reported On 2016 Post-General Report         Candidate Name         Biggs, Andy,         Office Sought:       State         President       Disbursement         Other (specify)       State         State:       AZ         Distures       05         Full Name (Last, First, Middle Initial)         B. Biggs For Congress         Mailing Address       228 S Washington St Suite 115         City       State         Candidate Name       Disbursement         Biggs, Andy, . ,       State         VA       2210 Code         VA       22314         Purpose of Disbursement       Other (specify)         Contribution Re-designated funds for trans. dated 11/3/2016       Other (specify)         City       Senate       Primary         Contribution Re-designated funds for trans. dated 11/3/2016       Other (specify)         City       Senate       Senate						any per	son	for the		ose of s	solicitin		ontributions		
Full Name (Last, First, Middle Initial)         A. Biggs For Congress         Mailing Address 228 8 Washington St Suite 115         City         A. And the second of Disbursement         Contribution Funds Reported On 2016 Post-General Report         Candidate Name         Biggs, Andy,         Office Sought:       X         Y       Nouse         Office Sought:       X         President       Disbursement For: 2016         Office Sought:       X         President       Disbursement For: 2016         Other (specify)       X         Full Name (Last, First, Middle Initial)         Biggs, Andy,         Full Name (Last, First, Middle Initial)         Biggs, Andy,         Full Name (Last, First, Middle Initial)         Biggs, Andy,         Biggs, Andy,         Office Sought:       Y         Purpose of Disbursement         Contribution Re-designated funds for trans. dated 11/3/2016         Candidate Name         Biggs, Andy,         Disbursement for: 2018         Purpose of Disbursement for: 2018         Contribution Re-designated funds for trans. dated 11/3/2016         Candidate Name         State:	$\backslash$	· · · · ·													
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Mailing Address 228 S Washington St Suite 115       Image: Contribution Structure       Image: Contributio							Date o	f Dis	burseme	ent					
City       State       Zip Code         VA       Zip Code         Contribution Funds Reported On 2016 Post-General Report       Other         Contribution Funds Reported On 2016 Post-General Report       Other (specify)         Office Sought:       Senate       Disbursement For: 2016         Purpose of Disbursement       Other (specify)       Memo Item 2016 Post-General Report         Reading Address       Zip Code       Memo Item 2016 Post-General Report         Reading Address       Zip Code       VA       Zip Code         VA       Zip Code       VA       Zo17         City       State       Zip Code       VA         Purpose of Disbursement       Other (specify)       General       Contribution Re-designated funds for trans. dated 11/3/2016         Candidate Name       Diskrit:       Other (specify)       General       Contribution Re-designated funds for trans. dated 11/3/2016         Full Name (Last, First, Middle Initial)       Example					M M / D D / Y Y Y Y Y										
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Biggs, Andy, , , ,       Type         Office Sought:       ×       House       Disbursement For: 2016         State:       AZ       District:       05         Full Name (Last, First, Middle Initial)       B.       Biggs For Congress         Mailing Address       228 S Washington St Suite 115       01         City       State:       VA       2214         Purpose of Disbursement       VA       2214         Purpose of Disbursement       011       Category/         Cottribution Re-designated funds for trans. dated 11/3/2016       011         Candidate Name       Senate       VA         President       Disbursement For: 2018       Contribution Re-designated funds for trans. dated 11/3/2016         Candidate Name       Disbursement For: 2018       Contribution Re-designated funds for trans. dated 11/3/2016         City       Senate       President       Other (specify)         State:       AZ       Disbursement For: 2018       Contribution Re-designated funds for trans. dated 11/3/2016         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress       Cottribution Re-designated funds for trans. dated 11/3/2016         City       Senate       Z       Zip Code       AZ       Regory/         City			I												
Senate       Primary       Contribution Funds Reported         State:       AZ       District:       05         Full Name (Last, First, Middle Initial)       B. Biggs For Congress       Date of Disbursement         Mailing Address       228 S Washington St Suite 115       Date of Disbursement         City       Alexandria       VA       Zip Code         Purpose of Disbursement       Contribution Re-designated funds for trans. dated 11/3/2016       011         Candidate Name       Disbursement For:       2018         Cottico Sought:       X       Posident         State:       AZ       District:       05         Full Name (Last, First, Middle Initial)       C       Contribution Re-designated f         State:       AZ       Disbursement For:       2018         State:       AZ       District:       05         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress         Mailing Address PO Box 25879       Other (specify)       State       21p Code         City       State       AZ       85285       Purpose of Disbursement       Constribution Re-designated f         City       State       AZ       Bisbursement For:       2018       Efcl Identification Number			ement For: :	2016			-		-				1000.00		
State:       AZ       District:       05         Full Name (Last, First, Middle Initial)       B. Biggs For Congress       Date of Disbursement         Mailing Address:       228 S Washington St Suite 115       Date of Disbursement         Citly       Alexandria       VA       22314         Purpose of Disbursement       Onther (specify)       FEC Identification Number         Contribution Re-designated funds for trans. dated 11/3/2016       011         Candidate Name       Disbursement For: 2018       Contribution Re-designated funds for trans. dated 11/3/2016         State:       AZ       District:       Memo Item         State:       AZ       Disbursement For: 2018       Contribution Re-designated funds for trans. dated 11/3/2016         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress       Memo Item         Mailing Address PO Box 25879       Other (specify)       State       21/2       21/2         City       State       AZ       85285       FEC Identification Number         Purpose of Disbursement       Other (specify)       Transaction ID : 40591577       FEC Identification Number         City       House       Disbursement For: 2018       Other (specify)       FEC Identification Number         City       Transaction ID : 40591577 </td <td></td> <td>Senate</td> <td>Primary</td> <td><b>x</b> General</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Co</td> <td>ntributi</td> <td></td> <td></td>		Senate	Primary	<b>x</b> General						Co	ntributi				
B. Biggs For Congress       Date of Disbursement         Mailing Address       228 S Washington St Suite 115         City       State       Zip Code         Purpose of Disbursement       Contribution Re-designated funds for trans. dated 11/3/2016       011         Candidate Name       Biggs, Andy, , ,       Category/ Type         Office Sought:       Image: All transment for:       2018         State:       AZ       Distoursement for trans. dated 11/3/2016       Contribution Re-designated funds for trans. dated 11/3/2016         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress       Date of Disbursement for:         Mailing Address PO Box 25879       City       State       Zip Code         City       State       Zip Code       State         Mailing Address PO Box 25879       Office Sought:       Memo Item       FEC Identification Number         City       State       Zip Code       FEC Identification Number         Candidate Name       Oil       Oil       Zin / Zil       Zilf         Candidate Name       Oil       Oil       Category/       Memo Item       Transaction ID : 40591577         Candidate Name       Office Sought:       Mouse       Disbursement For: 2018       Category/       Million			Other (spe	cify) 🔻				X Me	mo	Item 20'	l6 Pos	t-Ge	neral Report		
Mailing Address       228 S Washington St Suite 115         City       State       Zip Code         Purpose of Disbursement       Contribution Re-designated funds for trans. dated 11/3/2016       011         Candidate Name       Senate       Disbursement For: 2018         Office Sought:       X       President         Vance       Disbursement For: 2018       General         Office Sought:       X       Primary         General       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress         Mailing Address PO Box 25879       Other (specify)       Date of Disbursement         Category:       Transaction ID : 40575651         Amount of Each Disbursement       State: AZ       District: 05         Full Name (Last, First, Middle Initial)       C       Kyrsten Sinema for Congress         Mailing Address PO Box 25879       Disbursement       Other (specify)         City       State       Zip Code       Transaction ID : 40591577         Candidate Name       Other (specify)       Other (specify)       FEC Identification Number         City       State       Zip Code       Transaction ID : 40591577         Candidate Name       Disbursement For: 2018       Genera		Full Name (Last, First, Middle Initial)													
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Detailed Summary Page         210         28	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			only one)							
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (in Field Value of Disbursement Value of Control Value Value of Control Value Valu													
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Full Name (Last, Fist, Middle Initial)         A. Friends Of Chris Murphy         Mailing Address PO Box 127         City         Cheshine         Contribution         State:       Contribution													
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A. Friends Of Chris Murphy       Date of Disbursement         Mailing Address PO Box 127       02 ' 21' 2017         City       City         Candidate Name       011         Candidate Name       011         Candidate Name       011         Office Sought:       Y Benate         President       011         State:       CT         Office Sought:       Y Benate         President       Other (specify)         State:       CT         Office Sought:       Y Benate         President       Other (specify)         Full Name (Last, First, Middle Initial)         3. Himes For Congress         Mailing Address 857 Post Road, #312         City       State:         Contribution       011         Candidate Name       Other (specify)         Himes, James, Rep.,       Disbursement For: 2018         Office Sought:       X House         Disbursement       Disbursement For: 2018         Candidate Name       Mailing Address PO Box 590464         City       Senate         Purpose of Disbursement       Other (specify)         State:       CT         Disbursement       Core <tr< td=""><td></td><td>PAC (U</td><td>nitedHealth (</td><td>Group</td><td>o PA</td><td>AC)</td></tr<>		PAC (U	nitedHealth (	Group	o PA	AC)							
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Cheakine       CT       06410         Purpose of Disbursement       011         Candidate Name       Category/ Type         Office Sought:       House         President       Disbursement For: 2018         State:       CT         Office Sought:       President         President       Disbursement For: 2018         Mailing Address       857 Post Road, #312         City       State         Pairlead       CT         Office Sought:       Y         President       State         City       State         Pairlead       CT         Disbursement       Contribution         Candidate Name       Category/         Himes, James, Rep.,       Disbursement For: 2018         Office Sought:       Y         Pairlead       Other (specify)         Gree Kennedy For Congress       Mailing Address Po Box 590464         City       State         City       State         President       Disbursement         Contribution       Other (specify)         State:       CT         Disbursement       Contribution         City       State:	Mailing Address PO Box 127												
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Office Sought:       ★       House       Disbursement For: 2018       1000.00         State:       CT       District:       04       Other (specify)       General       Contribution         State:       CT       District:       04       Other (specify)       Date of Disbursement         Full Name (Last, First, Middle Initial)       Contribution       Date of Disbursement       Date of Disbursement         City       State:       Address PO Box 590464       Disbursement       011         City       State       Zip Code       02459       FEC Identification Number         Purpose of Disbursement       Onther (specify)       Transaction ID : 40591622       Amount of Each Disbursement this Period         Coffice Sought:       X       House       Disbursement For: 2018       Amount of Each Disbursement this Period         Office Sought:       X       Primary       General       Other (specify)       Contribution         State:       MA       District:       04       Other (specify)       General       General         SUBTOTAL of Disbursements This Page (optional)       General       General       General       General			Cate	gory/									
Senate Primary General   Other (specify) Other (specify)     Full Name (Last, First, Middle Initial)   C. Joe Kennedy For Congress   Mailing Address PO Box 590464     City   Newton   Purpose of Disbursement   Contribution   Candidate Name   Kennedy, Joseph, , Rep.,   Office Sought:   X   House   Office Sought:   X   House   Disbursement For: 2018   Senate   Primary   General   Office Sought:   X   House   Disbursement For: 2018   Senate   Primary   General   Office Sought:   X   House   Disbursement For: 2018   Senate   President   Other (specify)            State:   MA   District:   04            Substrate:   MA   District:   04		soment For:	ment For: 2018			1000.00							
State:       CT       District:       04         Full Name (Last, First, Middle Initial)       Date of Disbursement         Joe Kennedy For Congress       Date of Disbursement         Mailing Address PO Box 590464       02       21       2017         City       State       Zip Code       02       21       2017         Purpose of Disbursement       Onthin Ma       02459       FEC Identification Number         Contribution       011       Category/       Transaction ID : 40591622         Amount of Each Disbursement this Period       Transaction ID : 40591622       Amount of Each Disbursement this Period         Office Sought:       X       House       Disbursement For: 2018       Senate         State:       MA       District:       04       Other (specify) ▼       Memo Item         SUBTOTAL of Disbursements This Page (optional)       6000.00       6000.00       6000.00													
State:       CT       District:       04         Full Name (Last, First, Middle Initial)       Date of Disbursement         C. Joe Kennedy For Congress       Date of Disbursement         Mailing Address PO Box 590464       02         City       State       Zip Code         Purpose of Disbursement       011         Contribution       011         Candidate Name       011         Kennedy, Joseph, , Rep.,       Disbursement For: 2018         Office Sought:       x         MA       Disbursement For: 2018         State:       MA         District:       04			ecify)										
C. Joe Kennedy For Congress       Date of Disbursement         Mailing Address PO Box 590464       Image: Congress of Disbursement         City       State       Zip Code         Newton       MA       02459         Purpose of Disbursement       011         Candidate Name       011         Candidate Name       011         Candidate Name       011         Candidate Name       Disbursement For: 2018         Office Sought:       House         President       Disbursement For: 2018         President       Other (specify)         State:       MA         Disbursements This Page (optional)													
Mailing Address PO Box 590464       02       21       2017         City       State       Zip Code       02       21       2017         Newton       MA       02459       FEC Identification Number       Coordination Number         Purpose of Disbursement       011       Coordination Number       C	Full Name (Last, First, Middle Initial) C. Joe Kennedy For Congress					Date of Disbursement							
Newton       MA       02459         Purpose of Disbursement Contribution       011         Candidate Name       011         Candidate Name       011         Kennedy, Joseph, , Rep.,       011         Office Sought:       Image: Answer of Disbursement For: 2018         President       Primary         State:       MA         District:       04	Mailing Address PO Box 590464												
Purpose of Disbursement Contribution       011         Candidate Name       011         Candidate Name       Category/ Type         Main Dispersement For:       2018         President       Disbursement For:       2018         President       Other (specify)         State:       MA       District:       04     Subtrotal of Disbursements This Page (optional)			-			FEC Identification Number							
Contribution       011         Candidate Name       011         Candidate Name       Category/ Type         Office Sought:	Purpose of Disbursement	19173	02433	_	_	C C00512970							
Kennedy, Joseph, , Rep.,       Category/ Type         Office Sought:       Image: House Senate President         President       Primary General Other (specify)         State:       MA         Disbursements This Page (optional)				01	11								
Office Sought:				• •	Amount of Each Disbursement this Period								
Senate       Primary       General       Contribution         State:       MA       District:       04       Memo Item		sement For:	2018	Ty	pe	2500.00							
State:       MA       District:       04       Other (specify)       Memo Item         SUBTOTAL of Disbursements This Page (optional)	Consta												
SUBTOTAL of Disbursements This Page (optional)	President		ecify) 🔻										
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S	CHEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 87 OF 96					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck on	ly one)					
			Summary Page		21b 28a						
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or us Iress of any politic	ed by cal con	any per nmittee	son for the purpose of soliciting contributions to solicit contributions from such committee.					
$\backslash$	NAME OF COMMITTEE (In Full)			-	-	<b>~</b> `					
	UnitedHealth Group Incorporated	PAC (Ui	nitedHealth (	rou	р РА	<i>(</i> )					
Α.	Full Name (Last, First, Middle Initial) Peters For Michigan					Date of Disbursement					
	Mailing Address PO Box 226					02 21 2017					
	City Bloomfield Hills	State MI	Zip Code 48303			FEC Identification Number					
	Purpose of Disbursement		40000		-	C C00437889					
	Contribution Candidate Name			0	11	Transaction ID : 40591630					
	Peters, Gary, , Sen.,				egory/ ype	Amount of Each Disbursement this Period					
		ment For:	2020		/1	2000.00					
	X Senate President	Primary Other (spe	General			Contribution					
	State: MI District:		(only)			Memo Item					
_	Full Name (Last, First, Middle Initial)										
в.	Heidi For Senate					Date of Disbursement					
	Mailing Address PO Box 1577	02 21 2017									
	City Bismarck		FEC Identification Number								
	Purpose of Disbursement	ND	58502-1577	_	_	C C00505552					
		)11	Transaction ID : 40591634								
	Candidate Name Heitkamp, Heidi, , Sen.,				egory/ ype	Amount of Each Disbursement this Period					
		ment For:	2018	•.	, , , , , , , , , , , , , , , , , , , ,	3000.00					
	X Senate	Primary			Contribution						
	State: ND District:	Other (spe	echy)			Memo Item					
~	Full Name (Last, First, Middle Initial)					Date of Disbursement					
С.	Kuster For Congress, Inc										
	Mailing Address PO Box 1498					02 21 2017					
	City Concord	State NH	Zip Code 03302			FEC Identification Number					
	Purpose of Disbursement		03302	_	_	C C00462861					
	Contribution			0	11	Transaction ID : 40591635					
	Candidate Name Kuster, Ann, , Rep.,				egory/ ype	Amount of Each Disbursement this Period					
	· · · · · · · · · · · · · · · · · · ·	ment For:	2018	·.	/ I <sup></sup>	2500.00					
	Senate <b>x</b> President	Primary Other (spe	General			Contribution					
	State: NH District: 02	Other (spe	echy) V			Memo Item					
	UBTOTAL of Disbursements This Page (optional).				•	7500.00					
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SC	HEDULE B (FEC Form 3X)			F	OR L	INE	NUMBER: PAGE 88 OF 96							
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			Summary Page		$\mid \mid$	210 28a	22         X         23         26         27           28b         28c         29         30b							
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\square$	NAME OF COMMITTEE (In Full)			_		_								
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (	Grou	p F	PAC	;) 							
Α.	Full Name (Last, First, Middle Initial) Bob Casey for Senate Inc						Date of Disbursement							
	Mailing Address PO Box 58746						02 21 Y Y Y Y 02 21							
	City	State	Zip Code				FEC Identification Number							
	Philadelphia Purpose of Disbursement	PA	19102				0 000404050							
	Contribution			C	011		C C00431056							
	Candidate Name			Cate	egory	v/	Transaction ID : 40591686 Amount of Each Disbursement this Period							
	Casey, Robert, P., Sen., Jr.				ype	,.								
		ment For: ;	·				2500.00							
	Senate     President	Primary Other (spe	cify) ▼				Contribution Memo Item							
	State: PA District: Full Name (Last, First, Middle Initial)													
В.	Castro For Congress						Date of Disbursement							
	Mailing Address PO Box 544		02 21 Y Y Y Y 02 21 2017											
	City San Antonio	State TX	Zip Code 78292				FEC Identification Number							
	Purpose of Disbursement	_	_	_	C C00497933									
	Contribution		C	)11		Transaction ID : 40591689								
	Candidate Name			egory	y/	Amount of Each Disbursement this Period								
	Castro, Joaquin, , Rep., Office Sought:	ement For:	2010	T	ype		2500.00							
	č A	Primary	General				Contribution							
	President	Other (spe												
	State: TX District: 20													
C.	Full Name (Last, First, Middle Initial) Tammy Baldwin For Senate						Date of Disbursement							
	Mailing Address P.O. Box 696						02 / D D / Y Y Y Y 21 2017							
	City	State	Zip Code				FEC Identification Number							
	Madison Purpose of Disbursement	WI	53701	_		_	C C00326801							
	Contribution			C	11		Transaction ID : 40592157							
	Candidate Name			Cate	egory	y/	Amount of Each Disbursement this Period							
	Baldwin, Tammy, , Sen.,			T	ype		2500.00							
	Senete	ement For: ; Primary	2018 General											
	President	Other (spe					Contribution							
_	State: WI District:	J					Memo Item							
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	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 89 OF 96				
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a					
	y information copied from such Reports and State for commercial purposes, other than using the na								
$\backslash$	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC	)				
-	Full Name (Last, First, Middle Initial) Moderate Democrats PAC				Date of Disbursement				
	Mailing Address 303 Massachusetts Avenue, NE				02 21 2017				
	City	State	Zip Code		FEC Identification Number				
	Washington	DC	20002						
	Purpose of Disbursement Contribution			011	C C00436022 Transaction ID : 40592163				
	Candidate Name			Category/	Amount of Each Disbursement this Period				
	Moderate Democrats PAC			Туре					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		5000.00 Contribution Memo Item				
	State: District:								
B.	Full Name (Last, First, Middle Initial) Hoosiers First PAC Mailing Address 115 W Washington St				Date of Disbursement 02 21 2017				
	Suite 1165								
	City Indianapolis	State IN	Zip Code 46204		FEC Identification Number				
	Purpose of Disbursement Contribution	011	C C00492082						
	Candidate Name	Category/	Transaction ID : 40592165 Amount of Each Disbursement this Period						
	Hoosiers First PAC			Туре					
		ement For:			2500.00				
	President	Primary Other (spe	cify) General		Contribution				
	State: District:				Memo item				
	Full Name (Last, First, Middle Initial) Treasure State PAC				Date of Disbursement				
	Mailing Address 3242 Cummins Way				02 / 21 / Y Y Y Y 2017				
	City Missoula	State MT	Zip Code 59802		FEC Identification Number				
	Purpose of Disbursement Contribution			011	C C00433680				
	Candidate Name				Transaction ID : 40592922				
	Treasure State PAC			Category/ Type	Amount of Each Disbursement this Period				
		ement For:			2500.00				
	Senate	Primary	General		Contribution				
	President	Other (spe	cify) 🔻		Memo Item				
	State: District:								
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SCHEDU	JLE B (FEC Form 3X)			FOR II	NE NUMBER: PAGE 90 OF 96
	D DISBURSEMENTS		arate schedule(s) category of the	(check	only one)
			Summary Page		21b         22         X         23         26         27           28a         28b         28c         29         30b
				ed by any p	person for the purpose of soliciting contributions te to solicit contributions from such committee.
	F COMMITTEE (In Full)	/ .			
United	Health Group Incorporated	PAC (Ur	nitedHealth G	Group P	AC)
	e (Last, First, Middle Initial) a Prairie PAC				Date of Disbursement
Mailing A	ddress 918 Pennsylvania Ave SE		_		02 21 2017
City		State	Zip Code		FEC Identification Number
Washingt	of Disbursement	DC	20003		
Contribu				011	C C00536607
Candidate	e Name			Category	Transaction ID : 40592923 Amount of Each Disbursement this Period
Dakota	a Prairie PAC			Type	
Office Sc		ement For:			5000.00
	Senate	Primary	General		Contribution
State:	District:	Other (spe	city) 🔻		Memo Item
	e (Last, First, Middle Initial)				
	er Political Action Committe	ee			Date of Disbursement
Mailing A	ddress 701 8th Street NW, Suite 500	1		02 21 2017	
City Washing	ton	State DC	Zip Code 20001		FEC Identification Number
•	of Disbursement	011	C C00325357		
Candidate				Category	Transaction ID : 40592938 Amount of Each Disbursement this Period
	er Political Action Committe			Туре	
Office Sc		ement For:			5000.00
	Senate President	Primary Other (spe	General		Contribution
State:	District:	Other (spe	city)		Memo Item
Full Nam	e (Last, First, Middle Initial)				
C. Fund	for America's Future				Date of Disbursement
Mailing A	ddress P.O. Box 1373				02 / 21 / Y Y Y Y 02 / 21
City		State	Zip Code		FEC Identification Number
Columbia Purpose	of Disbursement	SC	29202		C C00288024
Contribu				011	C C00388934
Candidate	e Name			Category	Transaction ID : 40592949 Amount of Each Disbursement this Period
Fund	for America's Future			Type	
Office Sc		ement For:			5000.00
	Senate	Primary	General		Contribution
State:	District:	Other (spe	city) 🔻		Memo Item
	Diotriot.				
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TOTAL Thi	s Period (last page this line number on	y)		····· ]	

S	CHEDULE B (FEC Form 3X)			FC	OR L	INE	NUMBER: PAGE 91 OF 96					
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$\backslash$	NAME OF COMMITTEE (In Full)			_	_							
	UnitedHealth Group Incorporated	PAC (Un	nitedHealth (	Grou	p P	AC	;)					
Α.	Full Name (Last, First, Middle Initial)						Date of Disbursement					
	Mailing Address 919 Congress Avenue Suite 1400						02 / D D / Y Y Y Y 21 / 2017					
	City	State	Zip Code				FEC Identification Number					
	Austin Purpose of Disbursement	ТХ	78701									
	Contribution			0	)11	٦.	C C00387464					
	Candidate Name			Cate	egory	/	Transaction ID : 40593311 Amount of Each Disbursement this Period					
	Alamo PAC				ype							
	Office Sought: House Disburse Senate	ement For: Primary	General				5000.00					
	President	Other (spe					Contribution					
	State: District:	1					Memo Item					
Р	Full Name (Last, First, Middle Initial)						Data of Distances at					
В.	Common Values PAC						Date of Disbursement					
	Mailing Address 901 N Washington St Suite 700		02 / 21 / Y Y Y Y 02 21 2017									
	City Alexandria	State VA	Zip Code 22314				FEC Identification Number					
	Purpose of Disbursement	_	_		C C00442368							
	Contribution Candidate Name		C	)11		Transaction ID : 40593344						
	Common Values PAC			tegory/ Type		Amount of Each Disbursement this Period						
		ment For:			790		5000.00					
	Senate	Primary	General				Contribution					
	State: District:	Other (spec	cify)				Memo Item					
_	Full Name (Last, First, Middle Initial)											
C.	Jimmy Panetta For Congress						Date of Disbursement					
	Mailing Address PO Box 1579						02 / 28 / Y Y Y Y 2017					
	City	State	Zip Code				FEC Identification Number					
	Carmel Valley Purpose of Disbursement	CA	93924	_	_	_	C C00592154					
	Contribution			0	11		Transaction ID : 40605006					
	Candidate Name				egory	/	Amount of Each Disbursement this Period					
	Panetta, James, , , Office Sought: x House Disburse	ement For: 2	2018	T	уре		1000.00					
	Senate	Primary	General				Contribution					
	President	Other (spe	cify) 🔻				Memo Item					
_	State: CA District: 20											
s	UBTOTAL of Disbursements This Page (optional).						11000.00					
т	OTAL This Period (last page this line number only	/)										

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 92 OF 96								
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only									
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			28a	28b 28c 29 30b								
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NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	Group PAC	;)								
Full Name (Last, First, Middle Initial) A. Ryan Costello For Congress				Date of Disbursement								
Mailing Address PO Box 3154												
	1											
City West Chester	State PA	Zip Code 19381		FEC Identification Number								
Purpose of Disbursement		C C00554899										
	Contribution 011											
Candidate Name			Category/	Amount of Each Disbursement this Period								
Costello, Ryan, , , Office Sought: x House Disburs	sement For:	2018	Туре	2500.00								
	rimary	General										
President	Other (spe			Contribution Memo Item								
State: PA District: 06												
Full Name (Last, First, Middle Initial)												
B. Support to Ensure Victory Every	where - St	teve PAC		Date of Disbursement								
Mailing Address 228 South Washington St. Suite 115	02 / D D / Y Y Y Y 28 / 2017											
City		FEC Identification Number										
Alexandria												
Purpose of Disbursement Contribution	011	C C00501478										
Candidate Name	011	Transaction ID : 40605008										
Support to Ensure Victory Everyv	vhere - St	teve PAC	Category/ Type	Amount of Each Disbursement this Period								
	sement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00								
Senate	Primary	General		Contribution								
President	Other (spe	cify)		Memo Item								
State: District:												
Full Name (Last, First, Middle Initial) C. Connecticut Republican State Ce	entral Con	nmittee		Date of Disbursement								
Mailing Address, of Dayl Or				02 28 2017								
Mailing Address 31 Pratt St. 4th Floor				02 28 2017								
City	State	Zip Code		FEC Identification Number								
Hartford	СТ	06103										
Purpose of Disbursement Void - Connecticut Republican State Central Con	C Transaction ID : 40620708											
Candidate Name	Category/											
Connecticut Republican State Ce		nmittee	Туре	2500.00								
	sement For:	Constal		-2500.00								
Senate President	Primary Other (spe	General		Void - Connecticut Republica State Central Committee; che								
State: District:	other (spe	vony) ▼		Memo Item State Central Committee, che dated 11/6/15								
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TOTAL This Period (last page this line number or	ıly)											

TEMIZED DISBURSEMENTS       Use separate schedule(s) break category of the Detailed Summary Page       (check only one)         Ary 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 solici contributions from such committee.         NAME OF COMMITTEE (in Full)       NAME OF COMMITTEE (in Full)         Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for connecticut Republican State Central Committee       Date of Disbursement         Mailing Address 31 Pratt St. 4th Floor       Table of Disbursement Void - Connecticut Republican State Central Committee Office Sought:       Date of Disbursement Woid - Connecticut Republican State Central Committee Disbursement For: President       Date of Disbursement this Period Woid - Connecticut Republican State Central Committee Disbursement For: President       Date of Disbursement this Period Woid - Connecticut Republican State Central Committee Disbursement For: President       Date of Disbursement this Period Woid - Connecticut Republican State Central Committee Disbursement For: President       Date of Disbursement this Period Woid - Connecticut Republican Committee; che dated 11/6/15         Full Name (Last, First, Middle Initial)       B.       Date of Disbursement this Period Candidate Name       FEC Identification Number         City       State       Disbursement For: Candidate Name       Disbursement For: Candidate Name       Disbursement For: Candidate Name	SCHEDULE B (FEC Form 3X)				NUMBER: PAGE 93 OF 96						
Distance Language of the process of the source of soliciting contributions from such Reports and Statements may not be solid or used by any person for the purpose of soliciting contributions from such Committee.         Any information copied from such Reports and Statements may not be solid or used by any person for the purpose, other than using the name and address of any political committee to solicit contributions from such committee.         NAME CF COMMITTEE (in Full)       UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         Ac Connecticut Republican State Central Committee       Data of Disbursement         Mailing Address 31 Prat IS.       State         At Floor       City         City       State         Connecticut Republican State Central Committee       Category         Transaction D: 40520709       Transaction D: 40520709         Anount of Each Disbursement for:       Category         Connecticut Republican State Central Committee       Category         Transaction D: 40520709       Transaction D: 40520709         Anount of Each Disbursement for:       Connecticut Republican State Central Committee         Office Sought:       House       Distor:         Purpose of Disbursement for:       Connecticut Republican State Central Committee       Purpose of Disbursement for:         Purpose of Disbursement       Category       The file of Disbursement for:         Purpose of Disbursement				-							
Arly internation copied from such Reports and Statements may not be solid or used by any person for the purpose of solid contributions from such committee.         NAME OF COMMITTEE (in Fig. Middle Initial)         A. Connecticut Republican State Central Committee         Maing Address 31 Part State         Other Commercial purposes         Maing Address 31 Part State         Other Commercial purposes         Other Commercial purposes         Maing Address 31 Part State         Other Committee         Other (specify)         <											
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)         A       Connecticut Republican State Central Committee         Mailing Address 31 Prat St.       Date of Disbursement         City       State         Purpose of Disbursement       State Central Committee         Office Sought:       House         Disbursement       Disbursement         Void - Connecticut Republican State Central Committee       Transaction ID: 46620709         Office Sought:       House         Disbursement       Disbursement For:         President       Disbursement         State:       District:         Purpose of Disbursement       Other (specify)         B.       Distor         City       State         Purpose of Disbursement       Disbursement For:         President       City         Purpose of Disbursement       City         Purpose of Disbursement       City         Purpose of Disbursement       Disbursement For:         State:       Disbursement         City       State         Office Sought:       House         Disbursement       City         State:       Disbursement For:         Office Sought:       House				d by any perso	on for the purpose of soliciting contributions						
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       11 Part St. 4th Floor       20       28       2017         City       State       20       28       2017         Purpose of Disbursement       02       28       2017         Vidi - Connecticut Republican State Central Committee; check dated 11/6/15       011       Category         Connecticut Republican State Central Committee; check dated 11/6/15       011       Category         Connecticut Republican State Central Committee; check dated 11/6/15       011       Category         Office Sought:       House       Disturement for:       010       200.00         State:       District:       Disturement for:       010       200.00       010         Rull Name (Last, First, Middle Initial)       Date of Disbursement       010       010       010       010         Brull Name (Last, First, Middle Initial)       Date of Disbursement       010       010       010       010       010         City       State       Zip Code       FEC Identification Number       010       010       010       010       010         City       State       Disbursement For:       010       010       010       010       010 <tr< td=""><td></td><td></td><td></td><td></td><td></td></tr<>											
A. Connecticut Republican State Central Committee       Date of Disbursement         Mailing Address 31 Prait St.       4h Floor         City       State       Zip Code         Purpose of Disbursement       Void - Connecticut Republican State Central Committee, check dated 11/8/15       01         Candidate Name       Diabursement       Category/         Connecticut Republican State Central Committee, the dated 11/8/15       01         Office Sought       House       Diabursement For:         State:       Disbursement       Category/         Office Sought:       House       Diabursement For:         State:       Disbursement       Category/         Mailing Address       City       State         City       State       Zip Code         Purpose of Disbursement       Category/         Candidate Name       Disbursement For:         Candidate Name       Disbursement For:         Category/       Type         Office Sought:       House         Disbursement       Disbursement For:         Purpose of Disbursement       Category/         City       State       Zip Code         Ptul Name (Last, First, Middle Initial)       Category/         City       State       Z	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup PAC	)						
Mailing Address       31 per strat St. 4th Floor       22       28       2017         City Hardrod Cornecticut Republican State Central Committee: Ordice Sought: State:       State Disbursement for: Bit       20       28       2017         Connecticut Republican State Central Committee: Ordice Sought: Disbursement for: Category/ Ordice Sought: Disbursement       First Middle Initial)       First Middle Initial)       First Middle Initial)         B.       Date of Disbursement Ordice Sought: Disbursement       Date of Disbursement for: Disbursement       Category/ Type         Office Sought: Disbursement       State       Zip Code Ordice Sought: Disbursement       First Middle Initial)         B.       Date of Disbursement Candidate Name       Date of Disbursement       First Middle Initial)         City       State       Zip Code       First Middle Initial)         B.       Disbursement       Category/ Type       Amount of Each Disbursement his Period         Office Sought: Disbursement       Disbursement For: District:       Date of Disbursement       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Amount of Each Disbursement his Period         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement his Period         O	-	ntral Com	mittee								
Hardod CT 08103   Purpose of Disbursement Void - Connecticut Republican State Central Committee; check dated 11/6/15 011   Connecticut Republican State Central Committee Category/ Type   Office Sought: House   President Disbursement For:   President Other (specify)   State: Disbursement   City State   Purpose of Disbursement Cr:   Candidate Name Other (specify)   Candidate Name Disbursement For:   City State   Purpose of Disbursement Cr:   Purpose of Disbursement Other (specify)   State: Disbursement For:   Purpose of Disbursement Cr:   Candidate Name Category/   Office Sought: House   Pisolent: President   Candidate Name Other (specify)   Office Sought: House   Purpose of Disbursement Cr:   Purpose of Disbursement Other (specify)   Gity State   Purpose of Disbursement Cr:   Purpose of Disbursement Cr:   City State   Purpose of Disbursement Disbursement For:   Purpose of Disbursement Cr:   Candidate Name Category/   City State   Purpose of Disbursement Disbursement For:   Purpose of Disbursement Disbursement For:   Candidate Name Disbursement For:   Purpose of Disbursement <td< td=""><td>-</td><td></td><td></td><td></td><td></td></td<>	-										
Purpose of Disbursement       Cranaction ID: 40620709         Void - Connecticut Republican State Central Committee       Category/ Category/ Type       Category/ Category/ Type         Office Sought:       Bisbursement for: President       Disbursement for: Disbursement for: President       Candidate Name         Full Name (Last, First, Middle Initial)       Disbursement For: Disbursement For: Disbursement       Disbursement For: President       Disbursement For: Disbursement For: Disbursement       Category/ Category/ Type         Office Sought:       House       Disbursement For: Disbursement       Category/ Category/ Type       FEC Identification Number         City       State       Disbursement For: Disbursement       Category/ Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: President       Disbursement For: Disbursement       Disbursement this Period         City       State       Zip Code       FEC Identification Number         City       State       Disbursement For: Disbursement       Disbursement         City       State       Disbursement For: Disbursement       Category/ Category/ Type       Memo Item         Office Sought:       House       Disbursement For: Disbursement For: Disbursement       Category/ Category/ Type       Memo Item         State:       Disbursement For: District:			· ·		FEC Identification Number						
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Connecticut Republican State Central Committee       Type         Office Sought:       Disbursement For:         President       Other (specify)         State:       Disbursement For:         City       State         Purpose of Disbursement       Other (specify)         Candidate Name       Disbursement For:         President       Other (specify)         State:       Disbursement For:         City       State         Purpose of Disbursement       Category/         City       State         Purpose of Disbursement       Category/         City       State         Purpose of Disbursement       Category/         City       State         President       Other (specify)				Category/							
Senate       President       District:       Void - Connecticut Republicar         State:       District:       Memo Item       State Committee; che dated 11/6/15         B.       Date of Disbursement       Date of Disbursement         City       State       Zip Code         President       Disbursement       Category/ Type         Office Sought:       House       Disbursement For:         District:       Disbursement       Memo Item         City       State       Zip Code         Full Name (Last, First, Middle Initial)       Date of Disbursement this Period         City       State       Disbursement For:         District:       Disbursement For:       Memo Item         City       State       Zip Code         Purpose of Disbursement       FEC Identification Number         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Amount of Each Disbursement this Period         City       State       Disbursement For:			mittee		-2500.00						
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B.       Date of Disbursement         Mailing Address       City         City       State         Purpose of Disbursement       Category/         Candidate Name       Category/         Office Sought:       House         President       Disbursement For:         President       Other (specify)         State:       Disbursement For:         Purpose of Disbursement For:       Date of Disbursement         C.       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement         City       State         Purpose of Disbursement       Category/         City       State         City       State         City       State         Purpose of Disbursement       Date of Disbursement         City       State         Purpose of Disbursement       Category/         City       State         Purpose of Disbursement       Category/         City       State         Office Sought:       House         Disbursement For:       President         Primary       General         Office Sought:       House         Senate       Other (specify)		Other (spec	cify) ▼		Memo Item State Central Committee; check						
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Purpose of Disbursement       Image: Category/ Type       Purpose of Disbursement For: President       Image: Category/ Primary       Amount of Each Disbursement this Period         Office Sought:       House President       Disbursement For: Other (specify)       Image: Category/ Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       FEC Identification Number         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For: President       Primary         Office Sought:       House       Disbursement For: President       Memo Item         State:       District:       Memo Item       President         Subtrotal of Disbursements This Page (optional)	Mailing Address										
Candidate Name   Candidate Name   Office Sought:   House   Senate   President   Other (specify)     State:   Disbursement For:   President   Other (specify)     Date of Disbursement   Mailing Address   City   Purpose of Disbursement   Candidate Name   Candidate Name   Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Office Sought:   House   Disbursement For:   Candidate Name   Office Sought:   House   Disbursement For:   President   Other (specify)   State:   Disbursements This Page (optional)											
Office Sought:       House       Disbursement For:       General         State:       District:       Other (specify)       Memo Item         Full Name (Last, First, Middle Initial)       C.       Date of Disbursement         City       State       Zip Code       FEC Identification Number         Purpose of Disbursement       Category/       Type         Office Sought:       House       Disbursement For:       Category/         Senate       Disbursement For:       Category/       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Category/       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General       Category/       Memo Item         State:       District:       Other (specify)       Memo Item       Category/       Type         State:       District:       Senate       Primary       General       Memo Item         SubtrotAL of Disbursements This Page (optional)	Purpose of Disbursement	Purpose of Disbursement									
Senate   President   Other (specify)     Full Name (Last, First, Middle Initial)   C.   Mailing Address   City   Purpose of Disbursement   Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)   FEC Identification Number Category/ Type Memo Item State: Disbursement For: Senate President Other (specify) State: Disbursements This Page (optional)	Candidate Name				Amount of Each Disbursement this Period						
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Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)    Memo Item  -2500.00  -	City	State	Zip Code		FEC Identification Number						
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Senate       Primary       General         President       Other (specify)       Memo Item         SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Amount of Each Disbursement this Period								
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		Detailed :	Summary Page			28a	28b 28c 29 30b							
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$\backslash$	NAME OF COMMITTEE (In Full)		····			• ~								
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	srou	ρΡ	)								
Α.	Full Name (Last, First, Middle Initial) POLICH, CYNTHIA, , ,					Date of Disbursement								
	Mailing Address 3401 E VIA PALOMITA						02 24 2017							
	City TUCSON	State AZ					FEC Identification Number							
	Purpose of Disbursement Refund of PAC contribution			0	10	1	C Transaction ID : 40599319							
	Candidate Name			Cate Ty	gory pe	'	Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼				208.33 Refund of PAC contribution Memo Item							
	State: District:													
B.	Full Name (Last, First, Middle Initial)						Date of Disbursement							
	Mailing Address													
	City	State	Zip Code				FEC Identification Number							
	Purpose of Disbursement					11	C							
	Candidate Name		Category/ Type			Amount of Each Disbursement this Period								
	Senate	ement For: Primary												
	State: District:	Other (spec	cify)				Memo Item							
C.	Full Name (Last, First, Middle Initial)						Date of Disbursement							
	Mailing Address													
	City	State	Zip Code				FEC Identification Number							
	Purpose of Disbursement			Γ.		1	C							
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SCHEDULE B (FEC Form 3X)			FC	DR LINE	NUMBER: PAGE 95 OF 96								
TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(cł	neck only									
		Summary Page		21b									
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NAME OF COMMITTEE (In Full)			_	_									
> UnitedHealth Group Incorporated	PAC (Un	itedHealth (	Grou	p PAC	C)								
Full Name (Last, First, Middle Initial) • Eddie Farnsworth 2016					Date of Disbursement								
Mailing Address 1126 E. Harrison St.													
					02 28 2017								
City Gilbert	State AZ	Zip Code 85295			FEC Identification Number								
Purpose of Disbursement Void - Eddie Farnsworth Committee; check dated s	9/22/15		0	11	C								
Candidate Name			Cate	egory/	Transaction ID : 40620710 Amount of Each Disbursement this Period								
Farnsworth, Eddie, , AZ Rep.,				/pe	Amount of Each Dispursonient this Fellou								
· · · · · · · · · · · · · · · · · · ·	ement For:		,		-1000.00								
Senate	Primary	General			Void - Eddie Farnsworth								
State: District:	Other (spec	cify) 🔻			Memo Item Committee; check dated 9/22/1								
Full Name (Last, First, Middle Initial)													
Shooter for Senate					Date of Disbursement								
Mailing Address 2901 S Palo Verde Lane, Unit 42		02 28 2017											
City	State												
Yuma	AZ	Zip Code 85365			FEC Identification Number								
Purpose of Disbursement Void - Shooter for Senate; check dated 9/22/17		0	С										
Candidate Name			egory/	Transaction ID : 40620711 Amount of Each Disbursement this Period									
Shooter, Don, , AZ Sen.,				/pe	Amount of Lach Dispursement this Fehou								
Office Sought: House Disburse	ment For:	I			-1000.00								
Senate	Primary	General			Void - Shooter for Senate; che								
State: District:	Other (spec	cify)			Memo Item dated 9/22/17								
Full Name (Last, First, Middle Initial)					Date of Disbursement								
<ul> <li>VOTE Heather Carter</li> </ul>													
Mailing Address 29455 N Cave Creek St 118 #299													
City	State	Zip Code			FEC Identification Number								
Cave Creek Purpose of Disbursement	AZ	85331											
Void - VOTE Heather Carter; check dated 9/22/15			0	11	С								
Candidate Name			_	Transaction ID : 40620718									
Carter, Heather, , AZ Rep.,			egory/ /pe	Amount of Each Disbursement this Period									
	ment For:		• • •	~~	-2000.00								
Senate	Primary	General			Void - VOTE Heather Carte								
President State: District:	Other (spec	cify) ▼		Memo Item dated 9/22/15									
					4000.00								
SUBTOTAL of Disbursements This Page (optional).				••••• ►	-4000.00								
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SCHEDULE B (FEC Form 3X)			FC	DR LINE	NUME	BER:			PAC	GE 96 OF 96
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			neck only						
				21b 28a		22 28b	23 28c		26 29	27 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				any pers	on for	the	purpose		licitiną	g contributions
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	p PAC	;)					
Full Name (Last, First, Middle Initial) Coleman for AZ							Disburse	_		
Mailing Address 1474 S Royal Palm Rd			02 / 28 / 2017							
City Apache Junction	State AZ	Zip Code 85119	FEC Identification Number							
Purpose of Disbursement Void - Coleman for Arizona 2016; check dated 9/2		00119	0	11	С					
Candidate Name		I			A		nsaction			
Coleman, Doug, , AZ Rep.,		egory/ /pe	Am	iount	of Each	DISD	ursen	nent this Period		
Office Sought: House Disburs	,						_	-1000.00		
Senate           President	Primary Other (spe	General cify) ▼			Mo	mo Itom	Void chec	- Cole k date	eman for Arizona 201 ed 9/22/15	
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Full Name (Last, First, Middle Initial) 3. Dial 2016			Da	te of	Disburse	emen				
Mailing Address 2936 W Gregg Dr.		М	о2 М	/ D	D 28	/ Y	2017			
City Chandler	State AZ	Zip Code 85224			FE	C Ide	entificatio	n Nu	mber	
Purpose of Disbursement Void - Dial 2016; check dated 9/22/15 Candidate Name		11 gory/	C	Tra	nsaction			0720 nent this Period		
Dial, Jeff, , AZ Rep.,		pe								
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General	-2000.00 Void - Dial 2016; check 9/22/15 Memo Item						-2000.00 2016; check dated	
State: District:						IVICI				
Full Name (Last, First, Middle Initial) Committee to Elect Brittany Pette	rsen				Da	te of	Disburse	emen	t	
Mailing Address 1718 S. Cody St.			02 / D D / Y Y Y Y 28 2017							
City	State	Zip Code				0 1-1			mber	
Lakewood	CO	80232			FE		entificatio	II INU	niper	
Purpose of Disbursement Void - Committee to Elect Brittany Pettersen; che	011 C Transaction ID : 40620721					0721				
Candidate Name	Cate	egory/	Am					nent this Period		
Pettersen, Brittany, , CO Rep.,	Ту	vpe		-				200.00		
Senate President	Senate     Primary     General       President     Other (specify) ▼									-200.00 nmittee to Elect Britta check dated 7/1/15
SUBTOTAL of Disbursements This Page (optional)									Ŧ	-3200.00
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