

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

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

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

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Susan Sherwood [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="135129.80"/>	<input type="text" value="135129.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="183349.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="91104.38"/>	<input type="text" value="371067.73"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="274453.50"/>	<input type="text" value="506197.53"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92100.00"/>	<input type="text" value="323844.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="182353.50"/>	<input type="text" value="182353.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	75706.96	276124.07
(ii) Unitemized .....	15397.42	94943.66
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	91104.38	371067.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	91104.38	371067.73
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	91104.38	371067.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	91104.38	371067.73

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	282000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	394.03
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	394.03
29. Other Disbursements .....	24100.00	41450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92100.00	323844.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92100.00	323844.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	91104.38	371067.73
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	394.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	91104.38	370673.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KELLY KETTLEWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 457 N OAK ST

City ELMHURST State IL Zip Code 60126-2215

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

Name of Employer Optum Services, Inc Occupation VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2016  
**Transaction ID : 39350210**

Amount of Each Receipt this Period  
 3000.00

Memo Item

**B. REBECCA MECHANIK**  
Full Name (Last, First, Middle Initial)

Mailing Address 594 SCOTS CT

City INVERNESS State IL Zip Code 60067-4364

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

Name of Employer Optum Services, Inc Occupation VP Pharm Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016  
**Transaction ID : 39353523**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. MICHAEL PHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 8220 CREST RD

City LAUREL State MD Zip Code 20723-1032

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

Name of Employer United HealthCare Services Inc Occupation Sr IT Architecture Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2016  
**Transaction ID : 39502119**

Amount of Each Receipt this Period  
 365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5865.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DAVID WICHMANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7000 ANTRIM ROAD  
 City EDINA State MN Zip Code 55439-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation PRES & CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159814741360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PATRICK ERLANDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address POBOX 71  
 City WAYZATA State MN Zip Code 55391-0071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHC International Services Inc Occupation SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159815941360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WILLIAM MUNSELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2119 WINDSONG CIRCLE  
 City WAYZATA State MN Zip Code 55391-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Advsr to Office of CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159816641360**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JOHN PENSHORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391-1363

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159816941360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. PAUL KALLMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 HERALD DR

City AMBLER State PA Zip Code 19002-1530

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

Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159817441360**

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

**C. THOMAS QUIRK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4307 BEECHWOOD LANE

City DALLAS State TX Zip Code 75220-1909

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159819141360**

Amount of Each Receipt this Period 100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARD MIGLIORI**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 72

City WAYZATA State MN Zip Code 55391-0072

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

Name of Employer United HealthCare Services Inc Occupation EVP Consumr Hlth Med Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1321.70

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159827441360**

Amount of Each Receipt this Period 408.68

Memo Item

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

**B. JEANNINE RIVET**  
Full Name (Last, First, Middle Initial)

Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA State MN Zip Code 55364-7708

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Grp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1159830041360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**C. MICHAEL MATTEO**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073-3621

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

Name of Employer Optum Services, Inc Occupation Chief Growth Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1551133441360**

Amount of Each Receipt this Period 230.76

Memo Item

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1024.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JOHN ENDERLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR State CT Zip Code 06074-2142

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

Name of Employer Optum Services, Inc Occupation Regn Exec Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1554323541360**

Amount of Each Receipt this Period 110.00

Memo Item

P/R Deduction (\$55.00 Bi-Weekly)

**B. CRAIG ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 AMATO CIRCLE

City WETHERSFIELD State CT Zip Code 06109-3971

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1575957341360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. KAREN ERICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372-1834

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1575957641360**

Amount of Each Receipt this Period 384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	571.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ERNEST MONFILETTO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3062 COMFORT ROAD  
City NEW HOPE State PA Zip Code 18938-5622  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Ntwk Prgms  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 615.36

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1575958141360**  
Amount of Each Receipt this Period 153.84  
 Memo Item  
P/R Deduction (\$76.92 Bi-Weekly)

**B. LEE VALENTA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4701 GOLF TERRACE  
City EDINA State MN Zip Code 55424-1514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Pres Lif Scis  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1575958541360**  
Amount of Each Receipt this Period 384.60  
 Memo Item  
P/R Deduction (\$192.30 Bi-Weekly)

**C. JOHN KELLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 568 HAWTHORNE WOODS DRIVE  
City EAGAN State MN Zip Code 55123-3059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Tax  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 434.76

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1575959741360**  
Amount of Each Receipt this Period 217.38  
 Memo Item  
P/R Deduction (\$108.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	755.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. ROBERT WEBB**

Mailing Address 4516 DREXEL AVENUE

City EDINA	State MN	Zip Code 55424-1130
---------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlth Grp
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1580865341360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. RICHARD HUGHES**

Mailing Address 735 SAINT MORITZ

City VICTORIA	State MN	Zip Code 55386-3706
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP COO of Human Capital
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1596304141360**

Amount of Each Receipt this Period  
200.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. THAD JOHNSON**

Mailing Address 9741 GLACIER BAY

City EDEN PRAIRIE	State MN	Zip Code 55347-2615
----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Mkt Group Gen Counsel
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1321.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1596304341360**

Amount of Each Receipt this Period  
408.68

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	993.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DANIEL SCHUMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5401 LARADA LANE  
 City EDINA State MN Zip Code 55436-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mkt Group COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596305441360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. THOMAS LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 306 CHIPPEWA AVENUE  
 City TAMPA State FL Zip Code 33606-3614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 577.07

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596306941360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. ROBERT OBERRENDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4505 MOORLAND AVENUE  
 City EDINA State MN Zip Code 55424-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1171.81

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596307041360**  
 Amount of Each Receipt this Period 414.54  
 Memo Item  
 P/R Deduction (\$207.27 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	991.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 14 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DIANE FLYNN**

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code  
 TAMPA FL 33618-2149

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

Name of Employer Occupation  
 Optum Services, Inc Regn Exec Dir

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **312.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR1596309741360**

Amount of Each Receipt this Period  
**78.00**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. TRACY DAVIDSON**

Mailing Address 6058 HARBOUR TOWN CIR

City State Zip Code  
 WESTERVILLE OH 43082-8144

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary     General  
 Other (specify) ▼ **720.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR1596311641360**

Amount of Each Receipt this Period  
**454.54**

Memo Item

P/R Deduction (\$227.27 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. KATHLEEN MALLATT**

Mailing Address 4304 SOUTH 167 AVENUE

City State Zip Code  
 OMAHA NE 68135-1353

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR1596315441360**

Amount of Each Receipt this Period  
**76.92**

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... **609.46**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DANIEL ROSENTHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 SLEEPY HOLLOW LANE  
 City ORINDA State CA Zip Code 94563-1340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Pres Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596317341360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KEVIN RUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16621 ALEXANDER MANOR DRIVE  
 City SILVER SPRING State MD Zip Code 20905-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596317441360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. DAVID STURKEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 CONE FLOWER WAY  
 City SUWANEE State GA Zip Code 30024-8576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1596318441360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	654.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. CHRIS TURNAU**  
 Mailing Address PO BOX 43216  
 3741 DUNBAR KNOLL  
 City State Zip Code  
 BROOKLYN PARK MN 55443-0216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Tax  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR1596319141360**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item  
 P/R Deduction (\$45.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOHN DODDY**  
 Mailing Address 1 ROXITICUS VIEW  
 City State Zip Code  
 CHESTER NJ 07930-3020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Info Tech  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR1600597341360**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHAEL MICHAUX**  
 Mailing Address 742 GOODRICH AVE  
 City State Zip Code  
 SAINT PAUL MN 55105-3343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP GM PCM  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR1600598541360**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 368.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LEWIS SANDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1600598741360**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. MATTHEW PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2260 FOX STREET  
 City ORONO State MN Zip Code 55356-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation CEO Ancillary & Ind/Sgt CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1602669941360**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

**C. JEFFREY MALONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6327 PASADENA POINT BLVD S  
 City GULFPORT State FL Zip Code 33707-3867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1613243541360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	792.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. THOMAS BELLAMY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416-4346
---------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Sls Ops
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1653444341360**

Amount of Each Receipt this Period  
115.40

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

**B. DANIEL SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 QUORN HUNT ROAD

City WEST SIMSBURY	State CT	Zip Code 06092-2524
-----------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP IT
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR16534445841360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. WILLIAM TALAMANTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 6025 ORRIS STREET

City MCLEAN	State VA	Zip Code 22101-1828
----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Six Sigma Cnslt
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1806444741360**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	272.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. PAUL EMERSON**

Mailing Address 18855 MEADOW VIEW BLVD

City	State	Zip Code
PRIOR LAKE	MN	55372-3133

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

Name of Employer	Occupation
Optum360 Services Inc	COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1806750341360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. CATHERINE ANDERSON**

Mailing Address 57 SIMMONS LANE

City	State	Zip Code
SEVERNA PARK	MD	21146-1921

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
776.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1903550741360**

Amount of Each Receipt this Period  
194.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. CHRISTOPHER JOHNSON**

Mailing Address 12880 53RD STREET NORTH

City	State	Zip Code
STILLWATER	MN	55082-1063

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

Name of Employer	Occupation
Optum Services, Inc	VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR1903591141360**

Amount of Each Receipt this Period  
78.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	348.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN SANTELLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 25510 BIRCH BLUFF ROAD

City EXCELSIOR State MN Zip Code 55331-8520

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

Name of Employer Optum Services, Inc Occupation SVP CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1321.70

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR1903622041360**

Amount of Each Receipt this Period 408.68

Memo Item

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

**B. DAVID HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE State CA Zip Code 92673-7044

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2119476741360**

Amount of Each Receipt this Period 270.00

Memo Item

P/R Deduction (\$135.00 Bi-Weekly)

**C. SAMUEL HO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266-3059

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

Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1448.05

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2119477941360**

Amount of Each Receipt this Period 394.66

Memo Item

P/R Deduction (\$197.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1073.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 21 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. AUSTIN PITTMAN**

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408-3868

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1497.20**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2119486741360**

Amount of Each Receipt this Period **389.20**

Memo Item

P/R Deduction (\$194.60 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. CYNTHIA POLICH**

Mailing Address 3401 E VIA PALOMITA

City Tucson State AZ Zip Code 85718-3371

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

Name of Employer Optum Services, Inc Occupation SVP Strat Initiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2119486841360**

Amount of Each Receipt this Period **200.00**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. CHERYL TANIGAWA MD**

Mailing Address 5598 NAPLES CANAL

City Long Beach State CA Zip Code 90803-4018

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

Name of Employer United HealthCare Services Inc Occupation SVP Entrprs Hlth Svs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2119491141360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **781.50**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEVEN TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 12331 COUNTRY LANE

City SANTA ANA State CA Zip Code 92705-3330

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

Name of Employer Optum Services, Inc Occupation VP Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2119492041360**

Amount of Each Receipt this Period **192.00**

Memo Item

P/R Deduction (\$96.00 Bi-Weekly)

**B. SUSAN VANASTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address N2249 NICOLE COURT

City KAUKAUNA State WI Zip Code 54130-9462

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

Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Sls

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2119492641360**

Amount of Each Receipt this Period **80.00**

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

**C. JOHN J MASON**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2083

City CYPRESS State CA Zip Code 90630-1583

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

Name of Employer United HealthCare Services Inc Occupation VP Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.30**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2126373841360**

Amount of Each Receipt this Period **384.60**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>656.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. FORREST BURKE**

Mailing Address 380 LEAF STREET

City State Zip Code  
ORONO MN 55356-9733

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

Name of Employer Occupation  
United HealthCare Services Inc Pres PS Labor Trust

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1236.36

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2133132441360**

Amount of Each Receipt this Period  
418.18

Memo Item

P/R Deduction (\$209.09 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. BROR HULTGREN**

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401-2452

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

Name of Employer Occupation  
United HealthCare Services Inc Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.11

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2133133241360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. SUSAN MORISATO**

Mailing Address 238 ARDMORE ROAD

City State Zip Code  
DES PLAINES IL 60016-2119

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

Name of Employer Occupation  
United HealthCare Services Inc Pres Insurance Sols

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1539.80

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2133133841360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	995.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. T JEFFREY PUTNAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code  
MINNEAPOLIS MN 55419-1349

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

Name of Employer Occupation  
United HealthCare Services Inc SVP Fin Plng Anlys

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2133134241360

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. ROBERT FALKENBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 LANTANA

City State Zip Code  
NEWPORT COAST CA 92657-1646

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

Name of Employer Occupation  
United HealthCare Services Inc Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2145728441360

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. DANNETTE SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 ALDEN DRIVE

City State Zip Code  
EDINA MN 55416-5010

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

Name of Employer Occupation  
United HealthCare Services Inc Sr Deputy Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1539.80

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2145729941360

Amount of Each Receipt this Period  
384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	846.12
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVID SPIVACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 HIDDEN TRAIL

City IRVINE State CA Zip Code 92603-0212

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

Name of Employer Optum Services, Inc Occupation SVP Bus Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2162867641360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. CHRISTINE GIBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427-2622

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

Name of Employer Optum Services, Inc Occupation VP Strat Initiv

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2225166741360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. JEAN-FRANCOIS BEAULE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 STRATFORD RD

City FARMINGTON State CT Zip Code 06032-1444

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

Name of Employer United HealthCare Services Inc Occupation SVP Hlth Advancement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2225813641360**

Amount of Each Receipt this Period 115.40

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 576.92

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ERIC RANGEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2225819341360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JOHN RYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 WESTMORELAND LN  
 City NAPERVILLE State IL Zip Code 60540-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.85

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2225819641360**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. ROY SAILOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921-7631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2225819741360**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	653.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MICHAEL CONNLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116-1730

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

Name of Employer Optum Services, Inc Occupation Chief Tech Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247625841360**

Amount of Each Receipt this Period 200.00

Memo Item

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

**B. JOSEPH CARCIONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 CARRIAGE WAY

City WHITE PLAINS State NY Zip Code 10605-5424

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247626841360**

Amount of Each Receipt this Period 115.40

Memo Item

P/R Deduction (\$57.70 Bi-Weekly)

**C. KEVIN KANTOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 7031 HALSTEAD DRIVE

City MINNETRISTA State MN Zip Code 55364-3201

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

Name of Employer Optum Services, Inc Occupation VP IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247627041360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 393.40

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DENNIS O'BRIEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 LOUGHLIN AVE

City COS COB State CT Zip Code 06807-2621

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1223.76

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247627341360**

Amount of Each Receipt this Period 419.58

Memo Item

P/R Deduction (\$209.79 Bi-Weekly)

**B. JEFFERY VERNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092-2017

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247627441360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**C. SANJAY GARODIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 COVINGTON COURT

City OAK BROOK State IL Zip Code 60523-2574

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

Name of Employer Optum Services, Inc Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2247627841360**

Amount of Each Receipt this Period 76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	688.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DANIEL OHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City State Zip Code  
DULUTH GA 30097-6621

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

Name of Employer Occupation  
United HealthCare Services Inc Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2247628041360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. JOHN PRINCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 546 HARRINGTON ROAD

City State Zip Code  
WAYZATA MN 55391-1550

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

Name of Employer Occupation  
Optum Services, Inc Mkt Group COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1314.65

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2259738441360**

Amount of Each Receipt this Period  
409.46

Memo Item

P/R Deduction (\$204.73 Bi-Weekly)

**C. CHRISTOPHER CRONN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1122 COLORADO STREET  
SUITE 2399

City State Zip Code  
AUSTIN TX 78701-2132

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

Name of Employer Occupation  
United HealthCare Services Inc Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2270522941360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	678.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 30 OF 129  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JAKE LOGAN**

Mailing Address **4826 EAST CALLE REDONDA**

City **PHOENIX** State **AZ** Zip Code **85018-2931**

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

Name of Employer **United HealthCare Services Inc** Occupation **Govt Affs Dir**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2402318241360**

Amount of Each Receipt this Period  

192.30
--------

 Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JAMES BECKER**

Mailing Address **378 FERNDAL ROAD WEST**

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

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

Name of Employer **United HealthCare Services Inc** Occupation **SVP Ops**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2402445141360**

Amount of Each Receipt this Period  

384.60
--------

 Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. JAMES COLEMAN**

Mailing Address **4720 WEST 66TH STREET**

City **EDINA** State **MN** Zip Code **55435-1506**

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

Name of Employer **United HealthCare Services Inc** Occupation **Mkt Grp SVP, Human Capital**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2402445241360**

Amount of Each Receipt this Period  

200.00
--------

 Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>776.90</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 31 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JOHN LARSEN**

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code  
 EDEN PRAIRIE MN 55347-4726

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

Name of Employer Occupation  
 Optum Services, Inc Bus Segment CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1539.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2402445641360**

Amount of Each Receipt this Period  
**384.60**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. JOY HIGA**

Mailing Address 2208 ELM AVENUE

City State Zip Code  
 MANHATTAN BEACH CA 90266-2809

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

Name of Employer Occupation  
 United HealthCare Services Inc VP Regl Affs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2402446241360**

Amount of Each Receipt this Period  
**60.00**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. CORY ALEXANDER**

Mailing Address 4203 BRADLEY LANE

City State Zip Code  
 CHEVY CHASE MD 20815-5234

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

Name of Employer Occupation  
 United HealthCare Services Inc EVP External Affairs

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1538.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2405428841360**

Amount of Each Receipt this Period  
**384.60**

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... **829.20**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KATHLYN WEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2225 46TH ST NW

City WASHINGTON State DC Zip Code 20007-1032

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

Name of Employer Optum Services, Inc Occupation SVP State Sls OptumI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1414.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2408545041360**

Amount of Each Receipt this Period 398.40

Memo Item

P/R Deduction (\$199.20 Bi-Weekly)

**B. WILLIAM HAGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6536 E GREYTHORN DRIVE

City SCOTTSDALE State AZ Zip Code 85266-6761

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

Name of Employer United HealthCare Services Inc Occupation SVP, Hlth Advancement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2437120041360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. PAUL BALTHAZOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City BROOKLYN PARK State MN Zip Code 55443-1754

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 824.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2437120741360**

Amount of Each Receipt this Period 464.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	939.32
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. LAURA NESS**

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
WOODBURY MN 55129-4282

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

Name of Employer Occupation  
United HealthCare Services Inc VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  
**04 / 30 / 2016**

**Transaction ID : PR2437121541360**

Amount of Each Receipt this Period  
**78.00**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. JOHN COSGRIFF**

Mailing Address 1837 SUMMIT LANE

City State Zip Code  
MENDOTA HEIGHTS MN 55118-4137

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

Name of Employer Occupation  
United HealthCare Services Inc VP Strategy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.30**

Date of Receipt  
**04 / 30 / 2016**

**Transaction ID : PR2437121641360**

Amount of Each Receipt this Period  
**384.60**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. PETER RAINEY**

Mailing Address 3115 WEST 47 STREET

City State Zip Code  
MINNEAPOLIS MN 55410-1857

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

Name of Employer Occupation  
United HealthCare Services Inc VP Fin

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1207.13**

Date of Receipt  
**04 / 30 / 2016**

**Transaction ID : PR2437127541360**

Amount of Each Receipt this Period  
**421.42**

Memo Item

P/R Deduction (\$210.71 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>884.02</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ROBIN LIPPERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UNIT 9600 BOX 2  
 City State Zip Code  
 DPO AP 96209-0002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP External Affs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1538.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2439928041360**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STEPHEN HEYMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5300 SHERRILL AVENUE  
 City State Zip Code  
 CHEVY CHASE MD 20815-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Govt Affs  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1538.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2444265741360**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. AMY ADLINGTON SHKABERIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4329 EWING AVE S  
 City State Zip Code  
 MINNEAPOLIS MN 55410-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc VP Human Capital  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 912.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2445016441360**  
 Amount of Each Receipt this Period  
 287.54  
 Memo Item  
 P/R Deduction (\$143.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1056.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. DAVID SIEGEL**

Mailing Address **264 LAKEWOOD DRIVE**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48304-3531**

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

Name of Employer **United HealthCare Services Inc** Occupation **Med Dir**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.04**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2445017141360**

Amount of Each Receipt this Period **91.26**

Memo Item

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LARRY RENFRO**

Mailing Address **5 DOVE LANE**

City **ANDOVER** State **MA** Zip Code **01810-2845**

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

Name of Employer **Optum Services, Inc** Occupation **VICE CHAIRMAN & CEO Optum**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2460168141360**

Amount of Each Receipt this Period **384.60**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. DAVID ORBUCH**

Mailing Address **2220 CEDAR LAKE PKWY**

City **MINNEAPOLIS** State **MN** Zip Code **55416-3644**

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

Name of Employer **Optum Services, Inc** Occupation **Optum Exec**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2460168241360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>668.16</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ERIC WEXLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7220 WILLOW OAK DR  
City WEST BLOOMFIELD State MI Zip Code 48324-3081  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 256.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2463723141360**  
Amount of Each Receipt this Period 64.00  
 Memo Item  
P/R Deduction (\$32.00 Bi-Weekly)

**B. SUE SCHICK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1220 DENBIGH LANE  
City WAYNE State PA Zip Code 19087-4644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Chief Growth Off  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1346.10

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2480620541360**  
Amount of Each Receipt this Period 384.60  
 Memo Item  
P/R Deduction (\$192.30 Bi-Weekly)

**C. MATTHEW BURNS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2724 BISON DRIVE  
City EDMOND State OK Zip Code 73034-3475  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Comm  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 576.92

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2484541741360**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
P/R Deduction (\$125.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	698.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARK PHILLIPS**

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317-7661

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

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1223.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2484542641360**

Amount of Each Receipt this Period  
419.58

Memo Item

P/R Deduction (\$209.79 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. THOMAS MANDERFELD**

Mailing Address 3760 WEST CALHOUN PARKWAY

City MINNEAPOLIS State MN Zip Code 55410-1118

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

Name of Employer United HealthCare Services Inc Occupation VP Capital Mkt Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2486697941360**

Amount of Each Receipt this Period  
80.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DIRK MCMAHON**

Mailing Address 60 WILDHURST ROAD

City EXCELSIOR State MN Zip Code 55331-8461

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

Name of Employer United HealthCare Services Inc Occupation EVP ENTRPRS OPS/TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1236.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2491457041360**

Amount of Each Receipt this Period  
418.18

Memo Item

P/R Deduction (\$209.09 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	917.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DONALD NATHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 GREENWICH STREET #30

City NEW YORK	State NY	Zip Code 10007-2150
------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Chief Comm Off
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2491457341360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. KATHRYN SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 N LAKE SHORE DR # 2309

City CHICAGO	State IL	Zip Code 60611-7435
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO E&I Regions
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
776.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2491457541360**

Amount of Each Receipt this Period  
194.00

Memo Item

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

**C. KARA SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA	State VA	Zip Code 22302-2533
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Govt Affs
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2540175341360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HYLLIUS EDWARDS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1541 S VINE STREET  
City DENVER State CO Zip Code 80210-2835  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UHC International Services Inc Occupation External Affs Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2541300441360**  
Amount of Each Receipt this Period 100.00  
 Memo Item  
P/R Deduction (\$50.00 Bi-Weekly)

**B. PATRICIA PURDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7417 LYNNHURST STREET  
City CHEVY CHASE State MD Zip Code 20815-3101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Govt Affs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 785.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2541300641360**  
Amount of Each Receipt this Period 196.30  
 Memo Item  
P/R Deduction (\$98.15 Bi-Weekly)

**C. JOELLE TIERNEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5710 TAYCHOPERA RD  
City MADISON State WI Zip Code 53705-1020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1269.26

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2541300741360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	373.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN VERSAGGI**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302-3501

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

Name of Employer: United HealthCare Services Inc  
Occupation: Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.28

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2541300841360**

Amount of Each Receipt this Period: 192.32

Memo Item

P/R Deduction (\$96.16 Bi-Weekly)

**B. BRENDAN HOSTETLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 W WINNEMAC AVE

City CHICAGO State IL Zip Code 60625-1817

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

Name of Employer: United HealthCare Services Inc  
Occupation: Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.80

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2542541941360**

Amount of Each Receipt this Period: 79.12

Memo Item

P/R Deduction (\$39.56 Bi-Weekly)

**C. RICHARD RAMSAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

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

Name of Employer: United HealthCare Services Inc  
Occupation: VP Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2542542241360**

Amount of Each Receipt this Period: 100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	371.44
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. IPYANA SPENCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4226 40TH STREET NORTH  
 City ARLINGTON State VA Zip Code 22207-4610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2542542341360**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. ANNE YAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2543582541360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CHANTA COMBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4229 SUMMERTREE DRIVE  
 City TALLAHASSEE State FL Zip Code 32311-3331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552313541360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 213.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JEANNE PACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 458 MORENO ROAD  
 City WYNNEWOOD State PA Zip Code 19096-1124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Sr Acct Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552313741360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. JEFFREY ALTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 WOODLAND ROAD  
 City PORT JEFFERSON State NY Zip Code 11777-1053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.24

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552960241360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JEREMY BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4534 MYSTIQUE WAY  
 City ROSWELL State GA Zip Code 30075-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552961341360**  
 Amount of Each Receipt this Period 70.00  
 Memo Item  
 P/R Deduction (\$35.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	532.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. SCOTT FLANNERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8508 TRELADY CT

City PLANO State TX Zip Code 75024-6827

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

Name of Employer United HealthCare Services Inc Occupation Regn Growth Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2552962341360**

Amount of Each Receipt this Period **78.00**

Memo Item

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

**B. CLAIRE HANNAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 25932 PORTAFINO DRIVE

City MISSION VIEJO State CA Zip Code 92691-5716

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2552962741360**

Amount of Each Receipt this Period **78.00**

Memo Item

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

**C. GREGORY JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774-1009

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.12**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2552963241360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>348.30</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN LOVELADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6268 ORCHARD PARK

City FRISCO State TX Zip Code 75034-5126

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1249.98

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552964241360**

Amount of Each Receipt this Period 416.66

Memo Item

P/R Deduction (\$208.33 Bi-Weekly)

**B. BARRY STREIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1604

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

Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 368.44

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2552966741360**

Amount of Each Receipt this Period 125.72

Memo Item

P/R Deduction (\$62.86 Bi-Weekly)

**C. MONICA RAYBURN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5127 JACKSON PONDS CT

City SUGAR LAND State TX Zip Code 77479-4656

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

Name of Employer Optum Services, Inc Occupation Dir Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2553475141360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 620.38

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RICHARD THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5121 DUPONT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55419-1151

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
776.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2553475441360**

Amount of Each Receipt this Period  
194.00

Memo Item

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

**B. DENEEN VOJTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5201 KELLOGG AVENUE

City	State	Zip Code
EDINA	MN	55424-1304

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Initiv Clin Aff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1539.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2553475541360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. KARSTEN FLAGSTAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13420 JAY ST NW

City	State	Zip Code
ANDOVER	MN	55304-4015

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

Name of Employer	Occupation
Optum Services, Inc	VP Info Tech

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1142.84

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2554013041360**

Amount of Each Receipt this Period  
428.56

Memo Item

P/R Deduction (\$214.28 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1007.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ALICE FERREIRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 BRITTANY AVENUE

City TRUMBULL State CT Zip Code 06611-1105

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

Name of Employer United HealthCare Services Inc Occupation Dir Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.31

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2554208141360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**B. DANIEL CLUTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 7756 N 85TH STREET

City OMAHA State NE Zip Code 68122-1281

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2560064441360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. DONALD GIANCURSIO**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS State NV Zip Code 89135-1680

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

Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1539.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2560064941360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	538.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JERI JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021-7252

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 673.20

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2560065141360

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. GREGG KUNEMUND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4451 RIVER BOTTOM DRIVE

City NORCROSS State GA Zip Code 30092-1362

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.43

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2560065341360

Amount of Each Receipt this Period 157.62

Memo Item

P/R Deduction (\$78.81 Bi-Weekly)

**C. SHELDON LIPPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 776.00

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2560065441360

Amount of Each Receipt this Period 194.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	543.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JEFFREY LUCHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 FOUR SEASONS DRIVE

City ALTON State NH Zip Code 03809-4872

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

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **776.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2560065641360**

Amount of Each Receipt this Period **194.00**

Memo Item

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

**B. DAVID MILICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2702 BIRCHMERE COURT

City KATY State TX Zip Code 77450-1303

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2560066041360**

Amount of Each Receipt this Period **78.00**

Memo Item

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

**C. TIMOTHY NOEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4316 FREMONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55409-1721

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

Name of Employer United HealthCare Services Inc Occupation SVP Prd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2560398841360**

Amount of Each Receipt this Period **384.60**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>656.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JAMES CRONIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 WALLACE RD

City BEDFORD State NH Zip Code 03110-5144

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.11**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2560821141360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. BRIAN LUND**  
Full Name (Last, First, Middle Initial)

Mailing Address 464 EAST NORTH AVE

City GRANTSBURG State WI Zip Code 54840-7423

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

Name of Employer United HealthCare Services Inc Occupation Dir Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2561457641360**

Amount of Each Receipt this Period **78.00**

Memo Item

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

**C. LARRY W CAVANAUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 NE 20TH ST # 1010

City WILTON MANORS State FL Zip Code 33305-2162

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

Name of Employer DENTAL BENEFIT PROV INC Occupation Spc Ben Govt Dntl Sls Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2563211041360**

Amount of Each Receipt this Period **78.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>348.30</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JACQULYN BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1587 112 TH COURT WEST  
 City State Zip Code  
 INVER GROVE HEIGHTS MN 55077-5412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2563211241360**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. ANDREW MACKENZIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1912 IRVING AVE S  
 City State Zip Code  
 MINNEAPOLIS MN 55403-2823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2564297141360**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. STEPHEN SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 HUNTINGTON COURT  
 City State Zip Code  
 KATY TX 77493-1159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2564297341360**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	478.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEVEN WALLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 538 QUAIL RIDGE LANE

City SAINT ALBANS State MO Zip Code 63073-1014

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.26

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2564297641360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**B. PAUL HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE State MN Zip Code 55311-4585

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

Name of Employer United HealthCare Services Inc Occupation Controller Mkt Grp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 776.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2564802741360**

Amount of Each Receipt this Period 194.00

Memo Item

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

**C. KATHERINE KENNY**  
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882-2301

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

Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2564803241360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 348.92

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. PAUL MARDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 718 HICKORY HILL RD  
 City State Zip Code  
 FRANKLIN LAKES NJ 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2564803341360**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DARREN MOQUIST**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 NICOLLET MALL #507  
 City State Zip Code  
 MINNEAPOLIS MN 55403-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Bus Segment CFO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 769.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2564803441360**  
 Amount of Each Receipt this Period  
 192.32  
 Memo Item  
 P/R Deduction (\$96.16 Bi-Weekly)

**C. TAMMY O'HARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2420 SAINT GEORGE WAY  
 City State Zip Code  
 BROOKEVILLE MD 20833-3265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SB VP Sls  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2564803941360**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 348.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DEBRA BERNIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3209 GALLERIA  
 UNIT 1705  
 City EDINA State MN Zip Code 55435-2556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1314.65

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2564804041360**  
 Amount of Each Receipt this Period 409.46  
 Memo Item  
 P/R Deduction (\$204.73 Bi-Weekly)

**B. TIMOTHY WICKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 44518  
 City EDEN PRAIRIE State MN Zip Code 55344-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Pres OptumRx  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2565448641360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WENDY ARNONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5243 E DESERT PARK LANE  
 City PARADISE VALLEY State AZ Zip Code 85253-3015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2568900541360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 870.98  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHRISTOPHER PARRILLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9501 WEXCROFT DRIVE

City BRENWOOD State TN Zip Code 37027-3824

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

Name of Employer: United HealthCare Services Inc  
Occupation: Dir Ntwk Contrctng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2571778241360**

Amount of Each Receipt this Period: 76.92

Memo Item

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

**B. BRUCE MOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 18426 MAGENTA BAY

City EDEN PRAIRIE State MN Zip Code 55347-1051

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

Name of Employer: Optum Services, Inc  
Occupation: VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2571778341360**

Amount of Each Receipt this Period: 78.00

Memo Item

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

**C. KEVIN CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4511 BROWDALE AVENUE

City EDINA State MN Zip Code 55424-1142

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

Name of Employer: United HealthCare Services Inc  
Occupation: VP Ntwk Contrctng

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
582.16

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2572590041360**

Amount of Each Receipt this Period: 213.08

Memo Item

P/R Deduction (\$106.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	368.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS WIFFLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421 SOMERFIELD DRIVE

City BOLINGBROOK State IL Zip Code 60490-3207

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2572992741360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. TRENT SIMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3111 NORCREST AVE N

City STILLWATER State MN Zip Code 55082-1779

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

Name of Employer Optum Services, Inc Occupation VP Med Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.35

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2574985041360**

Amount of Each Receipt this Period 86.94

Memo Item

P/R Deduction (\$43.47 Bi-Weekly)

**C. HEATHER CIANFROCCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2799 WEST BARDONNER ROAD

City GIBSONIA State PA Zip Code 15044-8462

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2574986241360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 856.14

**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 56 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. JAMIE BURNETT**

Mailing Address 4625 EWING AVENUE SOUTH

City State Zip Code  
 MINNEAPOLIS MN 55410-1745

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

Name of Employer Occupation  
 Optum Services, Inc VP IT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **234.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2574988241360**

Amount of Each Receipt this Period  
**78.00**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. DAVID ALLAZETTA**

Mailing Address 339 DARTMOUTH HILLS STREET

City State Zip Code  
 LAS VEGAS NV 89138-1544

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

Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2574995441360**

Amount of Each Receipt this Period  
**192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHELE DUNCAN**

Mailing Address 3038 FAIRWAY CIRCLE

City State Zip Code  
 CHASKA MN 55318-3408

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

Name of Employer Occupation  
 United HealthCare Services Inc VP Compli

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1007.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2016**

**Transaction ID : PR2575029641360**

Amount of Each Receipt this Period  
**403.04**

Memo Item

P/R Deduction (\$201.52 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **673.34**

**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LORI VAN HOLMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4117 BRYANT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55409-1423

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Human Capital Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **776.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2575030941360**

Amount of Each Receipt this Period  

194.00
--------

 Memo Item

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

**B. JENNIFER O'BRIEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4371 BENT TREE LANE

City	State	Zip Code
EAGAN	MN	55123-3054

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

Name of Employer	Occupation
United HealthCare Services Inc	Chief Compli Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2575034541360**

Amount of Each Receipt this Period  

384.60
--------

 Memo Item

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

**C. VIVIAN LINDSAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14930 SW 39 ST

City	State	Zip Code
DAVIE	FL	33331-2767

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.13**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2575054941360**

Amount of Each Receipt this Period  

192.30
--------

 Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>770.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARY MCCARTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8800 RUMFIELD RD  
City NORTH RICHLAND HILLS State TX Zip Code 76182-6131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **312.00**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575059441360**  
Amount of Each Receipt this Period **78.00**  
 Memo Item  
P/R Deduction (\$39.00 Bi-Weekly)

**B. SANDRA NICHOLS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12706 YOUNG LANE  
City NORTH POTOMAC State MD Zip Code 20878-6112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Shared Svs Regn CMO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.20**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575074541360**  
Amount of Each Receipt this Period **192.30**  
 Memo Item  
P/R Deduction (\$96.15 Bi-Weekly)

**C. KAREN UPCHURCH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5780 VICTORIA CT  
City WESTERVILLE State OH Zip Code 43082-8680  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Comm  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **269.28**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575084441360**  
Amount of Each Receipt this Period **76.92**  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>347.22</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PATRICK DEWALL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7662 RIDGEVIEW WAY  
City CHANHASSEN State MN Zip Code 55317-4507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.89

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575145341360**  
Amount of Each Receipt this Period 227.26  
 Memo Item  
P/R Deduction (\$113.63 Bi-Weekly)

**B. RON JONES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10066 ESCAMBIA BAY CT  
City NAPLES State FL Zip Code 34120-4621  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum360 Services Inc Occupation SVP Clnt Relationship  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575163541360**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
P/R Deduction (\$125.00 Bi-Weekly)

**C. SCOTT CASSANO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4855 BUCKHORN BUTTE COURT  
City LAS VEGAS State NV Zip Code 89149-5258  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan of Nevada Occupation Dir Prov Svc  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575164441360**  
Amount of Each Receipt this Period 200.00  
 Memo Item  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	677.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. THOMAS MCGUIRE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 41 CUMBERLAND ROAD  
City WEST HARTFORD State CT Zip Code 06119-1121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1044.01**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575185441360**  
Amount of Each Receipt this Period **439.54**  
 Memo Item  
P/R Deduction (\$219.77 Bi-Weekly)

**B. MICHAEL PATRICK STAMM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6721 MOSSY GLEN DR  
City FORT MYERS State FL Zip Code 33908-4771  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Ops  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **320.00**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575194641360**  
Amount of Each Receipt this Period **80.00**  
 Memo Item  
P/R Deduction (\$40.00 Bi-Weekly)

**C. MITCHELL GRANBERG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6721 GALWAY DRIVE  
City EDINA State MN Zip Code 55439-1313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **565.43**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2575196141360**  
Amount of Each Receipt this Period **214.94**  
 Memo Item  
P/R Deduction (\$107.47 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **734.48**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATTHEW SHORS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4649 EWING AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55410-1745

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

Name of Employer	Occupation
United HealthCare Services Inc	Sr Deputy Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1027.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR257522341360**

Amount of Each Receipt this Period  
428.30

Memo Item

P/R Deduction (\$214.15 Bi-Weekly)

**B. HOWARD GILPIN JR**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1210 SHEPARD DRIVE

City	State	Zip Code
BLUE BELL	PA	19422-3481

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

Name of Employer	Occupation
Optum Services, Inc	Dir Act Cnslt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2575224941360**

Amount of Each Receipt this Period  
78.00

Memo Item

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

**C. THOMAS CHOATE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8222 STONE MASON CT

City	State	Zip Code
WINDERMERE	FL	34786-5624

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

Name of Employer	Occupation
United HealthCare Services Inc	Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2575247841360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	583.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS BEAUREGARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 161 SPRING VALLEY ROAD

City RIDGEFIELD State CT Zip Code 06877-1219

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

Name of Employer United HealthCare Services Inc Occupation SVP Innovation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.30

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575295141360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. BRANDON CUEVAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 STRATHMORE

City LADERA RANCH State CA Zip Code 92694-0549

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575305641360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. BRADLEY HUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6636 W SHORE DR

City EDINA State MN Zip Code 55435-1529

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.12

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575310441360**

Amount of Each Receipt this Period  
198.88

Memo Item

P/R Deduction (\$99.44 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	968.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JEFFREY GOLDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3410 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575326941360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. COLLEEN VAN HAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575341941360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MICHAEL TELESKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575350941360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.92  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YASMINE WINKLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1429 WEST WIGWAM TRAIL  
 City MOUNT PROSPECT State IL Zip Code 60056-2940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.26

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575390941360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CRAIG BRATTEBO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10202 HARMONY CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.52

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575397241360**  
 Amount of Each Receipt this Period 227.26  
 Memo Item  
 P/R Deduction (\$113.63 Bi-Weekly)

**C. DANN WILBUR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 RIDGEVIEW AVE  
 City WAYZATA State MN Zip Code 55391-1018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575409741360**  
 Amount of Each Receipt this Period 365.00  
 Memo Item  
 P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	669.18
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JERI LOSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9995 DELL ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3524

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575419841360**

Amount of Each Receipt this Period **200.00**

Memo Item

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

**B. KEVIN MCGAVICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 705 NOTTINGHAM COURT

City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527

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

Name of Employer United HealthCare Services Inc Occupation C&S RVP Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575421941360**

Amount of Each Receipt this Period **76.92**

Memo Item

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

**C. KARIN O'HARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1431 HENRY COURT

City CHANHASSEN State MN Zip Code 55317-2200

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

Name of Employer United HealthCare Services Inc Occupation VP Acctng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575428741360**

Amount of Each Receipt this Period **76.92**

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... **353.84**

**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. EFREM CASTILLO**

Mailing Address 307 JOLIET AVE

City SAN ANTONIO State TX Zip Code 78209-5243

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

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **681.81**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575441341360**

Amount of Each Receipt this Period **454.54**

Memo Item

P/R Deduction (\$227.27 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. TIMOTHY SPILKER**

Mailing Address 9801 MOHAWK LANE

City LEAWOOD State KS Zip Code 66206-2432

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.26**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575446341360**

Amount of Each Receipt this Period **76.92**

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C. MILLA HAUTMAN**

Mailing Address 410 SYCAMORE CIRCLE

City PLYMOUTH State MN Zip Code 55441-5667

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

Name of Employer Optum Services, Inc Occupation Chief Tech Off

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.48**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2575447141360**

Amount of Each Receipt this Period **222.16**

Memo Item

P/R Deduction (\$111.08 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>753.62</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 STELLA GOLD

City BUDA State TX Zip Code 78610-3632

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Service Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 673.14

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575489441360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. MATTHEW KLEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6608 SCANDIA ROAD

City EDINA State MN Zip Code 55439-1156

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

Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 543.45

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575517341360**

Amount of Each Receipt this Period 217.38

Memo Item

P/R Deduction (\$108.69 Bi-Weekly)

**C. MOLLY JOSEPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2711 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2809

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1536.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575521741360**

Amount of Each Receipt this Period 384.00

Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 793.68

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PAUL HEBERT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13 GOVERNORS ROW  
City WEST HARTFORD State CT Zip Code 06117-1931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Fin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575522341360**  
Amount of Each Receipt this Period 250.00  
 Memo Item  
P/R Deduction (\$125.00 Bi-Weekly)

**B. KRISTEN HOLOVIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4610 LAKEVIEW DRIVE  
City EDINA State MN Zip Code 55424-1518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 565.43

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575533041360**  
Amount of Each Receipt this Period 214.94  
 Memo Item  
P/R Deduction (\$107.47 Bi-Weekly)

**C. JANE HILL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 34301 299TH PLACE  
City AITKIN State MN Zip Code 56431-5914  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Compli  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 217.35

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575533141360**  
Amount of Each Receipt this Period 86.94  
 Memo Item  
P/R Deduction (\$43.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	551.88
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS HAMLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 NEWMAN

City HOUSTON State TX Zip Code 77098-1408

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

Name of Employer Optum Services, Inc Occupation Sr Behvrl Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575536241360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**B. HOLLY STEINBRECHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11053 POTOMAC LANE

City FRISCO State TX Zip Code 75035-1226

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 417.30

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575544541360**

Amount of Each Receipt this Period 231.40

Memo Item

P/R Deduction (\$115.70 Bi-Weekly)

**C. CURTIS MOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 KELTON STREET

City REHOBOTH State MA Zip Code 02769-2530

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

Name of Employer Optum Services, Inc Occupation Sr Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 543.45

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575579241360**

Amount of Each Receipt this Period 217.38

Memo Item

P/R Deduction (\$108.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ELIZABETH WINSOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 WILDERS PASS

City CANTON State CT Zip Code 06019-2259

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

Name of Employer United HealthCare Services Inc Occupation CEO NA Acct

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.12

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575582841360**

Amount of Each Receipt this Period 419.58

Memo Item

P/R Deduction (\$209.79 Bi-Weekly)

**B. MICHAEL PETEROY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 PHILLIPS STREET

City VISTA State CA Zip Code 92083-7171

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

Name of Employer Optum Services, Inc Occupation Dir Bus Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.45

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575585641360**

Amount of Each Receipt this Period 217.38

Memo Item

P/R Deduction (\$108.69 Bi-Weekly)

**C. KATHLEEN DWYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4852 EXCALIBUR DRIVE

City SYRACUSE State NY Zip Code 13215-9317

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575590641360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 713.88

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LISA IVERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13341 CARRACH AVENUE  
 City ROSEMOUNT State MN Zip Code 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1223.76

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575603241360**  
 Amount of Each Receipt this Period 419.58  
 Memo Item  
 P/R Deduction (\$209.79 Bi-Weekly)

**B. DIANE MCNUTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11524 ZION ROAD  
 City BLOOMINGTON State MN Zip Code 55437-3636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1034.96

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575604541360**  
 Amount of Each Receipt this Period 440.56  
 Memo Item  
 P/R Deduction (\$220.28 Bi-Weekly)

**C. BRIAN THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17829 63RD AVE N  
 City MAPLE GROVE State MN Zip Code 55311-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575634641360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	937.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TERRENCE CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 COOPER AVENUE

City EDINA State MN Zip Code 55436-1315

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1314.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575636941360**

Amount of Each Receipt this Period  
409.46

Memo Item

P/R Deduction (\$204.73 Bi-Weekly)

**B. BENTON DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 9825 NORTH 53RD PLACE

City PARADISE VALLEY State AZ Zip Code 85253-1634

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

Name of Employer Optum Services, Inc Occupation VP GM Clin Comnty Ntwk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575639241360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**C. CRAIG HERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 9609 WYOMING CIRCLE

City BLOOMINGTON State MN Zip Code 55438-1628

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

Name of Employer Optum Services, Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
494.77

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575650241360**

Amount of Each Receipt this Period  
227.26

Memo Item

P/R Deduction (\$277.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	829.02
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RONALD GONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City HACIENDA HEIGHTS State CA Zip Code 91745-5739

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

Name of Employer United HealthCare Services Inc Occupation M R Sls Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2575651541360

Amount of Each Receipt this Period 78.00

Memo Item

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

**B. ELENA MCFANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18925 24TH AVENUE NORTH

City PLYMOUTH State MN Zip Code 55447-2072

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 932.75

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2575654741360

Amount of Each Receipt this Period 451.90

Memo Item

P/R Deduction (\$225.95 Bi-Weekly)

**C. JANICE ZIGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 TREVINO CIRCLE

City ANGEL FIRE State NM Zip Code 87710

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

Name of Employer United HealthCare Services Inc Occupation Regn Pres Ntwk Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.08

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2575665641360

Amount of Each Receipt this Period 454.54

Memo Item

P/R Deduction (\$227.27 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	984.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARL ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129-2227

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Sr Med Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575669341360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**B. PATRICK MOESCHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 10940 E TIERRA DR

City SCOTTSDALE State AZ Zip Code 85259-5730

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

Name of Employer UNITED HEALTHCARE SVS INC Occupation KA VP Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575676141360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**C. BRADY PRIEST**  
Full Name (Last, First, Middle Initial)

Mailing Address 4401 COUNTRY CLUB RD

City EDINA State MN Zip Code 55424-1148

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575677241360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 348.30

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CHRISTOPHER STIDMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1145.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575683841360**  
 Amount of Each Receipt this Period 428.30  
 Memo Item  
 P/R Deduction (\$214.15 Bi-Weekly)

**B. STEPHEN FARRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575696241360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ELIZABETH PROKOCKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9746 SUNSET HILL DR  
 City LONE TREE State CO Zip Code 80124-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 673.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575705841360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	697.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. D ELLEN WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 STUART STREET  
25D

City BOSTON State MA Zip Code 02116-5011

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

Name of Employer United HealthCare Services Inc Occupation EVP Human Capital

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1226.52

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2575708841360

Amount of Each Receipt this Period  
419.26

Memo Item

P/R Deduction (\$209.63 Bi-Weekly)

**B. MOLLY KNORR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1144 PROSPECT AVENUE

City HARTFORD State CT Zip Code 06105-1124

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

Name of Employer United HealthCare Services Inc Occupation SVP Risk Adjustment

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2575735441360

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. GINA CESARETTI**  
Full Name (Last, First, Middle Initial)

Mailing Address 5020 CIRCLE DOWN

City GOLDEN VALLEY State MN Zip Code 55416-1304

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

Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
434.76

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2575739041360

Amount of Each Receipt this Period  
217.38

Memo Item

P/R Deduction (\$108.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 713.56

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CARRIE MAURER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2899 EDGEWATER COVE

City State Zip Code  
WOODBURY MN 55125-8705

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

Name of Employer Occupation  
Optum Services, Inc VP Mktg

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.27

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575798141360**

Amount of Each Receipt this Period  
218.18

Memo Item

P/R Deduction (\$109.09 Bi-Weekly)

**B. ADAM HJERPE**  
Full Name (Last, First, Middle Initial)

Mailing Address 13932 UTAH AVE S

City State Zip Code  
SAVAGE MN 55378-2159

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

Name of Employer Occupation  
United HealthCare Services Inc Chief of Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1086.95

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575806241360**

Amount of Each Receipt this Period  
434.78

Memo Item

P/R Deduction (\$217.39 Bi-Weekly)

**C. LAURIE RUSSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3108 SONIA DRIVE

City State Zip Code  
LAS VEGAS NV 89107-3246

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

Name of Employer Occupation  
United HealthCare Services Inc Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575812141360**

Amount of Each Receipt this Period  
78.00

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 730.96

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SAMUEL MECKEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1828 WYNDAM DRIVE

City SHAKOPEE State MN Zip Code 55379-5437

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

Name of Employer Optum Services, Inc Occupation VP Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1469.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575814541360**

Amount of Each Receipt this Period  
 392.30

Memo Item

P/R Deduction (\$196.15 Bi-Weekly)

**B. WILLIAM MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 27409 W 108 STREET

City OLATHE State KS Zip Code 66061-7533

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
707.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575819841360**

Amount of Each Receipt this Period  
 176.94

Memo Item

P/R Deduction (\$88.47 Bi-Weekly)

**C. ELLEN SEXTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15346 FISH POINT ROAD

City PRIOR LAKE State MN Zip Code 55372-1948

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

Name of Employer United HealthCare Services Inc Occupation VP Growth Strat & Sls Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2575823241360**

Amount of Each Receipt this Period  
 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	761.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. PHILIP KAUFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1680 NORTH FARM ROAD

City State Zip Code  
ORONO MN 55356-9309

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

Name of Employer Occupation  
United HealthCare Services Inc CEO Spclty Ben Visn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
781.55

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575829841360**

Amount of Each Receipt this Period  
246.50

Memo Item

P/R Deduction (\$123.25 Bi-Weekly)

**B. MICHELLE HUNTLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 19503 HARMONY AVE

City State Zip Code  
ROGERS MN 55374-4843

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

Name of Employer Occupation  
United HealthCare Services Inc Deputy Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
633.78

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575832041360**

Amount of Each Receipt this Period  
207.36

Memo Item

P/R Deduction (\$103.68 Bi-Weekly)

**C. MARY JANE BEESON**  
Full Name (Last, First, Middle Initial)

Mailing Address 279 OAK COMMON AVENUE

City State Zip Code  
SAINT AUGUSTINE FL 32095-6803

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

Name of Employer Occupation  
Optum Services, Inc Bus Adv/Tech Cnslt Sr Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
727.68

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2575839541360**

Amount of Each Receipt this Period  
196.92

Memo Item

P/R Deduction (\$98.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. EDWARD SKOPAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 JOEL DR

City HEBRON State CT Zip Code 06248-1245

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

Name of Employer United HealthCare Services Inc Occupation Mkt Grp CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575842741360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**B. WILLIAM GOLDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 SOUND COURT

City NORTHPORT State NY Zip Code 11768-3527

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

Name of Employer United HealthCare Services Inc Occupation Regn CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 673.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575859341360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**C. NYLE BRENT COTTINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6630 EMPIRE COURT

City MAPLE GROVE State MN Zip Code 55311-3433

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

Name of Employer United HealthCare Services Inc Occupation VP Acctng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575865341360**

Amount of Each Receipt this Period 85.32

Memo Item

P/R Deduction (\$42.66 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 355.62

**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PAYMAN PEZHMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17920 SHAVERS LAKE DRIVE  
 City WAYZATA State MN Zip Code 55391-3333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 543.45

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575883541360**  
 Amount of Each Receipt this Period 217.38  
 Memo Item  
 P/R Deduction (\$108.69 Bi-Weekly)

**B. PATRICK LANGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 MEADOW LANE  
 City BENSON State MN Zip Code 56215-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 776.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575885041360**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. MICHAEL MEDEIROS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7112 LANGMUIR DRIVE  
 City MCKINNEY State TX Zip Code 75071-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575930641360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARD MATTERA**  
Full Name (Last, First, Middle Initial)

Mailing Address 483 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575938441360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. PATRICK CARR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9088 NAUTICAL WATCH DR

City INDIANAPOLIS State IN Zip Code 46236-9035

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

Name of Employer United HealthCare Services Inc Occupation Pres UnitedHlth One

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575945041360**

Amount of Each Receipt this Period 2500.00

Memo Item

P/R Deduction (\$2500.00 Bi-Weekly)

**C. JUDITH PERLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 CANTERBURY LANE  
PO BOX 2108

City VINEYARD HAVEN State MA Zip Code 02568-5659

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 366.60

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575968941360**

Amount of Each Receipt this Period 132.60

Memo Item

P/R Deduction (\$66.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 3017.20

**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 83 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARK LEENAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 UNION TERRACE LN N  
 City PLYMOUTH State MN Zip Code 55441-6232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UHC International Services Inc Occupation NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2575982841360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. JOHN EDWARD SCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15440 STANBURY CURV  
 City EDEN PRAIRIE State MN Zip Code 55347-2433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.28

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576018641360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DAVID SANN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8326 ELKO DRIVE  
 City ELLICOTT CITY State MD Zip Code 21043-6913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576026441360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 231.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 84 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. JAY WARMUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16215 GRABEN COURT  
 City State Zip Code  
 EDEN PRAIRIE MN 55346-2331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Optum Services, Inc Bus Segment Gen Counsel  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **769.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**  
**Transaction ID : PR2576040041360**  
 Amount of Each Receipt this Period  
**192.30**  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. GAYLE ADAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39 CANYON RIDGE DRIVE  
 City State Zip Code  
 SANDIA PARK NM 87047-8509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP Strategic Acct Mgmt  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **673.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**  
**Transaction ID : PR2576040341360**  
 Amount of Each Receipt this Period  
**192.30**  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KEVIN KANDALRAFT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4189 WINDSOR POINT PLACE  
 City State Zip Code  
 EL DORADO HILLS CA 95762-3797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Hlth Plan CEO  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **269.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2016**  
**Transaction ID : PR2576043641360**  
 Amount of Each Receipt this Period  
**76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **461.52**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KENT MONICAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9795 E PIEDRA DRIVE  
City SCOTTSDALE State AZ Zip Code 85255-9231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Prd  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 269.26

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576051341360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**B. RESTOR JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2700 CRESCENT RIDGE ROAD  
City MINNETONKA State MN Zip Code 55305-2806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 776.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576051641360**  
Amount of Each Receipt this Period 194.00  
 Memo Item  
P/R Deduction (\$97.00 Bi-Weekly)

**C. JOHN REX**  
Full Name (Last, First, Middle Initial)  
Mailing Address 503 HARRINGTON ROAD  
City WAYZATA State MN Zip Code 55391-1512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Mkt Group CFO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1539.80

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576060041360**  
Amount of Each Receipt this Period 384.60  
 Memo Item  
P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DARRIN JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 BERTON COURT  
 City MIDDLETOWN State DE Zip Code 19709-9932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.25

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576103741360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CHRIS KENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13273 CARLINGFORD LANE  
 City ROSEMOUNT State MN Zip Code 55068-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576119041360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CHANDRA TORGERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5433 10TH AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55417-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576128641360**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	231.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEVEN NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 640 LOCUST HILLS DRIVE

City WAYZATA State MN Zip Code 55391-1973

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.22

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576144841360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. JOHN FRIDNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 782 PENFIELD DR

City CAROL STREAM State IL Zip Code 60188-4738

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

Name of Employer United HealthCare Services Inc Occupation SB NA VP SIs/Gen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576147541360**

Amount of Each Receipt this Period 78.00

Memo Item

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

**C. THOMAS ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 SUGARLOAF CLUB DR

City DULUTH State GA Zip Code 30097-7451

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

Name of Employer United HealthCare Services Inc Occupation SVP Clint Relationship

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 673.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2576313341360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	654.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DANIEL KENIRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5553 LITTLE FALLS ROAD  
 City ARLINGTON State VA Zip Code 22207-1525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2577379341360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DEMETRIOS KOUZOUKAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15552 57TH PLACE N  
 City PLYMOUTH State MN Zip Code 55446-3737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2578740441360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KRISTY DUFFEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8906 WINGED FOOT DRIVE  
 City PASADENA State MD Zip Code 21122-6670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Clnt Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2578823241360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 89 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. LAURA CIAVOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1686 WILDFIRE LANE

City FRISCO State TX Zip Code 75033-7325

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2578824341360**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. NATHANAEL BUSBEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 611 ORPINGTON RD

City BALTIMORE State MD Zip Code 21229-2128

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2578826741360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. JAY COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2613 VICTORIA DR

City LAGUNA BEACH State CA Zip Code 92651-3948

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

Name of Employer Optum Services, Inc Occupation CEO Med Grp Physn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 673.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2578829641360**

Amount of Each Receipt this Period 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 653.82

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. RACHEL FARMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1929 ALBIZIA COURT

City State Zip Code  
BATON ROUGE LA 70808-3973

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.76

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2595208341360

Amount of Each Receipt this Period  
85.80

Memo Item

P/R Deduction (\$42.90 Bi-Weekly)

**B. LAURA GROSCHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3872 KENNET CIRCLE

City State Zip Code  
EAGAN MN 55123-3952

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

Name of Employer Occupation  
Optum Services, Inc VP IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2595230941360

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. WESTON SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1050 LAKE CAROLYN PKWY  
APT 4349

City State Zip Code  
IRVING TX 75039-3999

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

Name of Employer Occupation  
Optum Services, Inc Med Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.16

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2601125341360

Amount of Each Receipt this Period  
61.54

Memo Item

P/R Deduction (\$30.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	531.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. MARIANNE SHORT**

Mailing Address 2215 SUMMIT AVENUE

City SAINT PAUL State MN Zip Code 55105-1002

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2601133541360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. AMY SWANSON**

Mailing Address 621 SPARROW WAY

City WADSWORTH State OH Zip Code 44281-7716

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2601140741360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JENNIFER MARDOSZ**

Mailing Address 17920 SHAVERS LANE

City WAYZATA State MN Zip Code 55391-2737

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

Name of Employer Optum Services, Inc Occupation Deputy Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
565.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2016

**Transaction ID : PR2601142041360**

Amount of Each Receipt this Period  
214.94

Memo Item

P/R Deduction (\$107.47 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	791.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MICHAEL CHRIST**  
Full Name (Last, First, Middle Initial)

Mailing Address 89 RIDGEWOOD ROAD

City WEST HARTFORD State CT Zip Code 06107-2924

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2601156941360

Amount of Each Receipt this Period 76.92

Memo Item

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

**B. MARC KAPROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 5079 SW 89TH AVE

City COOPER CITY State FL Zip Code 33328-3636

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2601179041360

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. KELLY DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4445 36TH ST S

City ARLINGTON State VA Zip Code 22206-1817

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

Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.34

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2605734241360

Amount of Each Receipt this Period 76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)  
**A. TRACY MALONE**

Mailing Address 900 S 22ND ST

City ARLINGTON State VA Zip Code 22202-2625

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

Name of Employer: United HealthCare Services Inc  
Occupation: VP External Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1307.64

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2605736941360**

Amount of Each Receipt this Period: 410.24

Memo Item

P/R Deduction (\$205.12 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. GLORIA AUSTIN**

Mailing Address 1547 HARVARD AVENUE

City SALT LAKE CITY State UT Zip Code 84105-1725

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

Name of Employer: Optum Services, Inc  
Occupation: SVP Bus Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.17

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2605757441360**

Amount of Each Receipt this Period: 192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MICHAEL WEISSEL**

Mailing Address 99 HAGEN ROAD

City NEWTON State MA Zip Code 02459-2731

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

Name of Employer: Optum Services, Inc  
Occupation: Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1286.68

Date of Receipt: 04 / 30 / 2016  
**Transaction ID : PR2606842941360**

Amount of Each Receipt this Period: 412.58

Memo Item

P/R Deduction (\$206.29 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1015.12

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHN MATECZUN**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 SAINT GEORGE BARBER ROAD

City State Zip Code  
DAVIDSONVILLE MD 21035-1348

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

Name of Employer Occupation  
United HealthCare Services Inc Pres M&V

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.28

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2606845141360

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. THOMAS ZIESMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2004 ESTES PARK ROAD

City State Zip Code  
SOUTHLAKE TX 76092-3855

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

Name of Employer Occupation  
Optum Services, Inc SVP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
673.17

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2606854441360

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**C. SHELLEY KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 706 SUE BARNETT

City State Zip Code  
HOUSTON TX 77018-5412

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Service Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2607803041360

Amount of Each Receipt this Period  
100.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 676.90

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. LISA LANDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 60 PINEAPPLE STREET  
APT 3J

City State Zip Code  
BROOKLYN NY 11201-6839

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
269.26

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2608059541360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**B. VIRGINIA FLYNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 VAN TERRACE

City State Zip Code  
SPARKILL NY 10976-1406

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

Name of Employer Occupation  
United HealthCare Services Inc Dir Med Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
269.26

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2608061241360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. SANDRA FERGUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 710 SOUTH SHERATON DRIVE

City State Zip Code  
AKRON OH 44319-1918

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

Name of Employer Occupation  
United HealthCare Services Inc Assc Dir Med Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
269.26

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR2608061941360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NORMAN WRIGHT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1507 NANTUCKET DRIVE

City HOUSTON	State TX	Zip Code 77057-1911
-----------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation SVP Ops
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1469.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2609812341360**

Amount of Each Receipt this Period  
392.30

Memo Item

P/R Deduction (\$196.15 Bi-Weekly)

**B. MICHAEL BAKER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2383 HIGHOVER TRAIL

City CHANHASSEN	State MN	Zip Code 55317-4744
--------------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Cust Svs
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2612530541360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**C. NATASHA DECKMANN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 WEST 22 STREET #6F

City NEW YORK	State NY	Zip Code 10011-2783
------------------	-------------	------------------------

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

Name of Employer Optum Services, Inc	Occupation VP Gen Mgmt
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2612534641360**

Amount of Each Receipt this Period  
200.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	784.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. ABIGAIL VAIL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3636 DEXTER DRIVE  
City TALLAHASSEE State FL Zip Code 32312-1022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2614315641360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**B. RANDALL SOLOMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 HAIGHT STREET  
City SAN FRANCISCO State CA Zip Code 94117-3317  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation Sr Behvrl Med Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.30

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2615671541360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**C. MICHAEL BIRNBAUM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 DEAN STREET  
City BROOKLYN State NY Zip Code 11201-6245  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.30

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2615671641360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KAREN PUEHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3741 E DONALD DRIVE

City PHOENIX State AZ Zip Code 85050-7369

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

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.35

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2615679441360**

Amount of Each Receipt this Period 86.94

Memo Item

P/R Deduction (\$43.47 Bi-Weekly)

**B. ELIZABETH NIEMYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9237 ENGLISH MEADOW WAY

City LAYTONSVILLE State MD Zip Code 20882-1348

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1034.96

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2615682841360**

Amount of Each Receipt this Period 440.56

Memo Item

P/R Deduction (\$220.28 Bi-Weekly)

**C. MARK JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10529 MOUNT CURVE ROAD

City EDEN PRAIRIE State MN Zip Code 55347-2902

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

Name of Employer Optum Services, Inc Occupation VP Ntwk Contrctng

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.15

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2617933941360**

Amount of Each Receipt this Period 92.30

Memo Item

P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	619.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRIAN WENGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 818 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105-3345

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

Name of Employer Optum Services, Inc Occupation Mkt Group Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1086.95

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2623703341360**

Amount of Each Receipt this Period 434.78

Memo Item

P/R Deduction (\$217.39 Bi-Weekly)

**B. REBECCA MULES**  
Full Name (Last, First, Middle Initial)

Mailing Address 660 DOVER STREET

City BALTIMORE State MD Zip Code 21230-2228

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.28

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2624442641360**

Amount of Each Receipt this Period 76.92

Memo Item

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

**C. JENIFER FULLER JESSEP**  
Full Name (Last, First, Middle Initial)

Mailing Address 14320 KEITH COURT

City BROOMFIELD State CO Zip Code 80023-9584

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 403.92

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2624445441360**

Amount of Each Receipt this Period 115.38

Memo Item

P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	627.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. CHRISTOPHER COLLETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 786 CAMBERWELL DRIVE  
 City EAGAN State MN Zip Code 55123-3939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.25

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2625499541360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WESLEY COWEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 VIRGINIA PARK CIRCLE NE  
 City ATLANTA State GA Zip Code 30306-4081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2625532341360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. GREGORY HINES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3660 SILVERWOOD RD  
 City WEST SACRAMENTO State CA Zip Code 95691-5403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2626886541360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRYAN EBENSTEINER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10495 OLYMPIC CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-2933  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2626912241360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. LAMBERT VAN DER WALDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 AUDUBON CAUSEWAY  
 City LANTANA State FL Zip Code 33462-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Hlth Reform/Modernizatn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2628332341360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LORI RILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5636 JAMES AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2628834041360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BRUCE JARVIE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 18750 KIPHEART DRIVE  
City LEESBURG State VA Zip Code 20176-8220  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Optum Services, Inc Occupation VP Fin  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2629554541360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**B. MING WONG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21066 ASHLEY LANE  
City LAKE FOREST State CA Zip Code 92630-5867  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 543.45

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2629556841360**  
Amount of Each Receipt this Period 217.38  
 Memo Item  
P/R Deduction (\$108.69 Bi-Weekly)

**C. ELEANOR HOFFMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2700 CONNECTICUT AVE APT 701  
City WASHINGTON State DC Zip Code 20008-5312  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2629559241360**  
Amount of Each Receipt this Period 76.92  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 371.22  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 103 OF 129
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KIRSTEN GORSUCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2780 COUNTRYSIDE DRIVE WEST

City	State	Zip Code
ORONO	MN	55356-9676

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Comm

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2632087841360**

Amount of Each Receipt this Period  
192.30

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

**B. MICHAEL TUFFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5904 ASHBY MANOR PLACE

City	State	Zip Code
ALEXANDRIA	VA	22310-2267

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2632087941360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. JEFFREY WALTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1490 SETTLER ST

City	State	Zip Code
ELBURN	IL	60119-7841

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

Name of Employer	Occupation
Optum Services, Inc	Dir IT Architecture

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2016

**Transaction ID : PR2632088841360**

Amount of Each Receipt this Period  
76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	653.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 104 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. MARTHA TEMPLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 194 LITTLE LANE  
 City DURHAM State CT Zip Code 06422-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Optum Services, Inc Occupation VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.52

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2632873641360**  
 Amount of Each Receipt this Period 227.26  
 Memo Item  
 P/R Deduction (\$113.63 Bi-Weekly)

**B. LAWRENCE PLATT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3830 KING STREET  
 City ALEXANDRIA State VA Zip Code 22302-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2632880741360**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WADE HAPGOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 NW 82ND  
 City TOPEKA State KS Zip Code 66617-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.40

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2634167041360**  
 Amount of Each Receipt this Period 86.96  
 Memo Item  
 P/R Deduction (\$43.48 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.82  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. FLORA CASTILLO**

Mailing Address 202 N ROSBOROUGH AVE

City VENTNOR CITY State NJ Zip Code 08406-2022

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2634177941360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JOHN PRIBLE**

Mailing Address 1923 SHIVER DR

City ALEXANDRIA State VA Zip Code 22307-1629

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2634656641360**

Amount of Each Receipt this Period **192.30**

Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. ADREAN ROTHKOPF**

Mailing Address 2700 WOODLEY ROAD NW #515

City WASHINGTON State DC Zip Code 20008-4154

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

Name of Employer United HealthCare Services Inc Occupation VP External Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **04 / 30 / 2016**

**Transaction ID : PR2634880441360**

Amount of Each Receipt this Period **192.30**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1808 LAUDERDALE ROAD  
 City LOUISVILLE State KY Zip Code 40205-1624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2634885141360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SARA PESCATELLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1884 COLUMBIA ROAD NW APT #206  
 City WASHINGTON State DC Zip Code 20009-5138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR263488541360**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. GREGORY ACQUAVIVA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 COLLINS AVENUE  
 City BLOOMFIELD State NJ Zip Code 07003-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR2635331941360**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	461.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS ROOS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3199 KAGEN AVE NE  
City SAINT MICHAEL State MN Zip Code 55376-3416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Chief Acctng Off  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1538.40**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2635451241360**  
Amount of Each Receipt this Period **384.60**  
 Memo Item  
P/R Deduction (\$192.30 Bi-Weekly)

**B. ANNE CECKO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3910 CRESTVIEW DRIVE  
City EXCELSIOR State MN Zip Code 55331-9757  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **307.68**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2636725841360**  
Amount of Each Receipt this Period **76.92**  
 Memo Item  
P/R Deduction (\$38.46 Bi-Weekly)

**C. SCOTT ADAMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7019 TRUMPETER SWAN LANE  
City MANASSAS State VA Zip Code 20112-3293  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Govt Affs Dir  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **769.20**

Date of Receipt **04 / 30 / 2016**  
**Transaction ID : PR2636726241360**  
Amount of Each Receipt this Period **192.30**  
 Memo Item  
P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>653.82</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. JOSE BARRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 9688 GEISLER ROAD

City EDEN PRAIRIE State MN Zip Code 55347-3562

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2636728841360

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. KENNETH SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 WASHINGTON ST #202

City BOSTON State MA Zip Code 02118-2132

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
217.35

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2636734541360

Amount of Each Receipt this Period  
86.94

Memo Item

P/R Deduction (\$43.47 Bi-Weekly)

**C. BRETT LOGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 121 3RD STREET NE

City WASHINGTON State DC Zip Code 20002-7313

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Regl Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  
04 / 30 / 2016  
Transaction ID : PR2638112741360

Amount of Each Receipt this Period  
384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	856.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BENJAMIN FRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3115 BRIARCLIFF GABLES CIRCLE

City ATLANTA State GA Zip Code 30329-2456

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2638114941360

Amount of Each Receipt this Period 76.92

Memo Item

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

**B. MICHAEL ZEGLINSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 2533 RIVA RIDGE CT

City WEXFORD State PA Zip Code 15090-7958

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

Name of Employer Optum Services, Inc Occupation VP Pharm Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.88

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2639701841360

Amount of Each Receipt this Period 455.44

Memo Item

P/R Deduction (\$227.72 Bi-Weekly)

**C. CHRISTOPHER SURRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 DARTINGTON WAY

City JOHNS CREEK State GA Zip Code 30022-8045

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.28

Date of Receipt 04 / 30 / 2016  
Transaction ID : PR2639758141360

Amount of Each Receipt this Period 200.08

Memo Item

P/R Deduction (\$100.04 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. MARK THIERER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 EAST WALTON  
UNIT 4701

City CHICAGO State IL Zip Code 60611-5441

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

Name of Employer Optum Services, Inc Occupation Bus Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
961.50

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2639773641360**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. CHRISTINA STOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4709 ALTON PL NW

City WASHINGTON State DC Zip Code 20016-2041

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

Name of Employer United HealthCare Services Inc Occupation VP External Affs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1086.90

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2640466441360**

Amount of Each Receipt this Period  
434.76

Memo Item

P/R Deduction (\$217.38 Bi-Weekly)

**C. JEFFREY BERKOWITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 MORNINGSIDE DRIVE

City LIVINGSTON State NJ Zip Code 07039-1811

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

Name of Employer Optum Services, Inc Occupation Optum Exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
04 / 30 / 2016  
**Transaction ID : PR2640469241360**

Amount of Each Receipt this Period  
416.66

Memo Item

P/R Deduction (\$208.33 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1236.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 111 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. ERIC SCHUTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2675 TOWER ROAD  
 City State Zip Code  
 MC FARLAND WI 53558-9275  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP External Affs  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2016  
**Transaction ID : PR2640846241360**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	75706.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Dold For Congress**

Mailing Address PO Box 6312

City Libertyville State IL Zip Code 60048

Purpose of Disbursement Contribution

Candidate Name

**Rep. Robert Dold**

Office Sought:  House  Senate  President  
State: IL District: 10

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39351721**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Johnson for Congress**

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement Contribution

Candidate Name

**Rep. William Leslie Johnson**

Office Sought:  House  Senate  President  
State: OH District: 06

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39351729**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Bill Shuster For Congress**

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement Contribution

Candidate Name

**Rep. William Shuster**

Office Sought:  House  Senate  President  
State: PA District: 09

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39351732**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. Mike Kelly**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2016

**Transaction ID : 39351736**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Rounds For Senate**

Mailing Address PO Box 250

City Pierre State SD Zip Code 57501

Purpose of Disbursement Contribution

011

Candidate Name

**Sen. Mike Rounds**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2016

**Transaction ID : 39351738**

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Republican Mainstreet Partnership PAC**

Mailing Address c/o G&W  
2201 Wisconsin Avenue NW, Suite 32

City Washington State DC Zip Code 20007

Purpose of Disbursement Contribution

011

Candidate Name

**Republican Mainstreet Partnership PAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 12 / 2016

**Transaction ID : 39351743**

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Support to Ensure Victory Everywhere - Steve PAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	6

Mailing Address 228 South Washington St.  
Suite 115

**Transaction ID : 39351745**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Contribution

0	1	1
---	---	---

Category/  
Type

Memo Item  
Contribution

Candidate Name

**Support to Ensure Victory Everywhere - Steve PAC**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	6

Mailing Address 601 Pennsylvania Avenue NW, Suite

**Transaction ID : 39355414**

City Washington State DC Zip Code 20004

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Contribution

0	1	1
---	---	---

Category/  
Type

Memo Item  
Contribution

Candidate Name

Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Connecticut Democratic State Central Committee - Federal**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	1	6

Mailing Address 30 Arbor St  
Suite 404

**Transaction ID : 39355677**

City Hartford State CT Zip Code 06106

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
Contribution

0	1	1
---	---	---

Category/  
Type

Memo Item  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1	3	0	0	0	0	0	0	0	0
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0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. New Jersey Democratic State Committee - Federal**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		14		2016

Mailing Address 196 West State Street

**Transaction ID : 39355678**

City State Zip Code  
Trenton NJ 08608

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Memo Item  
Contribution

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Mark Takai For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2016

Mailing Address PO Box 2267

**Transaction ID : 39361162**

City State Zip Code  
Pearl City HI 96782

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Memo Item  
Contribution

Office Sought:  House  Senate  President  
State: HI District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Beatty For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2016

Mailing Address 222 East Town Street  
Suite 2w

**Transaction ID : 39361163**

City State Zip Code  
Columbus OH 43215

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

Memo Item  
Contribution

Office Sought:  House  Senate  President  
State: OH District: 03

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mark Pocan for Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mark Pocan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9		2	0	1	6		

**Transaction ID : 39361164**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Joe Manchin III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9		2	0	1	6		

**Transaction ID : 39361165**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Democrats Reshaping America (DREAMPAC)**

Mailing Address 410 1st Street SE, Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

**Democrats Reshaping America (DREAMPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9		2	0	1	6		

**Transaction ID : 39361167**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Motor City PAC**

Mailing Address 611 Pennsylvania Ave, SE  
Ste 143

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Motor City PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 19 / 2016

**Transaction ID : 39361168**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Robin Kelly For Congress**

Mailing Address PO Box 6953

City Chicago State IL Zip Code 60680

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Robin Kelly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

**Transaction ID : 39383421**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Brad Ashford For Congress**

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Brad Ashford**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2016

**Transaction ID : 39383428**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

10000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7		2	0	1	6		

**Transaction ID : 39395453**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Guthrie For Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7		2	0	1	6		

**Transaction ID : 39395454**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Hudson for Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rep. Richard L. Hudson Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7		2	0	1	6		

**Transaction ID : 39395455**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Katko For Congress**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. John Katko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	27	/	2016

**Transaction ID : 39395506**

Amount of Each Disbursement this Period

2000.00
---------

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00
---------

68000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. LAURA CRANDON**

Mailing Address 12827 MACBETH FARM LANE

City CLARKSVILLE State MD Zip Code 21029-1556

Purpose of Disbursement  
Void - LAURA CRANDON; Check dated 3/9/2016

Candidate Name  
**LAURA CRANDON**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39348024**

Amount of Each Disbursement this Period

Memo Item

Void - LAURA CRANDON; Check dated 3/9/2016

Full Name (Last, First, Middle Initial)

**B. LAURA CRANDON**

Mailing Address 12827 MACBETH FARM LANE

City CLARKSVILLE State MD Zip Code 21029-1556

Purpose of Disbursement  
Refund of PAC contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39351813**

Amount of Each Disbursement this Period

Memo Item

Refund of PAC contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Build PA PAC**

Mailing Address 816 Highfield Court

City Coraopolis State PA Zip Code 15108

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39347390**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Campaign to Elect Mike Hager**

Mailing Address 342 Walking Horse Trail

City Rutherfordton State NC Zip Code 28139

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**NC Rep. Michael Hager**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39355424**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. McGrady Campaign Committee**

Mailing Address P.O. Box 723

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**NC Rep. Chuck McGrady**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39355426**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Donny Lambeth**

Mailing Address 4627 S. Main Street

City Winston-Salem State NC Zip Code 27127

Purpose of Disbursement  
Contribution

011

Candidate Name

**NC Rep. Donny C. Lambeth**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

**Transaction ID : 39355427**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Marilyn Avila**

Mailing Address 11312 Derby Lane

City Raleigh State NC Zip Code 27613

Purpose of Disbursement  
Contribution

011

Candidate Name

**NC Rep. Marilyn W. Avila**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

**Transaction ID : 39355614**

Amount of Each Disbursement this Period

1500.00

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Citizens for Dan Blue**

Mailing Address PO Box 287

City Raleigh State NC Zip Code 27602

Purpose of Disbursement  
Contribution

011

Candidate Name

**NC Sen. Dan Blue**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 14 / 2016

**Transaction ID : 39355617**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. David Lewis for NC House**

Mailing Address PO Box 1826

City State Zip Code  
Dunn NC 28335

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Rep. David Lewis**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355618**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Tim Moore**

Mailing Address 305 E Kings St

City State Zip Code  
Kings Mountain NC 28086

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Rep. Timothy K. Moore**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355620**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Hall for House District 29**

Mailing Address PO Box 25308

City State Zip Code  
Durham NC 27702

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Rep. Larry Hall**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355626**

Amount of Each Disbursement this Period

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Harry Brown for NC Senate**

Mailing Address PO Box 520

City Jacksonville State NC Zip Code 28540

Purpose of Disbursement  
Contribution

Candidate Name

**NC Sen. Harry Brown**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39355627**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Jason Saine Committee**

Mailing Address 417 East Main Street Suite 103

City Lincolnton State NC Zip Code 28092

Purpose of Disbursement  
Contribution

Candidate Name

**NC Rep. Jason Saine**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39355629**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Josh Dobson for NC House Committee**

Mailing Address 649 South Creek Rd

City Nebo State NC Zip Code 28761

Purpose of Disbursement  
Contribution

Candidate Name

**NC Rep. Josh Dobson**

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39355635**

Amount of Each Disbursement this Period

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Phil Berger Committee**

Mailing Address PO Box 1309

City State Zip Code  
Eden NC 27289-1309

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Sen. Philip Berger**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355657**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City State Zip Code  
Spruce Pine NC 28777

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Sen. Ralph Hise Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355663**

Amount of Each Disbursement this Period

Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**C. Tommy Tucker for NC Senate**

Mailing Address 1206 Rosehill Drive

City State Zip Code  
Waxhaw NC 28173

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**NC Sen. Wyatt Thomas Tucker Sr.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : 39355672**

Amount of Each Disbursement this Period

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. People to Elect Matt Baker**

Mailing Address PO Box 602

City Wellsboro State PA Zip Code 16901

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Representa Matthew Baker**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 39361170**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Friends of Steve Doyle**

Mailing Address N5525 Hauser Road

City Onalaska State WI Zip Code 54650

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**WI Rep. Steve Doyle**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 39361230**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Kermit Brown**

Mailing Address PO Box 817

City Laramie State WY Zip Code 82073

Purpose of Disbursement Void - Committee to Elect Kermit Brown; check dated 8/6/15

Category/Type

Candidate Name  
**WY Rep. Kermit Brown**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : 39381913**

Amount of Each Disbursement this Period

Memo Item  
Void - Committee to Elect Kermit Brown; check dated 8/6/15

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Steve Harshman**

Mailing Address 4286 Moonbeam Rd

City Casper State WY Zip Code 82604

Purpose of Disbursement  
Void - Committee to Elect Steve Harshman; check dated 8/6/15

011

Candidate Name

**WY Rep. Steve Harshman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	6		

**Transaction ID : 39381914**

Amount of Each Disbursement this Period

-	3	5	0	0	0
---	---	---	---	---	---

Memo Item  
Void - Committee to Elect Steve Harshman; check dated 8/6/15

Full Name (Last, First, Middle Initial)

**B. Jon Keyser for HD25**

Mailing Address PO Box 1168

City Morrison State CO Zip Code 80465

Purpose of Disbursement  
Void - Jon Keyser for HD25; check dated 8/6/15

011

Candidate Name

**Jonathan Keyser**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	1	6		

**Transaction ID : 39381915**

Amount of Each Disbursement this Period

-	2	0	0	0	0
---	---	---	---	---	---

Memo Item  
Void - Jon Keyser for HD25; check dated 8/6/15

Full Name (Last, First, Middle Initial)

**C. Shilling for Senate**

Mailing Address PO Box 1261

City La Crosse State WI Zip Code 54602-1261

Purpose of Disbursement  
Contribution

011

Candidate Name

**WI Sen. Jennifer Shilling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	1			2	0	1	6		

**Transaction ID : 39383430**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item  
Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-	5	0	0	0	0
---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

-	5	0	0	0	0
---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. The Committee to Elect Brian DelGrosso**

Mailing Address 1437 N. Denver Ave.  
#281

City Loveland State CO Zip Code 80538

Purpose of Disbursement  
Void - The Committee to Elect Brian DelGrosso; check dated 7/1/15

011

Candidate Name  
**CO Rep. Brian Delgrosso**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2016

**Transaction ID : 39383663**

Amount of Each Disbursement this Period

-200.00
---------

Memo Item

Void - The Committee to Elect Brian DelGrosso; check dated 7/1/15

Full Name (Last, First, Middle Initial)

**B. Citizens for Amstutz**

Mailing Address 4456 Wood Lake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement  
Void - Citizens for Amstutz; check dated 10/1/15

011

Candidate Name  
**OH Rep. Ron Amstutz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

**Transaction ID : 39385964**

Amount of Each Disbursement this Period

-750.00
---------

Memo Item

Void - Citizens for Amstutz; check dated 10/1/15

Full Name (Last, First, Middle Initial)

**C. Citizens for Amstutz**

Mailing Address 4456 Wood Lake Trail

City Wooster State OH Zip Code 44691

Purpose of Disbursement  
Contribution

011

Candidate Name  
**OH Rep. Ron Amstutz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

**Transaction ID : 39385965**

Amount of Each Disbursement this Period

750.00
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Memo Item

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-200.00
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**TOTAL** This Period (last page this line number only)..... ▶

24100.00
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