Image# 201707199066798592		PAGE 1 / 191
FEC AN	EPORT OF RECEIPTS ND DISBURSEMENTS Other Than An Authorized Committee	Office Use Only
	E OR PRINT ▼ Example: If typing, type	12FE4M5
COMMITTEE (in full)	over the lines.	
UnitedHealth Group Incor	porated PAC (UnitedHealth Group PAC)	
ADDRESS (number and street)	900 Bren Road East	
Check if different		
then providually	/innetonka	MN 55343-9664 –
2. FEC IDENTIFICATION NUMB	ER V CITY ST	TATE A ZIP CODE A
C C00274431	3. IS THIS REPORT X (N) OR	AMENDED (A)
(Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Mar 20 (M3) Jun 20 (M6) Apr 20 (M4) X Jul 20 (M7)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	(C) 12-Day PRE-Election Report for the: Convention (12C)	General (12G) Runoff (12R) Special (12S)
January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)		in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2017 through 06	D D / Y Y Y 30 2017
	eport and to the best of my knowledge and belief it is true, Sherwood, Susan, , ,	, correct and complete.
Signature of Treasurer	Susan, , , Dat	te 07 / 19 / Y Y Y Y
NOTE: Submission of false, erroneous	, or incomplete information may subject the person signing this	Report to the penalties of 52 U.S.C. § 30109.
Office Use Only		FEC FORM 3X Rev. 05/2016

03/31/2025 18 : 03

F	EC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
	Type Committee Name		
Unite	dHealth Group Incorporated	PAC (UnitedHealth Group PAC)	
Report (Covering the Period: From:	06 / D D / Y Y Y Y 01 2017 Te	o: 06 / 0 / Y Y Y Y 06 30 2017
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) (Cash on Hand January 1, 2017		242591.24
. ,	Cash on Hand at Beginning of Reporting Period	448979.78	
(c) T	otal Receipts (from Line 19)	181900.31	757897.18
6	Subtotal (add Lines 6(b) and 5(c) for Column A and Lines 5(a) and 6(c) for Column B)	630880.09	1000488.42
7. Total	Disbursements (from Line 31)	119950.00	489558.33
Repo	on Hand at Close of rting Period act Line 7 from Line 6(d))	510930.09	510930.09
the C	and Obligations Owed TO ommittee (Itemize all on dule C and/or Schedule D)	0.00	
the C	and Obligations Owed BY ommittee (Itemize all on dule C and/or Schedule D)	0.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

I	0047074000070050	
imade#	20170719906679859	94

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) MM D D 01 06 2017 06 30 2017 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 161523.10 616734.69 (i) Itemized (use Schedule A)..... 20377.21 134962.49 (ii) Unitemized (iii) TOTAL (add 751697.18 181900.31 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 751697.18 181900.31 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 5000.00 Political Committees..... 17. Other Federal Receipts 1200.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 757897.18 12, 13, 14, 15, 16, 17, and 18(c))...... 181900.31

181900.31

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......▶

757897.18

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 466000.00 97500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E).... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 208.33 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 208.33 29. Other Disbursements (Including 23350.00 Non-Federal Donations)..... 22450.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) 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)).. 119950.00 489558.33 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 119950.00 489558.33

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016))
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III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

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751697.18 208.33 751488.85 0.00 0.00 0.00

COLUMN B

Calendar Year-to-Date



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PAGE 6 OF

		Detailed Summary Page		11a		11b		11c	12	
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements mag the name and a	ay not be sold or used by any p ddress of any political committee	erson fo e to soli	or the cit cor	purp ntrib	oose	of s Is fro	oliciting	contribut committ	ions ee.
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Midd Brotten, ERIC, , ,	le Initial) or Full C	rganization Name	D	ate of	Re	ceipt	t			
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PAGE 7 OF

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\ r	IAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (UnitedHealth Gro	oup PAC	C)									
A	Full Name of Individual (Last, First, Middle Initial) MCGUIRE, MICHAEL, , ,) or Full O	organization Name			Date of	Re	cei	pt					
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NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P/	4C)							
Full Name of Individual (Last, First, Middle PENSHORN, JOHN S, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt				
Mailing Address 9900 Bren Road East				06	/	D 3(0	/ Y	y y 2017	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHlth Group		Me	emo	Item				
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			. .							
\backslash	UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	NC)							
_	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	Drganization Name		Data						
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incol	rporated PAC (UnitedHealth Group P	۹C)							
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP PEOs Trusts		Me	emo	Item				
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel		Me	emo	Item													
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Ops		Me	emo	Item	ı												
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Mailing Address 9900 Bren Road East				06	/		д 30	/ Y	2017	Y									
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Α.	Full Name of Individual (Last, First, Middle Initial FLYNN, DIANE BEDNAR, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 9900 Bren Road East				^M 06	1	D D D 30	/ Y	ү ү 2017	Y					
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	Full Name of Individual (Last, First, Middle Initial DAVIDSON, TRACY L, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 9900 Bren Road East				^M 06	/	^D 30	/ Y	ү 2017	Y					
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO		Me	emc	tem								
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с.	Full Name of Individual (Last, First, Middle Initial GARCIA, STEVAN D, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item								
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99													
с.	Full Name of Individual (Last, First, Middle Initial DODDY, JOHN P, , ,) or Full Or	ganization Name		Date	of Re	ece	eipt								
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Minnetonka	MN	55343-9664	/	Amount	of	Each	Re	ceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					- J -		-9-	576.	90				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Prod		Me	emo	ltem								
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		2499.90] P	/R Ded	ucti	on (\$1	192.	.30 Bi-V	Veekly)					
Full Name of Individual (Last, First, Mic MICHAUX, MICHAEL D, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 9900 Bren Road East				^M 06	1	D 3	D 80	/ Y	2017	Y				
City	State	Zip Code	Transaction ID : PR1600598546270 Amount of Each Receipt this Period											
Minnetonka	MN	55343-9664												
FEC ID number of contributing federal political committee.	С					-95-	300.	00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) GM PCM		Me	emo	ltem								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		1300.00] P.	/R Ded	uctio	on (\$1	100.	00 Bi-W	/eekly)					
Full Name of Individual (Last, First, Mic C. SANDY, LEWIS G, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt								
Mailing Address 9900 Bren Road East				^M 06	1	3	BO	/ Y	2017	Y				
City	State	Zip Code		Trans	acti	ion ID) : P	R1600	59874627	70				
Minnetonka	MN	55343-9664	/	Amount	of	Each	Re	ceipt th	nis Period					
FEC ID number of contributing federal political committee.	С					y		y	300.	00				
Name of Employer (for Individual)	Occi	upation (for Individual)		Me	emo	ltem	1							
United HealthCare Services Inc		Clin Advancement												
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify)		1300.00	P	/R Ded	ucti	ion (\$*	100.	.00 Bi-V	Veekly)					
SUBTOTAL of Receipts This Page (optio	nal)								1176.	90				
TOTAL This Period (last page this line n	umber only)		-			,		, ,						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13	-	11b 14	11c	12	17				
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose of		contribu					
\setminus	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)										
۹.	Full Name of Individual (Last, First, Middle Initial) PETERSON, MATTHEW W, , ,) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East				^M 06	1	30		ү ү 2017	Y				
	City	State	Zip Code		Trans	acti	ion ID :	PR1602	66994627	0				
	Minnetonka	MN	55343-9664		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С							576					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO	Memo Item										
	Receipt For:	Aaareaate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2499.90] F	P/R Dec	lucti	on (\$19	92.30 Bi-V	Veekly)					
	Full Name of Individual (Last, First, Middle Initial) MALONEY, JEFFREY W, , ,) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2017										
	City	State	Zip Code		Trans	acti	ion ID :	PR16132	24354627	0				
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С	288.45											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	emc	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95] P	P/R Deduction (\$96.15 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East	1			^M 06	1	30		ү ү 2017	Y				
	City	State MN	Zip Code					PR1613						
	Minnetonka		55343-9664		Amoun	t of	Each F	Receipt th	is Period					
	FEC ID number of contributing federal political committee.	С				_	y	,	397.	95				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		775.57] F	P/R Dec	ducti	ion (\$13	32.65 Bi-V	Veekly)					
S	JBTOTAL of Receipts This Page (optional)						y	,	1263.	30				
т	OTAL This Period (last page this line number onl	y)					_							

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or	v information copied from such Reports and Station commercial purposes, other than using the r	atements maname and a	ay not be sold or used by any pe address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	AC)
A.	Full Name of Individual (Last, First, Middle Initia KENNEDY, WILLIAM F, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	Ctoto	Zin Code	06 / D D / Y Y Y Y 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1653443146270 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		60.00
	Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) IT	Memo Item
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia BELLAMY, THOMAS J, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1		06 / D D / Y Y Y Y Y 06 30 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1653444346270 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		673.05
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) SIs Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2083.30	P/R Deduction (\$224.35 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initia SULLIVAN, DANIEL T, , ,	al) or Full O	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East		1	06 / D D / Y Y Y Y 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1653445846270 Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		115.38
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP I	upation (for Individual) IT	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
รเ	JBTOTAL of Receipts This Page (optional)		····· •	. 848.43
тс	OTAL This Period (last page this line number or	nly)	•	

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		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$								
or for commercial purposes, other than us			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mic EMERSON, PAUL M, , ,	Idle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y								
City	State	Zip Code	Transaction ID : PR1806750346270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) Optum360 Services Inc	Occ CO	upation (for Individual) O	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mid B. ANDERSON, CATHERINE K, , ,	ddle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017								
City	State	Zip Code	Transaction ID : PR1903550746270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		755.61								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Strat Initiv	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1725.61	P/R Deduction (\$251.87 Bi-Weekly)								
		<u> </u>	1								
Full Name of Individual (Last, First, Mic BISHOP-HEROUX, KATHLEE		organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017								
City Minnetonka	State MN	Zip Code	Transaction ID : PR1903560846270								
		55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		60.00								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
United HealthCare Services Inc	Dir (Gen Mgmt									
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		260.00	P/R Deduction (\$20.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optio	nal)		1392.51								
TOTAL This Period (last page this line n											

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

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		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 rerson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ang the name and a	unces of any political continue	
UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, M ADUFEK, ROBERT J, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East	t		M M / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR1903577146270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		75.00
Name of Employer (for Individual) Optum Services, Inc	Occi Dir I	upation (for Individual) T	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		325.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, M JOHNSON, CHRISTOPHER T,		rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / Y Y Y Y 06 2017
City	State	Zip Code	Transaction ID : PR1903591146270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		117.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name of Individual (Last, First, M SANTELLI, JOHN C, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road Eas	1		06 / D D / Y Y Y Y 2017
City	State MN	Zip Code	Transaction ID : PR1903622046270
Minnetonka		55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CIO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (opt	ional)		768.90
TOTAL This Period (last page this line	number only)		

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

Use separate schedule(s) for each category of the

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	/15	for each catego Detailed Summa		X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes	, other than using the name ar	s may not be sold or und address of any polit	sed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE	(In Full) oup Incorporated PAC	C (UnitedHealth	Group PAC)
Full Name of Individual A. <u>WEYMOUTH, PAUL</u> Mailing Address 9900 B		II Organization Name		Date of Receipt
City	State	Zip Code		06 / 30 / 2017 Transaction ID : PR1903636946270
Minnetonka	MN	55343-9664		Amount of Each Receipt this Period
FEC ID number of contr federal political committe	Ϋ́			57.69
Name of Employer (for Optum Services, Inc	,	Occupation (for Individu	ial)	Memo Item
Receipt For: Primary 0 Other (specify) ▼	General	ate Year-to-Date ▼	249.99	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual B. BENNETT, RUSSEI	Last, First, Middle Initial) or Fu LL A, , ,	III Organization Name		Date of Receipt
Mailing Address 9900 B	en Road East			06 / Y Y Y Y 06 30 2017
City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR2119468046270 Amount of Each Receipt this Period
FEC ID number of contr federal political committe	Ϋ́			60.00
Name of Employer (for United HealthCare Servio	,	Occupation (for Individu Dir Bus Dvlp	ual)	Memo Item
Receipt For: Primary 0 Other (specify) ▼	General	ate Year-to-Date ▼	258.87	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual C. BRYAN, KATHIE L	(Last, First, Middle Initial) or Fu	III Organization Name		Date of Receipt
Mailing Address 9900 B				06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	_	Transaction ID : PR2119469446270
FEC ID number of contr federal political committee	ibuting			Amount of Each Receipt this Period 75.00
Name of Employer (for United HealthCare Servio		Occupation (for Individu Mktg Cnslt	ial)	Memo Item
Receipt For: Primary Other (specify)	General	ate Year-to-Date V	325.00	P/R Deduction (\$25.00 Bi-Weekly)
SUBTOTAL of Receipts T	his Page (optional)			192.69
TOTAL This Period (last p	age this line number only)		••••••	

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

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		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions
	ng the name and a	ddress of any political committee	e to solicit contributions from such committee.
/ UnitedHealth Group Incorp	`	•	AC)
Full Name of Individual (Last, First, Mid CROSS, RICHARD A, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2017
City	State	Zip Code	Transaction ID : PR2119471846270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		75.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item
Receipt For:	Aggregate	Year-to-Date V	-
Primary General Other (specify) ▼		325.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name of Individual (Last, First, Mid 3. GILDERNICK, AMY J, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2119475246270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clms	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)
Full Name of Individual (Last, First, Mid HANSEN, DAVID M, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 / 2017
City	State MN	Zip Code 55343-9664	Transaction ID : PR2119476746270
Minnetonka		00040-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		405.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify)		1755.00	P/R Deduction (\$135.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)		540.00
TOTAL This Period (last page this line nu	mber only)	· · · · · · · · · · · · · · · · · · ·	

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				Detailed Summary Page		11a		11	b	11c	12		
						13		14		15	16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (Uni	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial HO, SAMUEL W, , ,	l) or Full C	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 9900 Bren Road East					06	/		30	/ Y	2017	Y	
	City	State		Zip Code		Trans	acti	ion	ID : F	R21194	47794627	0	
	Minnetonka	MN		55343-9664	_ /	Amount	of	Ead	ch Re	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						-		-9-	576.9	90	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Chief Clin Off		Me	emo	o Ite	əm				
	Baggint For:				-								
	Primary General Other (specify) ▼	Aggregate	rea	r-to-Date ▼ 2499.90	P	P/R Deduction (\$192.30 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initial JEFFREY, BRIAN, , ,	l) or Full C	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 9900 Bren Road East					M M	/	ľ	30	/ Y	y y 2017	Y	
	City	State		Zip Code		Trans	acti	ion	ID : P	R21194	17914627)	
	Minnetonka	MN		55343-9664	/	Amount	of	Ead	ch Re	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С				75.00					00		
	Name of Employer (for Individual) United HealthCare Services Inc		cupat P Ntv	tion (for Individual) wk		Me	emo	o Ite	əm				
	Boosint For:	Aggregate											
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00					P/R Deduction (\$25.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial MACE-MEADOR, HEATHER M, , ,	l) or Full C	Orgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	2017 [°]	Y	
	City	State		Zip Code		Trans	acti	ion	ID : F	R2119	48254627	0	
	Minnetonka	MN		55343-9664	_ /	Amount	of	Ead	ch Re	ceipt th	is Period		
	FEC ID number of contributing federal political committee.	С						y		y	60.	00	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Clin Ops		Me	emo	o Ite	em				
	Receipt For:	Anareaate	Yea	r-to-Date ▼									
	Primary General	, iggi oguto	Tou				ucti	ion	(\$20.0	0 Bi-W	ookly)		
	Other (specify)	L	-	260.00		/R Deu	ucu		(φ20.0	0 8-00	eeriy)		
s	UBTOTAL of Receipts This Page (optional)			•••••	.			,		9	711.9	90	
т	OTAL This Period (last page this line number on	ly)						-		-			

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

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		Detailed Summary Page	X 11a 11b 11c 12
Any information copied from such Reports and			
or for commercial purposes, other than using th	he name and a	ddress of any political committee	e to solicit contributions from such committee.
/ UnitedHealth Group Incorpora	•	•	AC)
Full Name of Individual (Last, First, Middle I ANEURURER, SCOTT A, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2017
City	State	Zip Code	Transaction ID : PR2119484946270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		349.56
Name of Employer (for Individual) Optum Services, Inc	Occu VP (upation (for Individual) Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		985.29	P/R Deduction (\$116.52 Bi-Weekly)
Full Name of Individual (Last, First, Middle I NYGARD, KEITH E, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 2017
City	State	Zip Code	Transaction ID : PR2119485046270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		60.00
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) npli Cnslt	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			P/R Deduction (\$20.00 Bi-Weekly)
Other (specify) ▼		260.00	The Deddelion (\$20.00 Dr Weekly)
Full Name of Individual (Last, First, Middle I PAXSON, LYNDA A, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2017
City	State	Zip Code	Transaction ID : PR2119485846270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing	С		75.00
federal political committee.			
federal political committee. Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) ield Acct Mgr	Memo Item
Name of Employer (for Individual)	Sr Fi	ield Acct Mgr	Memo Item
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC	Sr Fi	ield Acct Mgr Year-to-Date ▼	-
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Receipt For:	Sr Fi	ield Acct Mgr	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Receipt For:	Sr Fi	ield Acct Mgr Year-to-Date ▼ 325.00	-

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		Detailed Summary Page		13		14		15	16	17		
Any information copied from such Rep or for commercial purposes, other that												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Inc	orporated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, PITTMAN, AUSTIN T, , ,		organization Name	C	Date of	Re	ecei	pt					
Mailing Address 9900 Bren Road E				м м 06	1		30	/ Y	2017	Y		
City	State MN	Zip Code		Trans	acti	ion	<u>ID : F</u>	PR2119	48674627	0		
Minnetonka		55343-9664	A	mount	of	Ead	ch Re	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C			_		-	_	-	576.	90		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Me	emo	o Ite	ŧm					
Receipt For:	Aaareaate	Year-to-Date ▼										
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, B. TUCKER, STEVEN M, , ,	, Middle Initial) or Full O	organization Name		Date of	Re	ecei	pt					
Mailing Address 9900 Bren Road E	ast			м м 06	/		30	/ Y	y y 2017	Y		
City	State	Zip Code		Trans	acti	ion	ID : F	PR21194	49204627	0		
Minnetonka	MN	55343-9664	A	mount	t of	Ead	ch Re	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C					- -	_	- 7-	288.	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs		Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1248.00					P/R Deduction (\$96.00 Bi-Weekly)					
Full Name of Individual (Last, First, C. VANASTEN, SUSAN, , ,	, Middle Initial) or Full O	Prganization Name		Date of	Re	ecei	pt					
Mailing Address 9900 Bren Road E	ast			^M 06	/		30	/ Y	2017 [°]	Y		
City	State	Zip Code		Trans	acti	ion	ID : F	PR2119	49264627	0		
Minnetonka	MN	55343-9664	A	mount	t of	Ead	ch Re	eceipt th	nis Period			
FEC ID number of contributing federal political committee.	C					,		9	120.	00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Telesls Dir		M	emo	o Ite	€					
Receipt For:												
Primary General	Aggregale	Year-to-Date ▼			ارمى ئىمىنا	ion	(\$10)		ookly			
Other (specify)		520.00		T Ded	uCtl		(φ 40.(00 Bi-W	CERIY)			
SUBTOTAL of Receipts This Page (optional)					,		,	984.	90		
TOTAL This Period (last page this lin	ne number only)					-		-				

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		Detailed Summary Page		11a		11b		11c	12			
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or for commercial purposes, other than usin												
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mide A	dle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 9900 Bren Road East				м м 06	/	D 3		/ Y	y y 2017	Y		
City	State	Zip Code		Trans	acti	ion ID	: P	R21194	19354627	0		
Minnetonka	MN	55343-9664	A	Amount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C			_	_	-		-	60.			
Name of Employer (for Individual)		upation (for Individual)		Me	emo	ltem						
United HealthCare Services Inc Receipt For:		c Gen Counsel										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mide WRIGHT, GREGORY, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 9900 Bren Road East				м м 06	/	D 3		/ Y	2017	Y		
City	State	Zip Code							9414627	0		
Minnetonka	MN	55343-9664	A	Amount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С			75.00					00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ntwk		Me	emo	ltem						
Receipt For:	Aggregate	Year-to-Date ▼		-								
Primary General Other (specify) ▼		325.00	P/	P/R Deduction (\$25.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mide C. MASON, JOHN TYLER, J, ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 9900 Bren Road East				^M 06	1	D 3		/ Y	2017 [°]	Y		
City Minnetonka	State MN	Zip Code 55343-9664							37384627	0		
	IVIIN	22343-9004	A	Amount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С					,		y	576.	90		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		M	emo	b Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		2307.60] P	/R Ded	lucti	ion (\$1	92.	30 Bi-W	Veekly)			
SUBTOTAL of Receipts This Page (option	al)							9	711.9	90		
TOTAL This Period (last page this line nu	mber only)	······				- 		-,				

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I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
			person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mid BURKE, FORREST G, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 2017
City	State	Zip Code	Transaction ID : PR2133132446270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s PS Labor Trust	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mid B. HULTGREN, BROR O, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2017
City	State	Zip Code	Transaction ID : PR2133133246270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mid C. MORISATO, SUSAN C, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2133133846270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
United HealthCare Services Inc		s Insurance Sols	_
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	nal)		1730.70
TOTAL This Period (last page this line nu	umber only)		

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or	y information copied from such Reports and Sta for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	BAC (I	JnitedHe	ealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia PUTNAM, T JEFFREY, , ,	l) or Full O	rganization N	Name		Date of	Re	cei	pt					
	Mailing Address 9900 Bren Road East					^M 06	1		30	/ Y	2017	Ŷ		
	City	State	Zip Cod			Trans	acti	on	ID : I	PR2133	1342462	70		
	Minnetonka	MN	55343	-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						,		1 - 3F	576	5.90		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for I Group CFO	ndividual)		Me	emo	lte	m					
	Receipt For:	Aggregate	Year-to-Date	•										
	Primary General Other (specify) ▼			2499.90] P	/R Ded	uctio	on	(\$192	2.30 Bi-\	Weekly)			
в.	Full Name of Individual (Last, First, Middle Initia SCHIMMELBUSCH, DIANE M, , ,	l) or Full O	rganization N	Name		Date of	Re	cei	pt					
	Mailing Address 9900 Bren Road East					06	/		30	/ Y	2017	Y		
	City	State	Zip Cod			Trans	actio	on	ID : F	PR2133	1346462	70		
	Minnetonka	MN	55343	-9664		Amount	of	Ead	ch Re	eceipt tl	nis Perio	d		
	FEC ID number of contributing federal political committee.	С					-			75	5.00			
	Name of Employer (for Individual) Optum Services, Inc	Occ VP		Me	emo	lte	۶m							
	Receipt For:	Aggregate	Year-to-Date	•										
	Primary General Other (specify) ▼		,] Р	/R Ded	uctic	on ((\$25.0	00 Bi-W	eekly)				
с.	Full Name of Individual (Last, First, Middle Initia FALKENBERG, ROBERT C, , ,	l) or Full O	rganization N	Name		Date of	Re	cei	pt					
	Mailing Address 9900 Bren Road East	-				^M 06		L	30	J L	2017 Y			
	City Minnetonka	State MN	Zip Cod 55343-					-		-	7284462	-		
			55545-	9004	_	Amount	of	Ead	ch Re	eceipt tl	nis Perio	d		
	FEC ID number of contributing federal political committee.	С					_	9	_	, <u>,</u>	245	5.82		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for I Plan CEO	ndividual)		Me	emo) Ite	€					
	Receipt For:	Aggregate	Year-to-Date	•										
	Primary General Other (specify)			934.78		P/R Ded	luctio	on	(\$81.	94 Bi-W	'eekly)			
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т	OTAL This Period (last page this line number or	ıly)		••••••				,		-				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p uddress of any political committee	13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle SMITH, DANNETTE L, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	06 30 2017
Minnetonka	MN	55343-9664	Transaction ID : PR2145729946270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle GIBSON, CHRISTINE W, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2225166746270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		115.38
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Strat Initiv	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. BEAULE, JEAN-FRANCOIS, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2225813646270
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PHIth Advancement	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$115.38 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			1038.42
TOTAL This Period (last page this line numb	per only)		

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Any information copied from such Reports and State or for commercial purposes, other than using the na NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) RYAN, JOHN D, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	ame and ac PAC (L) or Full Or State MN C Occu RVP	Idress of any political committee	to solicit contributions from such committe	Y D						
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) RYAN, JOHN D, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	ame and ac PAC (L) or Full Or State MN C Occu RVP	Idress of any political committee InitedHealth Group PA ganization Name Zip Code 55343-9664 pation (for Individual) Clnt Mgmt Svc	C) Date of Receipt 06 30 2017 Transaction ID : PR222581964627 Amount of Each Receipt this Period	Y D						
UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) RYAN, JOHN D, , , Mailing Address g900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General) or Full Or State MN C Occu RVP	ganization Name Zip Code 55343-9664 pation (for Individual) Clnt Mgmt Svc	Date of Receipt	0						
Full Name of Individual (Last, First, Middle Initial) RYAN, JOHN D, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General) or Full Or State MN C Occu RVP	ganization Name Zip Code 55343-9664 pation (for Individual) Clnt Mgmt Svc	Date of Receipt	0						
A. RYAN, JOHN D, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	State MN C Occu RVP	Zip Code 55343-9664 pation (for Individual) Clnt Mgmt Svc	Model Job Y </td <td>0</td>	0						
City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	MN C Occu RVP	55343-9664 pation (for Individual) Clnt Mgmt Svc	06 30 2017 Transaction ID : PR222581964627 Amount of Each Receipt this Period 173.0	0						
Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary	MN C Occu RVP	55343-9664 pation (for Individual) Clnt Mgmt Svc	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary	C Occu RVP	pation (for Individual) Clnt Mgmt Svc	173.0)7						
federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	Occu RVP	Clnt Mgmt Svc)7						
United HealthCare Services Inc Receipt For:	RVP	Clnt Mgmt Svc	Memo Item							
Primary General	Aggregate `	Year-to-Date ▼	_							
Primary General										
		749.97	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Initial) S. SAILOR, ROY THOMAS, , ,) or Full Or	ganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 30 Y Y Y Y 07 30 2017	Y						
City	State	Zip Code	Transaction ID : PR2225819746270)						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		230.7							
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Bus Dvlp	Memo Item							
Receipt For:	Aggregate `	Year-to-Date ▼ 999.96	P/R Deduction (\$76.92 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Initial)) or Full Or	ganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D / Y Y Y 2017	Y						
City	State	Zip Code	Transaction ID : PR224762584627	0						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		627.2	27						
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Tech Off	Memo Item							
Poppint For:			-							
Primary General	nggregale	Year-to-Date ▼	D/D Doduction (\$200.00 Di Masthe)							
Other (specify)		2281.81	P/R Deduction (\$209.09 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		••••••	1031.1	0						

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ITEMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12				
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NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	4C)										
Full Name of Individual (Last, First, Mic CARCIONE JR, JOSEPH R, , ,	Idle Initial) or Full C	rganization Name	[Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/		во ВО	/ Y	ү ү 2017	Y			
City	State MN	Zip Code		Trans	acti	ion IE) : P	R22476	62684627	0			
Minnetonka	IVIIN	55343-9664	/	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		173.10										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir		Me	emo	Item	I						
Receipt For:	Anareaste	Year-to-Date ▼											
Primary General Other (specify) ▼		750.10	P.	P/R Deduction (\$57.70 Bi-Weekly)									
Full Name of Individual (Last, First, Mic B. KANTOLA, KEVIN DAVID, , ,	dle Initial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				м м 06	/		D 30	/ Y	2017	Y			
City	State	Zip Code		Trans	acti	on ID) : P	R22476	2704627	0			
Minnetonka	MN	55343-9664	A	Amount	of	Each	Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C					-y		-9	117.	00			
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT		Me	emo	Item	I						
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		507.00	P/R Deduction (\$39.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mic C. O'BRIEN, DENNIS P, , ,	Idle Initial) or Full C	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/		а 30	/ Y	y y 2017	Y			
City	State	Zip Code		Trans	acti	ion II) : F	R2247	62734627	0			
Minnetonka	MN	55343-9664	/	Amount	of	Each	Re	ceipt th	is Period				
FEC ID number of contributing federal political committee.	C					9		y	576.	90			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	lterr	ı						
Receipt For:		Year-to-Date ▼											
Primary General Other (specify)	Aggregate	2499.90	P	/R Ded	ucti	on (\$	192	.30 Bi-V	Veekly)				
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	for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group P	AC)									
١.	Full Name of Individual (Last, First, Middle Init VERNEY, JEFFERY RICHARD, , ,	ddle Initial) or Full Organization Name			Date of Receipt								
	Mailing Address 9900 Bren Road East								Y	YYY	Y		
						06 30 2017							
	City	State Zip Code			Transaction ID : PR2247627446270								
	Minnetonka	MN	55343-9664	/	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				_				729.			
	Name of Employer (for Individual)		upation (for Individual)		Memo Item								
	United HealthCare Services Inc Receipt For:	VP Gen Mgmt											
	Primary General	Aggregate											
	Other (specify) V		1838.19		P/R Deduction (\$243.21 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GARODIA, SANJAY, , ,				Date of Receipt								
	Mailing Address 9900 Bren Road East					06 / Y Y Y Y 06 30 2017							
	City	State	Zip Code		Transaction ID : PR2247627846270						0		
	Minnetonka	MN	55343-9664	′	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				115.38							
	Name of Employer (for Individual) Optum Services, Inc	Occ CO		Me	emc	Item							
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼		P	P/R Deduction (\$38.46 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Init OHMAN, DANIEL L, , ,	tial) or Full C	rganization Name		Date of	Be	ceipt						
	Mailing Address 9900 Bren Road East					06 30 2017							
	City	State	Zip Code		Trans	act	ion ID :	PR22	4762	804627	0		
	Minnetonka	MN	55343-9664	/	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				288.45							
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Regn CEO				Memo Item							
	Receipt For:	Aggregate Year-to-Date ▼											
	Primary General Other (specify)	1249.95				P/R Deduction (\$96.15 Bi-Weekly)							
	JBTOTAL of Receipts This Page (optional)				-			-	-	1133.4	46		
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				Detailed Summary Page		11a 13		11b		11c 15		12 16	17											
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		pose	e of s	oliciting	g con	ntributi	ons											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Uni	tedHealth Group PA	AC)																			
A.	Full Name of Individual (Last, First, Middle Initia PRINCE, JOHN M, , , Mailing Address 9900 Bren Road East	l) or Full O	Drgar	ization Name		Date of	Re /		pt 30	/ Y)17	Y											
	City Minnetonka	State MN		Zip Code 55343-9664					ID : P	R22597 ceipt th	7384	46270												
	FEC ID number of contributing federal political committee.	ederal political committee.										576.90 Memo Item												
			Seg	ion (for Individual) ment CEO r-to-Date ▼		Me	emo	lte	em															
	Other (specify)		Ţ	2499.90	F	P/R Ded	uctio	on ((\$192.	30 Bi-V	√eek	ly)												
B.	Full Name of Individual (Last, First, Middle Initial CRONN, CHRISTOPHER L, , , Mailing Address 9900 Bren Road East	l) or Full O	Orgar	ization Name	_	Date of	Re		pt	/ Y	Y	Ý	ſ											
	City Minnetonka	State MN		Zip Code 55343-9664		06 Trans : Amount				R22705		46270												
	FEC ID number of contributing federal political committee.	С										190.3	8											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) s Dir		Me	emo	lte	em															
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 674.98	P	/R Ded	uctic	on ((\$63.4	6 Bi-We	∍ekly	()												
C.	Full Name of Individual (Last, First, Middle Initia KEPLEY CARRIER, ANGELA DAWN, Mailing Address 9900 Bren Road East		Drgar	ization Name	_	Date of			·	/ Y		Y												
	City	State		Zip Code		06		L	30 ID : P	R2402:	20	17												
	Minnetonka FEC ID number of contributing	MN	_	55343-9664	- '	Amount	of	Eac	ch Re	ceipt th	is Pe													
	federal political committee. Name of Employer (for Individual)	C			_	Me	emo	, Ite	em	y	-	60.0	5											
	United HealthCare Services Inc	Dir N	Med	ion (for Individual) Clin Ops r-to-Date ▼	_																			
	Primary General Other (specify)		-	260.00	F	P/R Ded	uctio	on ((\$20.0	0 Bi-We	eekly	<i>y</i>)												
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Α.	Full Name of Individual (Last, First, Middle Initial JOHNSON-MILLS, RITA FAYE, , ,) or Full O	Organization Name		Date of	Re	eceipt										
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	Mailing Address 9900 Bren Road East				^M 06	/		а 30	/ Y	ү 20	ү 17	Y					
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Name of Employer (for Individual) Optum Services, Inc									Memo Item												
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Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 06 30 2017												
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City	State	Zip Code	Transaction ID : PR2444265746270												
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item												
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Primary General Other (specify)		1021.92	P/R Deduction (\$115.24 Bi-Weekly)												
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or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.		ses, other than using the name	or for commercial purposes, othe
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th Group PAC)	AC (United	Group Incorporated P	/ UnitedHealth Group
Date of Receipt	r Full Organizatio	(, , ,	Full Name of Individual (Last, ALLINGTON SHKABERIN
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60.00)	Ű.	FEC ID number of contributing federal political committee.
vidual) Memo Item	Occupation (feedback of the Hith Plan CEC)		Name of Employer (for Individ United HealthCare Services Inc
260.00 P/R Deduction (\$20.00 Bi-Weekly)	igregate Year-to-D	General	Receipt For: Primary Genera Other (specify) ▼
Date of Receipt	or Full Organizatio		Full Name of Individual (Last, RENFRO, LARRY C, , ,
06 30 2017) Bren Road East	Mailing Address 9900 Bren Ro
Transaction ID : PR2460168146270	State Zip C		City
Amount of Each Receipt this Period	1VIN 553		Minnetonka
576.90		Ű.	FEC ID number of contributing federal political committee.
	Occupation (fo	or Individual)	Name of Employer (for Individe Optum Services, Inc
P/R Deduction (\$192.30 Bi-Weekly)	gregate Year-to-D	General	
vidual) Memo Item 2499.90 P/R Deduction (\$192.30 Bi-Weight for the second seco	Occupation (fo VICE CHAIRM gregate Year-to-D	ontributing nittee. C or Individual)] General	federal political committee. Name of Employer (for Individu Optum Services, Inc Receipt For: Primary Genera Other (specify) SUBTOTAL of Receipts This Pa

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	EIVILZED RECEIPTS for each category of the Detailed Summary Page						11b		11c	12					
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or for commercial purpose	es, other than using the		address of any political committe												
NAME OF COMMITTE	E (In Full)														
/ UnitedHealth G	roup Incorporate	d PAC (UnitedHealth Group P	AC)											
Full Name of Individua A. ORBUCH, DAVID B	(Last, First, Middle Initia), , ,	al) or Full C	Organization Name	C	Date of	Re	ceipt								
Mailing Address 9900	Bren Road East				м м 06	1	D 30		/ Y	y y 2017	Y				
City		State	Zip Code		Trans	acti	on ID	: PF	२२४६०१	6824627	0				
Minnetonka		MN	55343-9664	A	mount	of	Each	Rec	eipt th	is Period					
FEC ID number of con federal political commit	0	С		288.45											
Name of Employer (for UHC International Servi	,		upation (for Individual) rum Exec		Me	emo	Item								
Receipt For:			Year-to-Date ▼												
Primary Other (specify)	General	Aggregate	1249.95	P/	'R Ded	uctio	on (\$9	6.15	5 Bi-We	∋ekly)					
Full Name of Individua B. WEXLER, ERIC J,	Last, First, Middle Initia	al) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address 9900	Bren Road East				M M 06	/	3(/ Y	2017	Y				
City		State	Zip Code		Trans	acti	on ID	: PF	₹24637	2314627	0				
Minnetonka		MN	55343-9664	A	mount	of	Each	Rec	eipt th	is Period					
FEC ID number of con federal political commit	0	С		Amount of Each Receipt this Period											
Name of Employer (for United HealthCare Serv	,		cupation (for Individual) s Segment Gen Counsel		Me	emo	Item								
Receipt For: Primary Other (specify) ▼	General	Aggregate	Year-to-Date ▼ 1874,80	P/	R Dedi	uctio	on (\$2	40.4	40 Bi-W	/eekly)					
Full Name of Individua GILL, PETER M,	Last, First, Middle Initia	al) or Full C	Organization Name		Date of	Re	ceipt								
Mailing Address 9900	Bren Road East				^M 06	/	3(/ Y	ү ү 2017	Y				
City		State	Zip Code		Trans	acti	ion ID	: PF	24637	72464627	0				
Minnetonka		MN	55343-9664	A	mount	of	Each	Rec	eipt th	is Period					
FEC ID number of con federal political commit	0	С					, .	_	9	0.	00				
Name of Employer (for United HealthCare Serv			upation (for Individual) Corp Dev		Me	emo	Item								
Receipt For:		Aggregate	Year-to-Date V												
PrimaryOther (specify)	4999.90	P/	/R Ded	ucti	on (\$0).00	Bi-Wee	∍kly)							
SUBTOTAL of Receipts	This Page (optional)						,	_	9	1009.	65				
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or for commercial purposes, other than us		erson for the purpose of soliciting contributions e to solicit contributions from such committee.													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (UnitedHealth Group PA	AC)												
Full Name of Individual (Last, First, Mid SCHICK, SUE, , , Mailing Address 9900 Bren Road East	ddle Initial) or Full C	organization Name	Date of Receipt												
City Minnetonka	State MN	Zip Code 55343-9664	06 30 2017 Transaction ID : PR2480620546270 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		576.90												
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Chi	upation (for Individual) ef Growth Off	Memo Item												
Primary General Other (specify) ▼	Aggregate	Year-to-Date 2499.90	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Individual (Last, First, Mid ABBOTT, CHRISTOPHER MARK		organization Name	Date of Receipt												
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017												
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2484541546270 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		121.50												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 473.50	P/R Deduction (\$40.50 Bi-Weekly)												
Full Name of Individual (Last, First, Mid BURNS, MATTHEW A, , ,	ddle Initial) or Full C	organization Name	Date of Receipt												
Mailing Address 9900 Bren Road East	Chata	Zin Oode	06 / 06 / 2017												
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2484541746270 Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		375.00												
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) Comm	Memo Item												
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1625.00	P/R Deduction (\$125.00 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optic	nal)		1073.40												
TOTAL This Period (last page this line n	umber only)	••••••													

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		D RECEIPTS for each category of Detailed Summary P] 11 14		11c		12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r							pos	se of s				ons
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PHILLIPS, MARK A, , ,	al) or Full C	Orgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East	-1				06	/	Е	30	/ Y		017 017	Y
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount		-		R2484	-		
	FEC ID number of contributing federal political committee.	С						,			_	576.9	0
	Name of Employer (for Individual) United HealthCare Services Inc		upat P SIs	ion (for Individual)		Me	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1923.00	F	P/R Ded	uctio	on	(\$192	.30 Bi-\	Veeł	<ly)< td=""><td></td></ly)<>	
в.	Full Name of Individual (Last, First, Middle Initia MANDERFELD, THOMAS B, , ,	al) or Full C	Drgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					м м 06	/	Γ	30	/ Y)17)	Y
	City	State		Zip Code		Trans	acti	on	ID : F	R2486	<u>6979</u>	46270	
	Minnetonka	MN		55343-9664		Amount	of	Ea	ich Re	ceipt th	nis P	Period	
	FEC ID number of contributing federal political committee.	С						,			_	120.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ital Mkt Comm		Me	emo) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 520.00	F	9/R Ded	uctio	on	(\$40.0	0 Bi-W	eekl	y)	
с.	Full Name of Individual (Last, First, Middle Initia MCMAHON, DIRK C, , ,	al) or Full C	Drgar	nization Name		Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					^M 06	1	E	D D D 30	/ Y)17	Y
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount				PR2491			
	FEC ID number of contributing federal political committee.	С						y			_	576.9	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Pres & COO		M	emo	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-	2499.90	F	P/R Ded	ucti	ion	(\$192	.30 Bi-\	Veel	kly)	
s	UBTOTAL of Receipts This Page (optional)			•	•			,				1273.8	0
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	Detailed Summary Pa						11c	12	
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Any information copied from such Reports or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Mid A. NATHAN, DONALD H, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				м м 06		30	/ Y	2017	Y
City	State	Zip Code		Trans	acti	ion ID : F	R24914	5734627	0
Minnetonka	MN	55343-9664	A	mount	of	Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С			_			-9	576.	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Comm Off		Me	emo	tem			
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Primary General Other (specify) ▼		2499.90	P/	'R Ded	ucti	on (\$192	.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mid SULLIVAN, KATHRYN M, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				м м 06	1	^D 30	/ Y	y y 2017	Y
City	State	Zip Code		Trans	acti	on ID : P	R24914	5754627	0
Minnetonka	MN	55343-9664	A	mount	of	Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С						-9-	728.	28
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D E&I Regions		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1844.04	P/	R Ded	uctio	on (\$242.	.76 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mid C. SMITH, KARA V, , ,	dle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				^M 06	/	^D 30	/ Y	2017 ^Y	Y
City Minnetonka	State MN	Zip Code 55343-9664				ion ID : F			0
		33343-9004	A	mount	of	Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	С			_		y	- J	576.	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emc	ttem			
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		2499.90	P/	/R Ded	lucti	ion (\$192	.30 Bi-W	/eekly)	
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TOTAL This Period (last page this line nu	mber only)	•	. [

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

Use separate schedule(s) for each category of the

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		Detailed Summary Page	
Any information copied from such Report	s and Statements ma	Av not be sold or used by any n	erson for the purpose of soliciting contributions
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, M PURDY, PATRICIA A, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y
City	State	Zip Code	Transaction ID : PR2541300646270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, M B. TIERNEY, JOELLE M, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2541300746270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		329.67
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1071.42	P/R Deduction (\$109.89 Bi-Weekly)
Full Name of Individual (Last, First, M C. VERSAGGI, JOHN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 2017
City	State	Zip Code	Transaction ID : PR2541300846270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		288.48
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify)		1250.08	P/R Deduction (\$96.16 Bi-Weekly)
SUBTOTAL of Receipts This Page (opti	onal)		1195.05
TOTAL This Period (last page this line r	number only)		

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				Detailed Summary Page	X]11a] 11b	b]11c		12	_
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\backslash	NAME OF COMMITTEE (In Full)												
$\Big/$	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia HOSTETLER, BRENDAN, , ,	l) or Full O	rgar	nization Name	[Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 06	/	D	30 D	/ Y	Y 20)17	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R25425	5419	46270)
	Minnetonka	MN		55343-9664	A	Amount	of	Eac	ch Red	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		-y	_	190.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) s Dir		M	emo	b Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	674.98	P	/R Ded	ucti	ion ((\$63.4)	6 Bi-We	ekly	y)	
В.	Full Name of Individual (Last, First, Middle Initia RAMSAY, RICHARD E, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					м м 06	/	D	30	/ Y	y 20	17	Y
	City	State		Zip Code		Trans	acti	ion I	ID : PI	25425	5422	46270	
	Minnetonka	MN		55343-9664	/	Amount	of	Eac	ch Red	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-7-		-y=-	_	150.0	0
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) I Affs		M	emo	b Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	650.00	P	/R Ded	uctio	on (\$50.00) Bi-We	ekly	/)	
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia SPENCER, IPYANA, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	ot				
	Mailing Address 9900 Bren Road East					^M 06	/	D	30 ^D	/ Y)17 17	Ŷ
	City	State		Zip Code		Trans	acti	ion	ID : P	R2542	5423	84627)
	Minnetonka	MN		55343-9664	A	Amount	of	Eac	ch Red	eipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		9	_	90.0	0
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		М	emo	o Ite	em				
	United HealthCare Services Inc	Dir N	Viktg	Bus Dev									
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		-	390.00	P	/R Ded	lucti	ion ((\$30.0	0 Bi-We	ekly	y)	
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			Detailed Summary Page		13		14		15	16	17
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∖ NAME	OF COMMITTEE (In Full)										
/ Unit	edHealth Group Incorporate	ed PAC (l	UnitedHealth Group P	AC)							
A. YAU	ame of Individual (Last, First, Middle Init I, ANNE, , ,	ial) or Full O	rganization Name	Di	ate of	Ree	ceip	t			
Mailing	g Address 9900 Bren Road East				^M 06	/		30	/ Y	2017	Y
City		State	Zip Code	-	Trans	acti	on I	D : F	PR25435	58254627	0
Minne	tonka	MN	55343-9664	Ar	mount	of I	Eacl	n Re	ceipt th	is Period	
	D number of contributing I political committee.	С			_		,	_	-9-	186.	81
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) ernal Affs Dir		Me	emo	lter	n			
Receip	ot For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		690.46	P/F	R Ded	uctio	on (\$	62.2	27 Bi-We	eekly)	
	ame of Individual (Last, First, Middle Init ER, JEFFREY D, , ,	ial) or Full O	rganization Name	Di	ate of	Ree	ceip	t			
Mailing	9 Address 9900 Bren Road East				м м 06	/		30	/ Y	y y 2017	Y
City		State	Zip Code		Transa	actio	on II	D : P	R25529	6024627	0
Minne	tonka	MN	55343-9664	Ar	mount	of I	Eacl	n Re	ceipt th	is Period	
	D number of contributing I political committee.	С					,			576.	90
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) Segment CEO		Me	emo	Iter	n			
Receip	ot For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		2499.90	P/F	R Dedi	uctic	on (\$	192	.30 Bi-W	/eekly)	
	ame of Individual (Last, First, Middle Init ′ANT, JEREMY VAUGHN, , ,	ial) or Full O	rganization Name	Di	ate of	Red	ceip	t			
	9 Address 9900 Bren Road East				^M 06	/		30		2017 [°]	
City	to the	State	Zip Code		Trans	acti	on l	D : F	PR25529	96134627	0
Minne	etonka	MN	55343-9664	Ar	mount	of I	Eacl	n Re	ceipt th	is Period	
	D number of contributing I political committee.	С					,		9	105.	00
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) Clnt Mgmt NA Accts	[Me	emo	Iter	n			
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	Primary General Other (specify)		455.00	P/I	R Ded	uctio	on (S	\$35.0	00 Bi-We	eekly)	
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			Detailed Summary Page		17
	r information copied from such Reports and State or commercial purposes, other than using the na				
	NAME OF COMMITTEE (In Full)				
$\left \right $	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group P	AC)	
A	Full Name of Individual (Last, First, Middle Initial) FLANNERY, SCOTT F, , ,) or Full O	Organization Name	Date of Receipt	
1	Vailing Address 9900 Bren Road East			06 / Y Y Y 2017	Y
	City	State	Zip Code	Transaction ID : PR255296234627	0
-	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period	
	FEC ID number of contributing ederal political committee.	С		117.	00
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item	
Ē	Receipt For:	Aggregate	Year-to-Date V		
	Other (specify) ▼		507.00	P/R Deduction (\$39.00 Bi-Weekly)	
	Full Name of Individual (Last, First, Middle Initial) HANNAN, CLAIRE L, , ,) or Full O	organization Name	Date of Receipt	
ľ	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y 06 30 2017	Y
	City	State	Zip Code	Transaction ID : PR255296274627	0
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	С		117.	00
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item	
Ē	Receipt For:	Aggregate	Year-to-Date ▼		
	Other (specify)		507.00	P/R Deduction (\$39.00 Bi-Weekly)	
Г. Г.	Full Name of Individual (Last, First, Middle Initial) KIDAMBI, NARASIMHAN, , ,) or Full O	Prganization Name	Date of Receipt	
ľ	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y 06 30 2017	Y
	City	State	Zip Code	Transaction ID : PR255296384627	70
-	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	С		60.	00
1	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item	
_	United HealthCare Services Inc	Asso	c Dir Bus Anlys		
F		Aggregate	Year-to-Date 🔻		
	Other (specify)		260.00	P/R Deduction (\$20.00 Bi-Weekly)	
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			Detailed Summary Page		X	11a		11	b	11c	12	
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NAME	OF COMMITTEE (In Full)											
/ Unite	edHealth Group Incorpora	ted PAC (JnitedHealth Group	PAC)								
	me of Individual (Last, First, Middle I ELADY, JOHN H, , ,	nitial) or Full O	rganization Name		Da	ate of	Re	ecei	pt			
Mailing	Address 9900 Bren Road East					06	1		30	/ Y	ү ү 2017	Y
City		State	Zip Code			Trans	acti	ion	ID : F	PR2552	96424627	0
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	number of contributing political committee.	С						_		- 7-	576.9	90
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) n CEO			Me	emo) Ite	em			
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	rimary General ther (specify) ▼		2499.90		P/F	R Ded	uctio	on	(\$192	.30 Bi-V	Veekly)	
	me of Individual (Last, First, Middle I IT, BARRY R, , ,	nitial) or Full O	rganization Name		Da	ate of	Re	ecei	pt			
Mailing	Address 9900 Bren Road East				7	06	/		30	/ Y	2017	Y
City		State	Zip Code		I	Transa	acti	ion	ID : F	PR2552	96674627)
Minneto	onka	MN	55343-9664		Ar	nount	of	Ead	ch Re	eceipt th	nis Period	
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	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) R Reg VP of SIs			Me	emo) Ite	em			
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	rimary General ther (specify) ▼		749.97		P/R	R Dedu	uctio	on ((\$57.6	69 Bi-W	eekly)	
	me of Individual (Last, First, Middle I SZ, SCOTT A, , ,	nitial) or Full O	rganization Name		Da	ate of	Re	ecei	pt			
Mailing	Address 9900 Bren Road East					06 ^M	1	ľ	30	/ Y	2017	Y
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	rimary General ther (specify)		424.32		P/F	R Ded	ucti	ion	(\$44.:	29 Bi-W	eekly)	
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NAME OF COMMITTEE (In Full)						
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo	Item		
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo	Item		
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Mailing Address 9900 Bren Road East			M M /	30 / Y	2017	Y
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Minnetonka	IVIIN	55545-9004	Amount of	Each Receipt th	nis Period	
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$\overline{)}$	NAME OF COMMITTEE (In Full)												
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Α.	Full Name of Individual (Last, First, Middle Initial ECKERT, CHRISTINE A, , ,) or Full C	Drgar	nization Name		Date of	Re	ecei	pt				
	Mailing Address 9900 Bren Road East					^M 06	/		30	/	Y	2017	Y
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В.	Full Name of Individual (Last, First, Middle Initial FLAGSTAD, KARSTEN S, , ,) or Full C	Drgar	nization Name		Date of	Re	ecei	pt				
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incor	porated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, M KUNEMUND, GREGG J, , ,		organization Name	C	Date of	Re	ceipt				
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO		Me	emo	Item	ı			
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) d Dir		Me	emo	Item	ו			
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\setminus	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	·		•	AC)								
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В.	Full Name of Individual (Last, First, Middle Initia HANSEN, PAUL DANIEL, , ,	l) or Full O	Organi	zation Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 06	/	D	30	/ Y)17	Y
	City	State	2	Zip Code		Trans	acti	ion	ID : P	R2564	8027	746270)
	Minnetonka	MN		55343-9664	·	Amount	t of	Eac	ch Re	ceipt th	nis F	Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		-		-95-	_	291.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) r Mkt Grp		M	emo	b Ite	em				
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с.	Full Name of Individual (Last, First, Middle Initia KENNY, KATHERINE L, , ,	l) or Full O	Organi	zation Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East	1				^M 06	/	D	30	/ Y)17 [°]	Ŷ
	City	State		Zip Code						R2564			0
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\backslash	NAME OF COMMITTEE (In Full)											
\sum	UnitedHealth Group Incorporat	ed PAC (UnitedHealth Group	PAC)								
Α.	Full Name of Individual (Last, First, Middle In MARDEN, PAUL O, , ,	itial) or Full O	Organization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				^M 06	/	3	D 80	/ Y	Y 201	7 7	Y
	City	State	Zip Code		Trans	acti	ion ID):P	R25648	303346	6270	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	ltem					
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	Primary General Other (specify) ▼		785.61	. '	P/R Ded	ucti	on (\$′	131	.87 Bi-V	Veekly	')	
	Full Name of Individual (Last, First, Middle In MOQUIST, DARREN C, , ,	itial) or Full O	Organization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				06	/	3	D 30	/ Y	y 2017	7	ŕ
	City	State	Zip Code		Trans	acti	on ID	: P	R25648	30344f	6270	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO		Me	emo	ltem					
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	Primary General Other (specify) ▼		, 2202.40		P/R Ded	uctio	on (\$2	215.	.20 Bi-W	/eekly))	
	Full Name of Individual (Last, First, Middle In O'HARE, TAMMY A, , ,	itial) or Full O	Organization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				^M 06	/	De	во ВО	/ Y	2017		Y
	City	State	Zip Code		Trans	acti	ion ID) : F	PR2564	80394	6270	
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		Detailed Summary Page		11a		11b		11c	12	<u> </u>
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NAME OF COMMITTEE (In Full)	ig the name and a	duress of any pointear commute	5 10 30			ution	13 1101	III Suci		
UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Mido A. BERNS, DEBRA J, , ,	lle Initial) or Full C	organization Name		Date of	Re	ceipt	t			
Mailing Address 9900 Bren Road East				^M 06	/		30	/ Y	Y Y 2017	Y
City Minnetonka	State MN	Zip Code 55343-9664							30404627 is Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef CompInc/Ethics Off		Me	emo	Item	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90] P	P/R Ded	uctio	on (\$	3192.3	30 Bi-W	√eekly)	
Full Name of Individual (Last, First, Mido MICKS, TIMOTHY A, , ,	lle Initial) or Full C	organization Name		Date of	Re	ceipt	t			
Mailing Address 9900 Bren Road East				^M 06	1		30	/ Y	y y 2017	Y
City Minnetonka	State MN	Zip Code 55343-9664							4864627 is Period	
FEC ID number of contributing federal political committee.	C					7	_	-75-	115.	38
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO		Me	emo	Iten	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P	/R Ded	uctio	on (\$	38.46	8 Bi-We	ekly)	
Full Name of Individual (Last, First, Mide ZAMORE, DENISE V, , ,	lle Initial) or Full C	organization Name		Date of	Re	ceipt	t			
Mailing Address 9900 Bren Road East				^M 06			30 ^D		2017	
City Minnetonka	State MN	Zip Code 55343-9664							12954627 is Period	
FEC ID number of contributing federal political committee.	C					9		y	288.	45
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ssc Gen Counsel		M	emo	lten	n			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1249.95	I P	P/R Ded	ucti	on (\$	\$96.1	5 Bi-We	eekly)	
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			Detailed Summary Page		11a		11b	11c	12	<u> </u>				
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	for commercial purposes, other than using the n	ame and a	ddress of any political committee	e to so	licit cor	ntrib	outions fro	om such	n commit	ee.				
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	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	4C)										
^	Full Name of Individual (Last, First, Middle Initial) or Full Or	rganization Name		Data of	De	vooint							
ч.	ARNONE, WENDY D, , , Mailing Address 9900 Bren Road East			- '	Date of		•	1	V	V				
	Side and the second sec				06	ľ	30	/ Ү	2017	Y				
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) n CEO		Me	emo	tem							
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	Primary General Other (specify) ▼		2499.90] P	/R Ded	ucti	on (\$192	.30 Bi-W	/eekly)					
	Full Name of Individual (Last, First, Middle Initial PARRILLO, CHRISTOPHER A, , ,) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				06	/	D D D 30	/ Y	ү 2017	Y				
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	tem							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		499,98	P/R Deduction (\$38.46 Bi-Weekly)										
<u> </u>	Full Name of Individual (Last, First, Middle Initial MOYER, BRUCE E, , ,) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				^M 06	1	D D D 30	/ Y	2017 [°]	Y				
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID : F			0				
			00040-9004	_ ′	Amount	of	Each Re	ceipt th	is Period					
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	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		M	emc	tem							
		Aggregate	Year-to-Date 🔻											
	Other (specify)		507.00] F	P/R Ded	lucti	ion (\$39.0	00 Bi-We	eekly)					
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		for each category of the Detailed Summary Page	
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group P <i>i</i>	4C)
Full Name of Individual (Last, First, Midd A. <u>HINTON, DUSTIN, , ,</u> Mailing Address 9900 Bren Road East	lle Initial) or Full C	organization Name	Date of Receipt
City Minnetonka	State MN	Zip Code 55343-9664	06 30 2017 Transaction ID : PR2571978746270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		643.32
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1143.32	P/R Deduction (\$296.66 Bi-Weekly)
Full Name of Individual (Last, First, Midd CARLSON, KEVIN JAMES, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / 06 / Y Y Y Y 06 30 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2572590046270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		288.45
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Midd WIFFLER, THOMAS P, , ,	lle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2572992746270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		1508.67
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ITEINIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
		Source ourinnely rugo	13 14 15 16
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Fi	ull)		
/ UnitedHealth Group	Incorporated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, GOETZ, MERRITT D, Dav	id, ,	rganization Name	Date of Receipt
Mailing Address 9900 Bren Ro			06 / ^D 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2573477346270
		30343-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		750.00
Name of Employer (for Individe Optum Services, Inc	,	upation (for Individual) Clnt Svc Acct Mgt	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary Genera Other (specify) ▼		1750.00	P/R Deduction (\$250.00 Bi-Weekly)
Full Name of Individual (Last, B. BUCCHIANERI, STEVEN		rganization Name	Date of Receipt
Mailing Address 9900 Bren Ro	ad East		M M / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2574977146270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.69
Name of Employer (for Individ United HealthCare Services Inc	,	upation (for Individual) Med Clin Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		249.99	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, C. RICHARD, DARYL P, ,		rganization Name	Date of Receipt
Mailing Address 9900 Bren Ro			06 / D D / Y Y Y Y 2017
City	State	Zip Code	Transaction ID : PR2574979046270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		137.34
Name of Employer (for Individe United HealthCare Services Inc		upation (for Individual) Comm	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary Genera Other (specify)		404.70	P/R Deduction (\$45.78 Bi-Weekly)
SUBTOTAL of Receipts This Pa	ge (optional)		945.03
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\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporate	ed PAC (I	Unit	edHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initi SIMPSON, TRENT L, , ,	ial) or Full O	Drgani	zation Name	(Date of	Re	ece	ipt							
	Mailing Address 9900 Bren Road East					^M 06	/	l	D D D	1	/ Y	2017	Y			
	City	State MN		Zip Code		Trans	acti	ior	ID :	PR	25749	8504627)			
	Minnetonka			55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			115.38											
	Name of Employer (for Individual) Optum Services, Inc		on (for Individual) Mgmt		Me	emo	b lt	em								
	Receipt For:	Aggregate	Year	-to-Date 🔻												
	Primary General Other (specify) ▼		-yr.	499.98	P	/R Ded	uctio	on	(\$38.	46	Bi-We	ekly)				
	Full Name of Individual (Last, First, Middle Initi CIANFROCCO, HEATHER R, , ,	ial) or Full O	Organi	zation Name		Date of	Re	ece	ipt							
	Mailing Address 9900 Bren Road East					м м 06	/	ľ	30]	/ Y	y y 2017	Y			
	City	State		Zip Code		Trans	acti	ion	ID : I	PR	25749	86246270)			
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	FEC ID number of contributing federal political committee.	С						-		-	-y	576.9	0			
	Name of Employer (for Individual) United HealthCare Services Inc		cupatio P Clin	on (for Individual) Ops		Me	emo	b lt	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initi BURNETT, JAMIE, , ,	ial) or Full O	Drgani	zation Name	Date of Receipt											
	Mailing Address 9900 Bren Road East					^M 06	/	l	30]	/ Y	2017 [°]	Y			
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$\overline{\ }$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (UnitedHealth Group P	AC)							
Α.	Full Name of Individual (Last, First, Middle In LANG JACOBSEN, HEATHER A, , ,	itial) or Full C	rganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	D 30) 017	Y
	City Minnetonka	State MN	Zip Code 55343-9664					PR2574)
	FEC ID number of contributing federal political committee.	С						1.45		115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98] F	P/R Dec	lucti	on (\$38	.46 Bi-W	eekl	y)	
B.	Full Name of Individual (Last, First, Middle In ALLAZETTA, DAVID W, , ,	itial) or Full C	rganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	30)17	Y
	City	State	Zip Code					PR25749)
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	FEC ID number of contributing federal political committee.	С			<u> </u>		-		_	288.4	5
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1249.95	F	P/R Ded	lucti	on (\$96	.15 Bi-We	eekl	y)	
С.	Full Name of Individual (Last, First, Middle In WILLIAMS, JOSEPH RANDY, , ,	itial) or Full C	rganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	30)17 [°]	Ŷ
	City Minnetonka	State MN	Zip Code 55343-9664					PR2575			D
			55545-9004		Amoun	t of	Each F	Receipt th	is F	eriod	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Sls		М	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1642.86]	P/R Dec	duct	ion (\$18	81.32 Bi-V	Veel	kly)	
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	NC)
Full Name of Individual (Last, First, Middle A. FRIDELL, CATHERINE MARIE, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	06 / 30 / 2017 Transaction ID : PR2575027546270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		124.98
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 458.26	P/R Deduction (\$41.66 Bi-Weekly)
Full Name of Individual (Last, First, Middle DUNCAN, MICHELE M, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575029646270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle VAN HOLMES, LORI A, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575030946270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		291.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital Dev	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1261.00	P/R Deduction (\$97.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			992.88
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			ay not be sold or used by any period address of any political committee				oose		oliciting	contribu	tions
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	Group Incorporat	ed PAC (UnitedHealth Group PA	AC)							
A. O'BRIEN, JENNIE		nitial) or Full O	Organization Name		Date of	Re	ceip	ot			
Mailing Address 990	0 Bren Road East				м м 06	1	D	30 ^D	/ Y	ү ү 2017	Y
City		State	Zip Code		Transa	acti	on	ID : P	R25750)3454627	0
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Name of Employer (United HealthCare Se	,		upation (for Individual) ef Compli Off		Me	emo	Ite	m			
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Primary Other (specify)	General ▼		2499.90	P/	'R Dedi	uctio	on (\$192.	.30 Bi-V	/eekly)	
Full Name of Individu B. ALLENBURG, TH	ual (Last, First, Middle Ir HOMAS J, , ,	hitial) or Full O	Prganization Name		Date of	Re	ceip	ot			
Mailing Address 990	0 Bren Road East				^M 06	/	D	д 30	/ Y	y y 2017	Y
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Name of Employer (United HealthCare Se	,		upation (for Individual) Mktg		Me	emo	Ite	m			
Receipt For:		Aggregate	Year-to-Date ▼								
Primary Other (specify)	General ▼		277.75	P/	R Dedu	uctic	on (S	\$55.5	5 Bi-We	ekly)	
Full Name of Individu C. LINDSAY, VIVI	ual (Last, First, Middle Ir AN M, , ,	iitial) or Full O	Prganization Name		Date of	Re	ceip	ot			
Mailing Address 990	00 Bren Road East				^M 06	1	D	30 ^D	/ Y	2017 [°]	Y
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Name of Employer (i United HealthCare So			upation (for Individual) P Ops		Me	emo	lte	m			
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		Detailed Summary Page		11a 13		11b 14	11c 15	12	17				
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NAME OF COMMITTEE (In Full)	-												
UnitedHealth Group Incor	porated PAC (JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, M CLACKO, MARY ANN GAVINSKI	,	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				м м 06	/	D D 30	/ Y	y y 2017	Y				
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98] F	P/R Ded	ucti	on (\$38.4	46 Bi-We	eekly)					
Full Name of Individual (Last, First, M MCCARTY, CARY J, , ,	iddle Initial) or Full O	rganization Name		Date of	Re	ceipt							
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City Minnetonka	State MN	Zip Code 55343-9664					D : PR2575059446270 h Receipt this Period						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 507.00] P	P/R Deduction (\$39.00 Bi-Weekly)									
Full Name of Individual (Last, First, M C. ALLEN, MARK T, , ,	iddle Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/	D D 30	/ Y	2017 [°]	Y				
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98] F	P/R Ded	ucti	on (\$38.4	46 Bi-W	eekly)					
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NAME OF COMMITTEE (In Full)															
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	lte	m								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/	′R Ded	uctio	on (\$20.00) Bi-We	ekly)						
Full Name of Individual (Last, First, Middle ZAETTA, CHRISTOPHER ROBERT,		rganization Name		Date of	Re	eceip	ot								
Mailing Address 9900 Bren Road East				06 / D / Y Y Y Y 06 2017											
City Minnetonka	State MN	Zip Code 55343-9664	A						68346270 is Period)					
FEC ID number of contributing federal political committee.	С					-			681.8	1					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel		Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2045.43	P/R Deduction (\$227.27 Bi-Weekly)												
Full Name of Individual (Last, First, Middle NICHOLS, SANDRA B, , ,	Initial) or Full C	rganization Name		Date of	Re	eceip	ot								
Mailing Address 9900 Bren Road East				^M 06	1	D	30 D	/ Y	y y 2017	Y					
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) red Svs Regn CMO		Me	emo	b Ite	em								
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 1249.95	P.	/R Ded	lucti	ion ((\$96.18	5 Bi-We	eekly)						
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UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Midd A. SHELLEY, MATTHEW M, , ,	le Initial) or Full O	rganization Name	1	Date of	Re	eceipt							
Mailing Address 9900 Bren Road East				^M M	/	D D D 30	/ Y	y y 2017	Y				
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		33343-9004	Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Natl Clin Cvrge Review		Me	emo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		249.99] P	/R Ded	ucti	on (\$19.	23 Bi-We	eekly)					
Full Name of Individual (Last, First, Midd B. UPCHURCH, KAREN A, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 2017										
City	State MN	Zip Code	Transaction ID : PR2575084446270 Amount of Each Receipt this Period										
Minnetonka		55343-9664	_ /	Amount	of	Each R	eceipt th	is Period					
FEC ID number of contributing federal political committee.	C					-	-	115.	38				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	ltem							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Midd C. O'NEILL, AUDREY L, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt							
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process		Me	emc	tem							
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Other (specify)		229.13] P	P/R Ded	ucti	ion (\$20.	83 Bi-We	eekly)					
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NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorp	orated PAC (I	UnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Mid A. HEROLD, STACI L, , ,	dle Initial) or Full O	rganization Name	D	ate of	Re	ceipt								
Mailing Address 9900 Bren Road East			Тг	м м 06	/	30	/ Y	y y 2017	Y					
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Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		142.83											
Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) IT		Me	emo	Item								
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		380.88	P/I	R Ded	ucti	on (\$47.6	81 Bi-W€	ekly)						
Full Name of Individual (Last, First, Mid JACOBY, CHARLES, , ,	dle Initial) or Full O	rganization Name	D	ate of	Re	ceipt								
Mailing Address 9900 Bren Road East			06 / C 2017											
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Minnetonka		55545-9004	A	mount	of	Each Re	ceipt thi	is Period	_					
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Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) IT	1	Me	emo	ltem								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	P/R Deduction (\$16.00 Bi-Weekly)											
Full Name of Individual (Last, First, Mid C. CHAMPION, PHEBE M, , ,	dle Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East				^M 06	/	D D D 30	/ Y	2017 [°]	Y					
City Minnetonka	State MN	Zip Code 55343-9664						0834627	0					
		55545-9004	A	mount	of	Each Re	ceipt thi	is Period						
FEC ID number of contributing federal political committee.	C		ļĻ			y .	9	75.	00					
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service	٦ ۱	Me	emo	ttem								
Receipt For:	Aggregate	Year-to-Date 🔻												
Other (specify)		325.00	P/	R Ded	ucti	on (\$25.0	00 Bi-We	ekly)						
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		Detailed Summary Page											
			berson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Mid A. WHEELER, TISA, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2017										
City	State	Zip Code	Transaction ID : PR2575138546270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		143.55										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		578.05	P/R Deduction (\$47.85 Bi-Weekly)										
Full Name of Individual (Last, First, Mid CARTER, JOCELYN CHISHOLM		rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 2017										
City	State	Zip Code	Transaction ID : PR2575141946270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		375.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item										
Receipt For: Primary General	Aggregate	Year-to-Date ▼											
Other (specify) ▼		, 1000.00	P/R Deduction (\$125.00 Bi-Weekly)										
Full Name of Individual (Last, First, Mic DEWALL, PATRICK J, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East	1		06 / D D / Y Y Y Y 2017										
City	State MN	Zip Code	Transaction ID : PR2575145346270										
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		288.45										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
United HealthCare Services Inc		uty Gen Counsel Mgr											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		1249.95	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	nal)		807.00										
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			Detailed Summary Page		11a		11b		11c	12					
			l ay not be sold or used by any p ddress of any political committee												
	OMMITTEE (In Full)														
	ealth Group Incorpor	rated PAC (I	UnitedHealth Group P/	AC)											
A. JONES, R		e Initial) or Full O	rganization Name		Date of	Re	eceip	ot							
	9900 Bren Road East				06 / 30 / 2017										
City Minnetonka		State MN	Zip Code 55343-9664	Transaction ID : PR25751635462 Amount of Each Receipt this Perio											
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Receipt For: Primary Other (y General specify) ▼	Aggregate	Year-to-Date ▼ 1625.00	I P	P/R Ded	uctio	on (S	\$125.(00 Bi-W	/eekly)					
B. HAMANN,		e Initial) or Full O	rganization Name		Date of	Re	eceip	ot							
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City Minnetonka		State MN	Zip Code 55343-9664	Transaction ID : PR2575170146270 Amount of Each Receipt this Period											
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	ployer (for Individual) Care Services Inc		upation (for Individual) Tax	Memo Item											
Receipt For: Primary Other (s	general specify) ▼	Aggregate	Year-to-Date ▼ 2023.74	P/R Deduction (\$228.93 Bi-Weekly)											
	Individual (Last, First, Middle ROBERT C, , ,	e Initial) or Full O	rganization Name		Date of	Re	eceip	ot							
	ess 9900 Bren Road East				^M 06	1	D	зо ^р	/ Y	2017	Y				
City Minnetonka		State MN	Zip Code 55343-9664							18074627 is Period					
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	oloyer (for Individual) Care Services Inc		upation (for Individual) Sr SIs Exe		Me	emo	b Iter	m							
Receipt For: Primary Other (s	General Specify)	Aggregate	Year-to-Date ▼ 249.99	F	P/R Ded	uctio	ion (\$19.23	3 Bi-We	∋ekly)					
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			Detailed Summary Pag		X	11a] 11k	b	11c	12				
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\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Grou	ıp PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) MCGUIRE, THOMAS J, , ,	or Full O	rganization Name			Date of	Re	eceip	ot						
	Mailing Address 9900 Bren Road East				06 / 30 / 2017 Transaction ID : PR2575185446270										
	City	State	Zip Code			Trans	acti	ion	ID : P	R2575	1854462	70			
	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		576.90											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel			Me	emo	b Ite	m						
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	Primary General Other (specify) ▼		2499.9	90	P/	'R Ded	uctio	on ((\$192.:	30 Bi-V	Veekly)				
	Full Name of Individual (Last, First, Middle Initial) DEMARIS, PETER JOHN, , ,	or Full O	rganization Name			Date of	Re	eceip	ot						
	Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2017										
	City	State	Zip Code			Trans	acti	ion l	ID : PI	R25751	9184627	0			
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm		Memo Item										
	Receipt For: A Primary General Other (specify) ▼	vggregate	Year-to-Date ▼ 499.9	P/R Deduction (\$38.46 Bi-Weekly)											
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) STAMM, MICHAEL PATRICK, , ,	or Full O	rganization Name			Date of	Re	eceip	ot						
	Mailing Address 9900 Bren Road East					^M 06	/	D	30	/ Y	2017	Y			
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NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpora													
	ated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle GRANBERG, MITCHELL W, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 30 2017										
City	State	Zip Code	Transaction ID : PR2575196146270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		288.45										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) buty Gen Counsel Mgr	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1249.95	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle FRANCIS, KEVIN B, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 2017										
City	State	Zip Code	Transaction ID : PR2575203346270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Acct Svs	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2023.74	P/R Deduction (\$228.93 Bi-Weekly)										
Full Name of Individual (Last, First, Middle MEYERHOFER, JEFFREY P, , ,	Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / Y Y Y Y 06 30 / 2017										
City	State	Zip Code	Transaction ID : PR2575214646270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		142.83										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item										
Receipt For:		Year-to-Date ▼											
Primary General Other (specify)	Aggregate	380.88	P/R Deduction (\$47.61 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			1118.07										

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

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\backslash	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial SHORS, MATTHEW MACKINNON, , ,) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				06 ^M	/	D 30		/ Y)17	Y		
	City	State	Zip Code		Trans	acti	on ID :	: PR	25752	223	46270)		
	Minnetonka	MN	55343-9664	/	Amount	of	Each F	Rece	eipt thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С							-		576.9	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Peputy Gen Counsel		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		2499.90] F	P/R Ded	ucti	on (\$19	92.30	0 Bi-W	/eek	ly)			
в.	Full Name of Individual (Last, First, Middle Initial KRUTA, DARLENE DAWN, , ,) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				м м 06	/	D 30		/ Y	20 ⁻	17 17	Y		
	City	State	Zip Code		Trans	acti	on ID :	PR	25752	325	46270)		
	Minnetonka	MN	55343-9664		Amount	of	Each F	Rece	eipt thi	is Po	eriod			
	FEC ID number of contributing federal political committee.	С							-		142.8	3		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		380.88	P/R Deduction (\$47.61 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial, KIRKPATRICK, SUSAN A, , ,) or Full Oi	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				^M 06	/	D 30		/ Y	20 ⁻	17 [°]	Y		
	City	State	Zip Code		Trans	acti	ion ID :	: PR	25752	2336	46270)		
	Minnetonka	MN	55343-9664	/	Amount	of	Each F	Rece	eipt thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С					,		9		137.4	0		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	ema	Item							
	Bassint For:		Year-to-Date ▼											
	Primary General Other (specify)	Aggregate	404.60] F	P/R Ded	lucti	on (\$4	5.80	Bi-We	ekly	/)			
s	UBTOTAL of Receipts This Page (optional)			•			, .		9		857.1	3		
Т	OTAL This Period (last page this line number onl	y)		-			, ,		-					

FEC Schedule A (Form 3X) Rev. 06/2016

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TEIMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12					
		Detailed Summary Page		13		14		15	16	17				
Any information copied from such Reports a or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Midd CHOATE, THOMAS C, , ,	le Initial) or Full C	organization Name	[Date of	Re	ceipt								
Mailing Address 9900 Bren Road East				^M 06	/		30 D	/ Y	2017	Y				
City	State	Zip Code		Trans	acti	ion II	D : P	R25752	24784627	0				
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C					-		-	115.	38				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO		Me	emo	lten	n							
Receipt For:		Year-to-Date ▼												
Primary General Other (specify) ▼	Aggregate	499.98	P	/R Ded	uctio	on (\$	38.4	6 Bi-We	eekly)					
Full Name of Individual (Last, First, Midd B. DARRAH, JACQUELINE M, , ,	le Initial) or Full C	Organization Name		Date of	Re	ceipt	:							
Mailing Address 9900 Bren Road East			6 30 2017											
City	State	Zip Code		Trans	acti	on II) : P	R25752	4854627	0				
Minnetonka	MN	55343-9664	A						is Period					
FEC ID number of contributing federal political committee.	C		142.83											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Assc Gen Counsel		Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼	7											
Primary General Other (specify) ▼		, 380.88	P/R Deduction (\$47.61 Bi-Weekly)											
Full Name of Individual (Last, First, Midd C. BRANT, PAUL T, , ,	le Initial) or Full C	Organization Name		Date of	Re	ceipt	:							
Mailing Address 9900 Bren Road East				^M 06	/		30	/ Y	2017 [°]	Y				
City	State	Zip Code		Trans	acti	ion II	D : P	R25752	25024627	0				
Minnetonka	MN	55343-9664	A	Amount	of	Each	n Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	C					9		y	150.	00				
Name of Employer (for Individual)	Occ	upation (for Individual)		Memo Item										
United HealthCare Services Inc	SB	KA VP SIs Acct Mgt												
Receipt For:	Aggregate	Year-to-Date V												
Other (specify)		350.00	P	/R Ded	ucti	on (\$	50.0	0 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optiona	al)	b							408.2	21				
TOTAL This Period (last page this line num	,					,		,						

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I EIVIIZED RECEIPIS		for each category of the	X 11a 11b 11c 12											
		Detailed Summary Page												
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	4C)											
Full Name of Individual (Last, First, Mid A. SHETTY, PRASANNA, , ,	dle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y											
City	State	Zip Code	Transaction ID : PR2575252046270											
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		115.38											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) IT Sys Anlys	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Mid B. KORF, GRETCHEN R, , ,	dle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2017											
City	State	Zip Code	Transaction ID : PR2575252246270											
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		576.93											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item											
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		1807.71	P/R Deduction (\$192.31 Bi-Weekly)											
Full Name of Individual (Last, First, Mid C. BROOMFIELD, ROBERT A, , ,	dle Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017											
City	State	Zip Code	Transaction ID : PR2575260446270											
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		57.69											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item											
United HealthCare Services Inc		Plan CEO												
Receipt For:	Aggregate	Year-to-Date V												
Other (specify)		249.99	P/R Deduction (\$19.23 Bi-Weekly)											
SUBTOTAL of Receipts This Page (option	nal)		750.00											
TOTAL This Period (last page this line nu	mber only)													

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				Detailed Summary Page		11a		11	b	11c	1	2					
				Claired Summary Faye		13		14		15		6	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n																
\backslash	NAME OF COMMITTEE (In Full)																
\sum	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia HAMBLIN, JILLIAN, , ,	l) or Full O	rgan	ization Name		Date of Receipt											
	Mailing Address 9900 Bren Road East					06 30 2017 Transaction ID : PR2575290346270											
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	29034	6270					
	Minnetonka	MN		55343-9664		Amount	of	Ead	ch Re	eceipt t	nis Per	riod					
	FEC ID number of contributing federal political committee.	С						-			1	42.8	3				
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Mgmt		Me	emo	b Ite	em								
	Receipt For:	Aggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) V		-	380.88		P/R Ded	ucti	on	(\$47.6	61 Bi-W	'eekly)						
в.	Full Name of Individual (Last, First, Middle Initia BEAUREGARD, THOMAS RAYMOND, ,		rgan	ization Name		Date of	Re	ecei	pt								
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	201	7					
	City	State Zip Code															
	Minnetonka	MN		55343-9664	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			576.90												
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ovation													
	Receipt For:	Aggregate	Yea	r-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)												
	Primary General Other (specify) ▼		,	2499.90													
с.	Full Name of Individual (Last, First, Middle Initia CORN, BARBARA, , ,	l) or Full O	rgan	ization Name		Date of	Re	ecei	pt								
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	201 [°]						
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	29734	6270					
	Minnetonka	MN		55343-9664	·	Amount	of	Ead	ch Re	eceipt tl	nis Per	riod					
	FEC ID number of contributing federal political committee.	С						,		9	1	15.3	3				
	Name of Employer (for Individual)	Осси	upati	on (for Individual)		M	emo	o Ite	əm								
	United HealthCare Services Inc	VPN	Med	Clin Ops													
		Aggregate	Yea	r-to-Date ▼													
	Other (specify)		-	499.98	F	P/R Ded	lucti	ion	(\$38.4	46 Bi-W	'eekly)						
s	UBTOTAL of Receipts This Page (optional)			•••••				,		,	8	35.1 <i>°</i>					
т	OTAL This Period (last page this line number on	ıly)						-		-		-					

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IEWIZED RECEIPIS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	
			berson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Inco	porated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, M CUEVAS, BRANDON E, , ,		organization Name	Date of Receipt
Mailing Address 9900 Bren Road Eas	t		M M / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2575305646270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Jn CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, M B. KRINN, DOUGLAS L, , ,	liddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road Eas	t		06 30 2017
City	State	Zip Code	Transaction ID : PR2575310146270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		142.83
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		380.88	P/R Deduction (\$47.61 Bi-Weekly)
Full Name of Individual (Last, First, M C. HUNT, BRADLEY W, , ,	liddle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 9900 Bren Road Eas			06 / D D / Y Y Y Y 06 30 2017
City	State	Zip Code	Transaction ID : PR2575310446270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		288.45
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
United HealthCare Services Inc		Segment CMO	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			P/R Deduction (\$96.15 Bi-Weekly)
Other (specify)		1249.95	
SUBTOTAL of Receipts This Page (op	ional)		1008.18
TOTAL This Period (last page this line	number only)		

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		Detailed Summary Page		-		11b	11c		12	
		<u> </u>		13		14	15		16	17
Any information copied from such Reports or for commercial purposes, other than usi										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Mide GOLDBERG, JEFFREY A, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt				
Mailing Address 9900 Bren Road East				^M 06	1	30) / Y		017 017	Y
City	State	Zip Code		Trans	act	ion ID :	PR2575	3269	946270)
Minnetonka	MN	55343-9664		Amount	t of	Each F	Receipt th	nis P	'eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>			-	_	117.0	0
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe		M	emo	o Item				
Receipt For:		Year-to-Date ▼	-							
Primary General Other (specify) ▼	Ayyreyale	507.00] F	P/R Ded	lucti	ion (\$39	.00 Bi-W	eekly	y)	
Full Name of Individual (Last, First, Mide B. VAN HAM, COLLEEN HASTINGS		rganization Name		Date of	Re	eceipt				
Mailing Address 9900 Bren Road East				06	/	D 10 30) / Y)17	Y
City	State	Zip Code		Trans	act	ion ID :	PR2575:	3419)46270	
Minnetonka	MN	55343-9664	_	Amount	t of	Each F	Receipt th	nis P	'eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>			-		576.9	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		2499.90] F	P/R Ded	ucti	on (\$19	2.30 Bi-V	Veek	dy)	
Full Name of Individual (Last, First, Mide C. TELESKY, MICHAEL J, , ,	dle Initial) or Full C	rganization Name		Date of	Re	eceipt				
Mailing Address 9900 Bren Road East				^M 06	1	D 30)17)	Ŷ
City	State	Zip Code		Trans	act	ion ID :	PR2575	3509	946270)
Minnetonka	MN	55343-9664	_	Amount	t of	Each F	Receipt th	is P	'eriod	
FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	_	117.0	0
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt		М	emo	o Item				
Receipt For:	I	Year-to-Date ▼	\neg							
Primary General Other (specify)	Aggiogate	507.00] F	P/R Dec	luct	ion (\$39	0.00 Bi-W	eekl	у)	
SUBTOTAL of Receipts This Page (option	nal)		•			9	. ,		810.9	0
TOTAL This Period (last page this line nu	mber only)		•					_		

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			Detailed Summary Page		11a		111	b	11c	12	
							14		15	16	17
or for commercial	purposes, other than using		ay not be sold or used by any p ddress of any political committee								
	MMITTEE (In Full)										
/ UnitedHe	alth Group Incorpo	rated PAC (UnitedHealth Group P	AC)							
A. DOLL, KATI		e Initial) or Full C	rganization Name		Date of	Re	eceip	pt			
	S 9900 Bren Road East				^M 06	1		30	/ Y	2017	Y
City		State MN	Zip Code		Trans	acti	ion	ID : P	R25753	38514627	0
Minnetonka		IVIIN	55343-9664	/	Amount	of	Ead	ch Reo	ceipt th	is Period	
FEC ID numbe federal politica	er of contributing I committee.	C					-		-	128.	66
Name of Empl Optum Service	oyer (for Individual) s, Inc		upation (for Individual) Clnt Svc Acct Mgt		M	emo	b Ite	em			
Receipt For:		Aggregate	Year-to-Date ▼								
Other (sp	General pecify) ▼		228.66	P	/R Ded	ucti	ion ((\$59.3	3 Bi-We	ekly)	
Full Name of I B. WINKLER,	ndividual (Last, First, Middle YASMINE, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceip	pt			
Mailing Addres	s 9900 Bren Road East				^M 06	/	D	30	/ Y	2017	Y
City		State	Zip Code		Trans	acti	ion	ID : P	R25753	39094627	0
Minnetonka		MN	55343-9664	/	Amount	of	Ead	ch Reo	ceipt th	is Period	
FEC ID number federal politica	er of contributing I committee.	С					-		-7-	115.:	38
	loyer (for Individual) Care Services Inc		upation (for Individual) gn CEO		M	emo) Ite	em			
Receipt For:		Aggregate	Year-to-Date ▼								
Primary Other (sp	General pecify) ▼		499.98	P	/R Ded	uctio	on ((\$38.4)	6 Bi-We	ekly)	
	ndividual (Last, First, Middle O, CRAIG L, , ,	e Initial) or Full C	rganization Name	[Date of	Re	eceip	pt			
	s 9900 Bren Road East				^M 06	1		30	/ Y	ү ү 2017	Y
City		State	Zip Code		Trans	acti	ion	ID : P	R2575	39724627	0
Minnetonka		MN	55343-9664	A	Amount	of	Ead	ch Ree	ceipt th	is Period	
FEC ID numbe federal politica	er of contributing I committee.	C					y		y	288.4	45
Name of Empl Optum Service	oyer (for Individual) es. Inc		upation (for Individual) uty Gen Counsel Mgr		M	emo	o Ite	əm			
Receipt For:	,		Year-to-Date ▼								
Primary	General	Aggregate						(¢06.4	E D: W.	ooldur)	
Other (sp	pecify)		1249.95		/R Ded	uCtl	1011 ((ຉໟຬ.1	J DI-VV	JERIY)	
SUBTOTAL of F	Receipts This Page (optiona	l)					9		9	532.4	49
TOTAL This Per	iod (last page this line num	ber only)		•			-		-7		

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ITEIWIZED REGEIFTS		Detailed Summary Page		11a] 11b	b	11c	12	_			
Any information copied from such Report or for commercial purposes, other than													
NAME OF COMMITTEE (In Full)		adress of any political committee	0 10 00			Julio							
UnitedHealth Group Incol	rporated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, M A. KING, STEVEN F, , ,		Organization Name		Date of	Re	eceip	pt						
Mailing Address 9900 Bren Road Eas				^M 06	/	D	30	/ Y	2017	Y			
City Minnetonka	State MN	Zip Code 55343-9664							40354627 is Period				
FEC ID number of contributing federal political committee.	C		132.84										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	b Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 424.44	F	P/R Ded	uctio	ion ((\$44.28	8 Bi-We	eekly)				
Full Name of Individual (Last, First, N GOTHARD, CAROL, , ,	Aiddle Initial) or Full C	Organization Name		Date of	Re	eceip	pt						
Mailing Address 9900 Bren Road Eas	t			м м 06	1	D	30	/ Y	ү 2017	Y			
City Minnetonka	State MN	Zip Code 55343-9664							1914627 is Period				
FEC ID number of contributing federal political committee.	С					-			136.	_			
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin		Me	emo	b Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 363.60	P	P/R Ded	uctio	on (S	\$45.4	5 Bi-We	eekly)				
Full Name of Individual (Last, First, M MCGAVICK, KEVIN M, , ,	Aiddle Initial) or Full C	Organization Name		Date of	Re	eceip	pt						
Mailing Address 9900 Bren Road Eas	st			^M 06	/	D	30	/ Y	ү 2017	Y			
City Minnetonka	State MN	Zip Code 55343-9664							42194627 is Period				
FEC ID number of contributing federal political committee.	C					,		y	115.	38			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S RVP Sales		Me	emo	o Ite	em						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98] F	P/R Ded	ucti	ion ((\$38.4	6 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (op	tional)					,			384.	57			
TOTAL This Period (last page this line	number only)		•			-		-1-					

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TEWIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	12	
				13		14		15	16	17
Any information copied from such Reports an or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle A. O'HARA, KARIN R, , ,	e Initial) or Full C	organization Name		Date of	Re	ceip	t			
Mailing Address 9900 Bren Road East				м м 06	1		30 ^D	/ Y	2017	Y
City	State	Zip Code		Trans	acti	ion I	D : P	R2575	42874627	0
Minnetonka	MN	55343-9664	A	Amount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					- J	_	- 1	115.:	38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng		Me	emo) Iter	n			
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		499.98	P.	/R Ded	ucti	on (\$	\$38.4	6 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle CASTILLO, EFREM, , ,	e Initial) or Full C	organization Name		Date of	Re	ceip	t			
Mailing Address 9900 Bren Road East				M M 06	/		30	/ Y	2017	Y
City	State	Zip Code		Trans	acti	on I	D : P	R25754	14134627	0
Minnetonka	MN	55343-9664	A	Amount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С			_		-		-y	576.	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off		Me	emo	lter	n			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/	/R Ded	uctio	on (\$	6192.	30 Bi-V	/eekly)	
Full Name of Individual (Last, First, Middle C. SHUMACHER, RONALD, , ,	e Initial) or Full C	organization Name	[Date of	Re	ceip	t			
Mailing Address 9900 Bren Road East	1			^M 06	/		30	/ Y	ү ү 2017	
City	State MN	Zip Code 55343-9664							44164627	0
Minnetonka		00040-0004	/	Amount	of	Eacl	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y		y	500.	00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir/CMO		Me	emo	b Iter	n			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify)		500.00	 P	/R Ded	ucti	ion (S	\$500	.00 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional))	••••••	.			y		y	1192.2	28
TOTAL This Period (last page this line number	ber only)					-		-9-		

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	Detailed Summary F							12	
Any information copied from such Report									
or for commercial purposes, other than u	sing the name and a	ddress of any political committee	e to sol	licit cor	ntrib	outions f	rom such	n commit	ee.
NAME OF COMMITTEE (In Full)	orated DAC (United Health Crown D							
/ UnitedHealth Group Incor			4U)						
Full Name of Individual (Last, First, M MURLEY, MARY J, , ,	ddle Initial) or Full O	rganization Name	[Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				м м 06	/	30	/ Y	y y 2017	Y
City	State	Zip Code		Trans	acti	ion ID :	PR25754	44364627	0
Minnetonka	MN	55343-9664	A	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		0.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary		Me	emo	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4999.90] P.	/R Ded	lucti	on (\$0.0	0 Bi-We	ekly)	
Full Name of Individual (Last, First, M AXBERG, PAMELA, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				м м 06	1	D D D 30	/ Y	2017	Y
City	State	Zip Code						14384627	0
Minnetonka	MN	55343-9664	/	Amount	t of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-		454.	54
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops		Me	emo	tem			
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		1818.16	P/	/R Ded	uctio	on (\$227	7.27 Bi-W	/eekly)	
Full Name of Individual (Last, First, M C. SPILKER, TIMOTHY M, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 9900 Bren Road East				^M 06	_	30	/ Y	ү 2017	Ŷ
City	State	Zip Code				-		44634627	0
Minnetonka	MN	55343-9664	/	Amount	of	Each R	eceipt th	is Period	
FEC ID number of contributing federal political committee.	C					7	,	576.	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		M	emc	o Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		2499.90] P	/R Ded	lucti	ion (\$19:	2.30 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (opti	onal)							1031.	44
TOTAL This Period (last page this line r	number only)					-			

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

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			Detailed Summary Page		11a 13		11b 14	11c	12	□ 4 -
	y information copied from such Reports and State for commercial purposes, other than using the nar				for the		pose o			
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)						
	Full Name of Individual (Last, First, Middle Initial) HAUTMAN, MILLA, , ,	or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 9900 Bren Road East				м м 06	/	30		ү ү 2017	Y
	City	State	Zip Code		Trans	acti	ion ID	: PR2575	4471462	270
-	Minnetonka	MN	55343-9664		Amoun	t of	Each I	Receipt t	his Peric	d
	FEC ID number of contributing federal political committee.	С						-		3.19
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Tech Off		М	emc	tem			
	Receipt For:	ggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		2039.43] F	P/R Dec	lucti	ion (\$22	27.73 Bi-\	Weekly)	
	Full Name of Individual (Last, First, Middle Initial) BOOKER, ROBERT E, , ,	or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 9900 Bren Road East				06	1	30		2017	Y
	City	State	Zip Code		Trans	acti	ion ID :	: PR2575	4472462	70
	Minnetonka	MN	55343-9664	'	Amoun	t of	Each I	Receipt t	his Peric	d
	FEC ID number of contributing federal political committee.	C							71).25
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	emc	tem			
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 1922.08] P	/R Ded	lucti	on (\$23	36.75 Bi-\	Veekly)	
C.	Full Name of Individual (Last, First, Middle Initial) GEHLBACH, THOMAS E, , ,	or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 9900 Bren Road East				^M 06	J.	30	0	2017	_
	City	State	Zip Code		Trans	sact	ion ID	: PR2575	4488462	270
-	Minnetonka	MN	55343-9664		Amoun	t of	Each I	Receipt t	his Peric	d
	FEC ID number of contributing federal political committee.	С					y	,	12	9.12
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting		М	emo	o Item			
	Receipt For:	ggregate	Year-to-Date ▼							
	Primary General Other (specify)		440.47] F	P/R Dec	ducti	ion (\$4	3.04 Bi-W	/eekly)	
SI	JBTOTAL of Receipts This Page (optional)						9	,	152	2.56
т	OTAL This Period (last page this line number only	·)		•						

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

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•			Detailed Summary Page		-	$\left - \right $	11b	11c	12	
				13 14 15 16 1 PAC) Date of Receipt 06 30 2017 Transaction ID : PR2575451646270 Amount of Each Receipt this Period 142.83 Memo Item P/R Deduction (\$47.61 Bi-Weekly) Date of Receipt 06 777.42 P/R Deduction (\$192.30 Bi-Weekly) Date of Receipt 06 077.42						
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P	AC)						
	Full Name of Individual (Last, First, Middle Initial) MCGLINCH, THOMAS S, , ,) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East] ′		/ Y		Y
	City Minnetonka	State MN	Zip Code 55343-9664							
	FEC ID number of contributing federal political committee.	C			Amount	. of	⊨ach R	eceipt th		_
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) reasury		Me	emo) Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 380.88] P	י∕R Ded	uctio	on (\$47.	61 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial) MURPHY, ERIC D, , ,) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East	-				1		/ Y		Y
	City Minnetonka	State MN	Zip Code 55343-9664							
	FEC ID number of contributing federal political committee.	С								_
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Segment CEO		Me	∋mo) Item			
	Respiret For:	Aggregate `	Year-to-Date ▼ 2499.90] P	'/R Dedi	uctic	on (\$192	2.30 Bi-W	'eekly)	
C.	Full Name of Individual (Last, First, Middle Initial) STEWART, JUSTIN B, , ,) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 9900 Bren Road East				06	1	30	L	2017	
	City Minnetonka	State MN	Zip Code 55343-9664							
	FEC ID number of contributing federal political committee.	C						Josipi III		_
	Name of Employer (for Individual) Optum Services, Inc	Occuj VP IT	pation (for Individual)		M	emo) Item			
	Receipt For: A Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 249.99] F	²∕R Ded	ucti	on (\$19.	.23 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			▶		-			777.	42
	OTAL This Period (last page this line number only			-						

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PAC	C)
A.	Full Name of Individual (Last, First, Middle Initia SADUSKE, NANETTE M, , , Mailing Address 9900 Bren Road East	l) or Full C	Organization Name	Date of Receipt
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575470246270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		130.41
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 391.23	P/R Deduction (\$43.47 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia STARMANN, LYNN A, , , Mailing Address 9900 Bren Road East	l) or Full C	Organization Name	Date of Receipt
	City	State	Zip Code	06 30 2017 Transaction ID : PR2575494546270
	Minnetonka FEC ID number of contributing federal political committee.	C	55343-9664	Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Med Clin Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 380.88	P/R Deduction (\$47.61 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia HOWELL, NICHOLAS F, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	06 / 30 / 2017 Transaction ID : PR2575510046270
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		623.79
	Name of Employer (for Individual) Optum Services, Inc	SVF	upation (for Individual) 9 Optuml Cnslt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2296.69	P/R Deduction (\$207.93 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	897.03
т	OTAL This Period (last page this line number on	ly)	•••••	

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•••			Detailed Summary Page		< 11a		11b	11c	12					
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	y information copied from such Reports and s for commercial purposes, other than using th													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporat	ed PAC (UnitedHealth Group P	4C)										
Α.	Full Name of Individual (Last, First, Middle In JOSEPH, MOLLY E, , ,	iitial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 06 30 2017									
	City	State	Zip Code		Trans	act	ion ID : I	PR25755	52174627	0				
	Minnetonka	MN	55343-9664	_	Amount	t of	Each Re	eceipt thi	is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>				576.					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		M	emo	tem							
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		2496.00] '	P/R Ded	lucti	on (\$192	2.00 Bi-W	/eekly)					
З.	Full Name of Individual (Last, First, Middle In HEBERT, PAUL B, , ,	itial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East				^M 06	/	D D 30	/ Y	2017	Y				
	City	State	Zip Code		Trans	acti	ion ID : F	PR25755	2234627	0				
	Minnetonka	MN	55343-9664		Amount	t of	Each Re	eceipt thi	is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>		т. і.		375.	00				
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin		M	emo	tem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		1625.00] '	P/R Ded	ucti	on (\$125	5.00 Bi-W	/eekly)					
с.	Full Name of Individual (Last, First, Middle In DI RE, BERNADETTE, , ,	iitial) or Full C	organization Name		Date of	f Re	eceipt							
	Mailing Address 9900 Bren Road East				^M 06		D D D 30		2017 [°]					
	City Minnetonka	State MN	Zip Code 55343-9664				-		52254627	0				
					Amount	t of	Each Re	eceipt thi	is Period					
	FEC ID number of contributing federal political committee.	С			Ľ.		y		115.	38				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		499.98		P/R Dec	lucti	ion (\$38.	46 Bi-We	eekly)					
	UBTOTAL of Receipts This Page (optional)		· · ·	• -		-	,	· · ·	1066.	38				

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			for each category of the		(11a		11	bГ	1	1c	12	
			Detailed Summary Page		13		14	se of soliciting contribution ions from such committee. sipt 30 / 2017 n ID : PR2575526046270 ach Receipt this Period 214.26 tem (\$71.42 Bi-Weekly) sipt 30 / 2017 n ID : PR2575526146270 ach Receipt this Period 78.08 tem (\$50.00 Bi-Weekly) sipt 2017 n ID : PR2575526746270 ach Receipt this Period 288.45	17			
	v information copied from such Reports and Stat for commercial purposes, other than using the na						pos	e of	solio	citing	contrib	utions
\	NAME OF COMMITTEE (In Full)											
$\left \right $	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group	PAC)								
A. _	Full Name of Individual (Last, First, Middle Initial CROCKETT, DOUGLAS F, , ,) or Full O	Organization Name		Date of	Re	ecei	pt				
-	Mailing Address 9900 Bren Road East				^M 06	/			/	Y		Y
(City	State	Zip Code		Trans	acti	ion	ID : I	PR2	25755	260462	70
-	Minnetonka	MN	55343-9664		Amount	of	Ea	ch Re	ecei	pt this	s Perio	b
	FEC ID number of contributing rederal political committee.	С					,			-y	214	.26
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo) Ite	em				
ī	Receipt For:	Aggreaate	Year-to-Date V									
	Primary General Other (specify) ▼		571.36		P/R Ded	uctio	on	(\$71.4	42 E	3i-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial Cohen, SANFORD P, , ,) or Full O	Organization Name		Date of	Re	ecei	pt				
I	Mailing Address 9900 Bren Road East				^M 06	/			/	Y		Y
	City	State	Zip Code		Trans	acti	on	ID : F	PR2	57552	261462	70
-	Minnetonka	MN	55343-9664		Amount	of	Ea	ch Re	ecei	pt this	s Perio	b
	FEC ID number of contributing rederal political committee.	С			<u> </u>		-			- J -	78	.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Seg Chief Med Off		Me	emo) Ite	əm				
ī	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		, 218.48		P/R Ded	uctio	on ((\$50.0	00 E	3i-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial GREENBERG, JASON E, , ,) or Full O	Organization Name		Date of	Re	ecei	pt				
-	Mailing Address 9900 Bren Road East				^M 06	1	L	30			2017	
(City	State	Zip Code		Trans	acti	ion	ID :	PR2	25755	267462	70
-	Minnetonka	MN	55343-9664		Amount	of	Ea	ch Re	ecei	pt this	s Perio	b
	FEC ID number of contributing rederal political committee.	С				_	y			y	288	.45
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		M	emo	o Ite	əm				
	Poppint For:	1										
	Primary General	Ayyregate	Year-to-Date V					(0.0.0	4			
	Other (specify)		1249.95		P/R Ded	luctio	on	(\$96.	15 E	∃i-We	ekly)	
รเ	JBTOTAL of Receipts This Page (optional)						,			9	580	.79
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Use separate schedule(s) for each category of the Detailed Summary Page

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				Detailed Summary Page	×	11a 13		11b		11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pose		oliciting		ntributi	ons
<u> </u>	NAME OF COMMITTEE (In Full)												
\sum	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial HOLOVNIA, KRISTEN NOEL ANDERSO, ,		rgan	ization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East	1	,			^M 06	/		^р 30	/ Y	ү 20)17	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R25755			
	FEC ID number of contributing federal political committee.	C				Amount	of	Eacl	h Rec	ceipt thi	is P	eriod 288.4	5
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Gen Counsel Mgr		M	emo	tter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1249.95	F	P/R Ded	ucti	on (\$	\$96.1	5 Bi-We	ekly	()	
B.	Full Name of Individual (Last, First, Middle Initial HILL, JANE B, , ,) or Full Or	rgan	ization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East					^M 06	1		до 30	/ Y	ү 20	ү 17	Y
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount				R25755 ceipt th			
	FEC ID number of contributing federal political committee.	С						-		-	_	115.3	8
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (•	ion (for Individual) Ipli		M	emo) Iter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 499.98		9/R Ded	uctio	on (\$	\$38.46	6 Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initial BAHL, ALISA LAMNIN, , ,) or Full Or	rgan	ization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East	-				^M 06	/		30 ^D		20	17 [°]	
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount				R25755)
	FEC ID number of contributing federal political committee.	С				Amouni	. 01	J		,eipt th	5 1	65.2	2
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	•	on (for Individual) es		M	emo	b Iter	m				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 217.40	F	P/R Ded	lucti	ion (S	\$21.74	4 Bi-We	ekly	/)	
s	UBTOTAL of Receipts This Page (optional)											469.0	5
т	OTAL This Period (last page this line number on	ly)			-			- -					

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			Detailed Summary Page		11a	1a 11b 11c					12			
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	information copied from such Reports and State or commercial purposes, other than using the na													
	IAME OF COMMITTEE (In Full)													
<u> </u>	JnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)									
A	ull Name of Individual (Last, First, Middle Initial) Mullaney, SUSAN, , ,) or Full O	Orgar	nization Name		Date of	Re	cei	pt					
_	lailing Address 9900 Bren Road East					м м 06	1		30	/	Y	2017	Y	
	Sity	State		Zip Code 55343-9664	Transaction ID : PR2575535146270									
- -	Minnetonka	MN	A	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С		_		-			-9	365.	00			
	lame of Employer (for Individual) Inited HealthCare Services Inc		•	ion (for Individual) Clin Ops		Me	emo) Ite	em					
F	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Other (specify) ▼		-	365.00	P	R Ded	uctio	on	(\$365	5.00) Bi-W	eekly)		
	ull Name of Individual (Last, First, Middle Initial) HAMLIN, THOMAS A, , ,) or Full O	Orgar	nization Name		Date of	Re	ecei	pt					
N	lailing Address 9900 Bren Road East					™ 06	/		30	/	Y	y y 2017	Y	
	Sity	State		Zip Code		Transa	acti	on	ID : I	PR2	25755	3624627	0	
<u> </u>	/linnetonka	MN		55343-9664	A	mount	of	Ea	ch Re	ece	ipt thi	s Period		
	EC ID number of contributing ederal political committee.	С				-			- J	115.	38			
	lame of Employer (for Individual) Optum Services, Inc	Occ Sr E		Me	emo) Ite	em							
	a sector a France	Aggregate	Yea	r-to-Date ▼	7									
	Primary General Other (specify) ▼		,	499.98	P/	P/R Deduction (\$38.46 Bi-Weekly)								
	ull Name of Individual (Last, First, Middle Initial) STEINBRECHER, HOLLY, , ,) or Full O	Orgar	nization Name		Date of	Re	ecei	pt					
_	lailing Address 9900 Bren Road East	1				^M 06	1		30	/	Y	2017 [°]	Y	
	Sity	State		Zip Code		Trans	acti	ion	ID :	PR	25755	4454627	0	
 	Vinnetonka	MN		55343-9664	A	mount	of	Ea	ch Re	ece	ipt thi	s Period		
	EC ID number of contributing ederal political committee.	С						,			9	288.	45	
	lame of Employer (for Individual) Dptum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	əm					
F	Receipt For:	Addredate	Yea	r-to-Date ▼										
	Primary General Other (specify)	. <u></u>		1249.95	P.	/R Ded	ucti	on	(\$96.	.15	Bi-We	ekly)		
SU	BTOTAL of Receipts This Page (optional)			••••••				,			9	768.	33	
то	TAL This Period (last page this line number onl	y)			Ī			-			- J			

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ITEIMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17								
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	4C)								
Full Name of Individual (Last, First, Middle A. STOUT-PENN, MELISSA K, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / Y Y Y Y 2017								
City	State	Zip Code	Transaction ID : PR2575547046270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		148.56								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For:		Year-to-Date ▼	—								
Primary General Other (specify) ▼		396.16	P/R Deduction (\$49.52 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. MOCK, CURTIS A, , ,	Initial) or Full C	Prganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017								
City	State	Zip Code	Transaction ID : PR2575579246270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		288.45								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Other (specify)		, 1249.95	P/R Deduction (\$96.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. WINSOR, ELIZABETH C, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017								
City	State	Zip Code	Transaction ID : PR2575582846270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		576.90								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) DNA Acct	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	-								
Primary General Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			1013.91								
TOTAL This Period (last page this line numb	per only)										

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ITEMIZED RECEIPTS		Detailed Summary Page	X	11a		11b	11c	12					
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Any information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporat	ted PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle Ir A. HARRIS, EUGENE M, , ,	nitial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2017									
City	State MN	Zip Code		Transaction ID : PR2575585446270									
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Brkr SIs		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		499.98	P/	R Ded	uctio	on (\$38	.46 Bi-W	eekly)					
Full Name of Individual (Last, First, Middle Ir B. MILLER, MICHAEL R, , ,	itial) or Full C	Prganization Name	D	ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y Y 06 30 2017									
City	State	Zip Code		Trans	acti	on ID :	PR2575	59564627	0				
Minnetonka	MN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	С			124.98									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date V		7									
Primary General Other (specify) ▼		458.26	P/I	P/R Deduction (\$41.66 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir C. Chimento, LISA M, , ,	nitial) or Full C	Prganization Name		ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/	30	/ Y	2017	Y				
City	State	Zip Code						59614627					
Minnetonka	MN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	С				_	,	, <u>,</u>	357.	14				
Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item							
Optum Services, Inc	Mgr	ng Dir Optuml Cons											
Receipt For:	Aggregate	Year-to-Date V											
Primary General		357.14	P/	'R Ded	ucti	on (\$35	7.14 Bi-\	Veekly)					
Other (specify)		557.14				·		.,					
SUBTOTAL of Receipts This Page (optional)		••••••	. [,	. ,	597.	50				
TOTAL This Period (last page this line number	r only)												

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Mailing Address gg00 Bren Road East 06 City State Zip Code Minnetonka MN 55343-9664 FEC ID number of contributing C Amount of federal political committee. C Men Name of Employer (for Individual) Occupation (for Individual) Men United HealthCare Services Inc Aggregate Year-to-Date ▼ Men	ributions from such committee.									
or for commercial purposes, other than using the name and address of any political committee to solicit contrivation of processing pr	ributions from such committee. Receipt 30 2017 ction ID : PR2575603246270 of Each Receipt this Period 576.90 mo Item									
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name IVERSON, LISA M, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	/ 2017 ction ID : PR2575603246270 of Each Receipt this Period 576.90 mo Item									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of F A. IVERSON, LISA M, , , Date of F Mailing Address g900 Bren Road East Image: Color of the state of the sta	/ 2017 ction ID : PR2575603246270 of Each Receipt this Period 576.90 mo Item									
A. IVERSON, LISA M, , , Date of F Mailing Address gg00 Bren Road East 06 City State Zip Code Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. C Image: Committee Committee Name of Employer (for Individual) Occupation (for Individual) Men United HealthCare Services Inc Aggregate Year-to-Date ▼ P/B Deduction	/ 2017 ction ID : PR2575603246270 of Each Receipt this Period 576.90 mo Item									
City State Zip Code Transact Minnetonka MN 55343-9664 Amount of FEC ID number of contributing federal political committee. C C Image: Committee of the second o	30 2017 ction ID : PR2575603246270 of Each Receipt this Period 576.90 mo Item									
Minnetonka MN 55343-9664 FEC ID number of contributing federal political committee. C Amount of Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO Men Receipt For: Aggregate Year-to-Date ▼ P/B Deduct	of Each Receipt this Period 576.90 mo Item									
FEC ID number of contributing federal political committee. C Image: Control of the second seco	576.90 mo Item									
federal political committee. Image: Committee of the poly of the po	mo Item									
United HealthCare Services Inc Bus Segment CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduc										
Primary General P/R Deduc	ction (\$192.30 Bi-Weekly)									
Primary General P/R Deduc	ction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MCNUTT, DIANE L, , ,	Receipt									
Mailing Address 9900 Bren Road East	/ D D / Y Y Y Y 30 / 2017									
	ction ID : PR2575604546270									
Minnetonka MN 55343-9664 Amount of	of Each Receipt this Period									
FEC ID number of contributing federal political committee.	576.90									
Name of Employer (for Individual)Occupation (for Individual)MenUnited HealthCare Services IncVP Human Capital Partner	mo Item									
Receipt For: Aggregate Year-to-Date ▼										
Primary General	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. COSTA, JOEL, , , Date of F	Receipt									
Mailing Address 9900 Bren Road East	/ D D / Y Y Y Y 30 / 2017									
	ction ID : PR2575605846270									
Minnetonka MN 55343-9664 Amount of	of Each Receipt this Period									
FEC ID number of contributing federal political committee.	346.14									
Name of Employer (for Individual) Occupation (for Individual) Men Optum Services, Inc VP Fin	mo Item									
Receipt For: Aggregate Year-to-Date ▼										
Primary General	ction (\$115.38 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)	1499.94									
TOTAL This Period (last page this line number only)										

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			Detailed Summary Page	×	11a		11b	11c	12				
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	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)									
۹.	Full Name of Individual (Last, First, Middle Initial KING, SARAH D, , ,) or Full Or	ganization Name	[Date of	Re	eceipt			-			
	Mailing Address 9900 Bren Road East				м м 06	1	D D 30	/ Y	y y 2017	Y			
	City	State	Zip Code	Transaction ID : PR2575612846270									
-	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							600				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Gen Mgmt		M	emo	tem						
Ī	Receipt For:	Aggregate `	Year-to-Date ▼										
	Primary General Other (specify) v		2400.00	P	/R Ded	lucti	on (\$200	.00 Bi-W	/eekly)				
	Full Name of Individual (Last, First, Middle Initial STOCKHOWE, MARK W, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2017								
	City	State	Zip Code		Trans	acti	on ID : P	R25756	199462	70			
-	Minnetonka	MN	55343-9664	/	Amount	t of	Each Re	ceipt thi	s Perio	k			
	FEC ID number of contributing federal political committee.	С			142.83								
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Adv/Tech Cnslt Dir		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 380.88	P	P/R Deduction (\$47.61 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial THOMPSON, BRIAN R, , ,) or Full Or	ganization Name	[Date of	Re	eceipt						
	Mailing Address 9900 Bren Road East				^M 06	1	^D 30	/ Y	2017 [°]	Y			
	City	State	Zip Code				ion ID : F						
-	Minnetonka	MN	55343-9664	A	Amount	t of	Each Re	ceipt th	s Perio	k			
	FEC ID number of contributing federal political committee.	С				_	,	9	782	.04			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment CEO		Memo Item								
Ī	Receipt For:	Aggregate `	Year-to-Date ▼										
	Primary General Other (specify)		1611.08	P/R Deduction (\$260.68 Bi-Weekly)									
รเ	JBTOTAL of Receipts This Page (optional)						y :	,	1524	.87			
тс	OTAL This Period (last page this line number on	ly)						- 7 -					

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			Detailed Summary Page		11a] 11b		11c 12								
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			ay not be sold or used by any p address of any political committee														
	MITTEE (In Full)																
✓ UnitedHeal	th Group Incorpor	rated PAC (UnitedHealth Group P	AC)													
A. CLARK, TER		e Initial) or Full O	organization Name		Date of	Re	eceip	ot									
	9900 Bren Road East				06 / D D / Y Y Y Y 2017												
City		State MN	Zip Code		Transaction ID : PR2575636946270												
Minnetonka		IVIIN	55343-9664	_	Amount of Each Receipt this Period												
FEC ID number federal political c		C			576.90												
Name of Employ United HealthCar	er (for Individual) e Services Inc		upation (for Individual) Segment CMO		Me	emo	lter	m									
Receipt For:		Aggregate	Year-to-Date ▼														
Primary Other (spe	General cify) ▼		2499.90] F	P/R Ded	uctio	on (S	\$192.	30 Bi-V	/eekly)							
Full Name of Ind DAVIS, BENT	lividual (Last, First, Middle ON V, , ,	e Initial) or Full O	organization Name		Date of	Re	eceip	t									
Mailing Address	9900 Bren Road East				м м 06	/	D	30	/ Y	2017	Y						
City		State	Zip Code		Trans	acti	on I	D : P	R25756	3924627)						
Minnetonka		MN	55343-9664		Amount	of	Eac	h Re	ceipt th	is Period							
FEC ID number federal political c	Ū	С					- J -		-	576.9	90						
Name of Employ Optum Services,	ver (for Individual) Inc		Occupation (for Individual) VP GM Clin Comnty Ntwk														
Receipt For:		Aggregate	Year-to-Date ▼		7												
Other (spe	General General		, 2307.60] F	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Ind C. HERMAN, C	lividual (Last, First, Middle RAIG S, , ,	e Initial) or Full O	organization Name		Date of	Re	ceip	ot									
Mailing Address	9900 Bren Road East				^M 06	/	D	30 ^D	/ Y	2017 [°]	Y						
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Minnetonka		MN	55343-9664		Amount	of	Eac	h Re	ceipt th	is Period							
FEC ID number federal political c	Ū	С					,		9	576.9	90						
Name of Employ Optum Services,	er (for Individual) Inc		upation (for Individual) Gen Mgmt		Memo Item												
Receipt For:			Aggregate Year-to-Date ▼						-								
Primary Other (spe	General cify)		2499.90]	P/R Ded	ucti	ion (\$192.	30 Bi-V	Veekly)							
SUBTOTAL of Rec	ceipts This Page (optional)								1730.7	70						
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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page		11a		11b	11c	12						
Any information copied from such Reports a or for commercial purposes, other than usin													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Midd A. MCFANN, ELENA J, , ,	le Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East	State	Zip Code	46	06 30 2017 Transaction ID : PR2575654746270									
Minnetonka	MN	Stars Transaction ID : PR2575034 55343-9664 Amount of Each Receipt this											
FEC ID number of contributing federal political committee.	С			576.90									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	[Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/	R Dedi	uctio	on (\$19	2.30 Bi	-Weekly)					
Full Name of Individual (Last, First, Midd ZIGLER, JANICE C, , ,	le Initial) or Full C	organization Name	D	ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				м м 06	/	30		2017	Y				
City Minnetonka	State MN	Zip Code 55343-9664						566564627 this Perioc					
FEC ID number of contributing federal political committee.	C			576.90									
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Regn Pres Ntwk Mgmt											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/I	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Midd ALLEN, CARL E, , ,	le Initial) or Full C	organization Name	D	ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/	30	J L	Y Y Y 2017	_				
City Minnetonka	State MN	Zip Code 55343-9664				-	-	this Period	-				
FEC ID number of contributing federal political committee.	С				01		J	117.	_				
Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) 1ed Dir	[Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 507.00	P/	R Ded	ucti	on (\$39	0.00 Bi-\	Weekly)					
SUBTOTAL of Receipts This Page (optiona	al)		. [1270.	.80				
TOTAL This Period (last page this line nur	nber only)		Ī			,	,						

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			for each category of the		11a		11	bГ	11c	1	2			
			Detailed Summary Page		13		14		15		6	17		
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\setminus NAP	ME OF COMMITTEE (In Full)													
∕ Ur	nitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
A. _ S	Name of Individual (Last, First, Middle Initial) or Full O	rganization Name	C	Date of	Re	ecei	pt						
	ling Address 9900 Bren Road East	1			06 / D D / Y Y Y Y 2017									
City		State MN	Zip Code		Transaction ID : PR2575682346270									
	nnetonka		55343-9664	A	Amount of Each Receipt this Period									
	C ID number of contributing eral political committee.	С			180.00									
	ne of Employer (for Individual) alth Plan of Nevada		upation (for Individual) Gen Mgmt		Me	emo) Ite	əm						
Rec	eipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) V		420.00	P/	/R Ded	luctio	on	(\$60.0	00 Bi-W	eekly)				
	Name of Individual (Last, First, Middle Initial) or Full O	rganization Name		Date of	Re	ecei	pt						
Mai	ling Address 9900 Bren Road East				06 / Y Y Y Y Y 2017									
City		State	Zip Code		Trans	acti	ion	ID : P	R2575	68384	6270			
Min	inetonka	MN	55343-9664	A	mount	t of	Ead	ch Re	ceipt th	nis Per	riod			
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	ne of Employer (for Individual) um Services, Inc		upation (for Individual) CInt Relationship		Me	emo) Ite	əm						
Rec	ceipt For:	Aggregate		1										
	Primary General Other (specify) V		P/	P/R Deduction (\$192.30 Bi-Weekly)										
	Name of Individual (Last, First, Middle Initial CHIPINTI, JOSEPH, , ,) or Full O	rganization Name		Date of	Re	ecei	pt						
	ling Address 9900 Bren Road East	1			^M 06	1	Ľ	30	/ Y	ې 201		Y		
City		State	Zip Code		Trans	acti	ion	ID : F	PR2575	68574	6270			
	nnetonka	MN	55343-9664	A	mount	t of	Ead	ch Re	ceipt th	nis Per	riod			
	C ID number of contributing eral political committee.	С					y		,	1	19.4	3		
Nan	ne of Employer (for Individual)	Occu	upation (for Individual)		M	emo	o Ite	əm						
	ted HealthCare Services Inc		Plan CEO											
Rec	ceipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify)		517.53	P	/R Ded	lucti	ion	(\$39.8	31 Bi-W	eekly)				
SUBT	OTAL of Receipts This Page (optional)									8	76.3	3		
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			Detailed Summary Page	×	11a 13		11b	>	11c 15			17			
	r information copied from such Reports and Stat or commercial purposes, other than using the na				for the		pose		oliciting	contr	ributio	ons			
1	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)											
	Full Name of Individual (Last, First, Middle Initial FINE, BRETT M, , ,) or Full O	rganization Name		Date of	f Re	eceip	ot							
	Mailing Address 9900 Bren Road East				06 / Y Y Y Y 2017										
	Dity	State MN	Zip Code 55343-9664		Trans	act	ion I	ID : P	R25756	9284	6270	_			
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	EC ID number of contributing ederal political committee.	С				_	-		-	1	15.3	8			
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) P Corp Strat		М	emo	o Iter	m							
Ī	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		499.98] P	P/R Dec	lucti	ion (S	\$38.4	6 Bi-We	ekly)					
	Full Name of Individual (Last, First, Middle Initial FARRELL, STEPHEN J, , ,) or Full O	rganization Name		Date of	f Re	eceip	ot							
I	Mailing Address 9900 Bren Road East			06 30 2017											
	City	State	Zip Code		Trans	acti	ion I	D : P	R25756	9624(6270	_			
-	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period											
	EC ID number of contributing ederal political committee.	С					-		-	1	15.3	3			
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	o Iter	m							
Ī	Receipt For:	Aggregate	Year-to-Date V		1										
	Primary General Other (specify) ▼		2499.98	P/R Deduction (\$38.46 Bi-Weekly)											
с. Г	Full Name of Individual (Last, First, Middle Initial PROKOCKI, ELIZABETH SOBERG, , ,) or Full O	rganization Name	Date of Receipt											
I	Mailing Address 9900 Bren Road East				^M 06	/	D	30 ^D	/ Y	201					
(Dity	State MN	Zip Code		Trans	act	tion I	ID : P	R25757	0584	6270				
-	Minnetonka		55343-9664	'	Amoun	t of	Eac	h Red	ceipt th	is Per	riod				
	EC ID number of contributing ederal political committee.	С				_				2	288.4	5			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Itei	m							
Ī	Receipt For:	Aggregate	Year-to-Date ▼	—											
	Primary General Other (specify)		1249.95] F	P/R Dec	lucti	tion (\$96.1	5 Bi-We	∍ekly)					
รเ	BTOTAL of Receipts This Page (optional)						9		,	5	519.2 <i>°</i>				
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	LIVIZED RECEIPIS		Detailed Summary Page	X	11a		11b		11c	12						
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\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	I PAC (I	JnitedHea	alth Group PA	AC)											
۹.	Full Name of Individual (Last, First, Middle Initial WILSON, D ELLEN, , ,) or Full O		Date of	Re	ceipt										
	Mailing Address 9900 Bren Road East				06 / 06 / Y Y Y Y 06 2017											
	City	State	Zip Code		Transaction ID : PR2575708846270											
	Minnetonka	MN	55343-9	9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			576.90											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for In PHuman Capit	,		Me	emo	Item	I							
	Dessint For:	Aggregate	Year-to-Date	▼	-											
	Primary General Other (specify) ▼			2499.90	P	/R Ded	uctio	on (\$1	192.	.30 Bi-W	/eekly)					
В.	Full Name of Individual (Last, First, Middle Initial VOLLRATH, MICHELLE G, , ,) or Full O	rganization Na	ame		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				06 / Y Y Y Y Y 2017											
	City	State	Zip Code			Trans	acti	on ID) : P	R25757	1984627	0				
	Minnetonka	MN	55343-9	664	A	mount	of	Each	Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	C					236.82									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ KA		Me	emo	Item	I									
	Receipt For:	Aggregate	7													
	Primary General Other (specify) ▼		P/R Deduction (\$78.94 Bi-Weekly)													
с.	Full Name of Individual (Last, First, Middle Initial KNORR, MOLLY LOUISE, , ,) or Full O	rganization Na	ame		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East	1				^M 06	/		во ВО	/ Y	y y 2017	Y				
	City	State	Zip Code			Trans	acti	ion ID):P	R25757	73544627	0				
	Minnetonka	MN	55343-9	004	A	mount	of	Each	Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С						,		y	115.	38				
	Name of Employer (for Individual)	Осси	upation (for In	dividual)		Memo Item										
	United HealthCare Services Inc	SVP	Risk Adjustme	ent												
		Aggregate Year-to-Date ▼														
	Other (specify)			499.98	P/R Deduction (\$38.46 Bi-Weekly)											
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or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle GROSKLAGS, JEFFREY, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y										
City	State	Zip Code	Transaction ID : PR2575735746270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		288.45										
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1249.95	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. KRAL, JESSICA C, , ,	Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017										
City	State	Zip Code	Transaction ID : PR2575736146270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For:	Aggregate	Year-to-Date V	-										
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. MURRAY, THOMAS M, , ,	Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 2017										
City	State	Zip Code	Transaction ID : PR2575736546270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		652.17										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		2173.90	P/R Deduction (\$217.39 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		1056.00										
TOTAL This Period (last page this line numl	·												

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PAGE 108 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12					
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Any information copied from such Reports and or for commercial purposes, other than using													
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle CESARETTI, GINA L, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 30 2017									
City	State MN	Zip Code		Transaction ID : PR2575739046270									
Minnetonka		55343-9664	A	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			_		-		576.	90				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	1	Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2499.90	P/	R Ded	uctio	on (\$192	2.30 Bi-V	Veekly)					
Full Name of Individual (Last, First, Middle LAMOINE, DAVID D, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	/	D D 30	/ Y	2017	Y				
City	State	Zip Code		Transa	acti	on ID :	PR2575	75514627	0				
Minnetonka	MN	55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	С			142.83									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgmt		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼		7									
Primary General Other (specify) ▼		380.88	P/I	P/R Deduction (\$47.61 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. Eklo, BENJAMIN N, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt							
Mailing Address 9900 Bren Road East				^M 06	1	D 30	JL	2017 [°]					
City	State MN	Zip Code				-		76184627	-				
Minnetonka		55343-9664	A	mount	of	Each R	eceipt th	nis Period					
FEC ID number of contributing federal political committee.	C					y .	,	666.	66				
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Fin		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		666.66	P/	'R Ded	ucti	on (\$33	3.33 Bi-V	Veekly)					
SUBTOTAL of Receipts This Page (optiona	l)					,		1386.	39				
TOTAL This Period (last page this line num	ber only)		Ī			,							
Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (U	nitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia MULLINS, CHRISTOPHER J, , ,	l) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	06 / D D / Y Y Y Y 2017
	Minnetonka	MN	55343-9664	Transaction ID : PR2575778746270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		57.69
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2749.99	P/R Deduction (\$19.23 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE J, , ,	l) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 30 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575798146270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		648.33
	Name of Employer (for Individual) Optum Services, Inc	Occup VP M	pation (for Individual) ktg	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2190.43	P/R Deduction (\$216.11 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia Levine, CAROL L, , ,	l) or Full Org	anization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 / 30 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2575803346270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		357.14
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 357.14	P/R Deduction (\$357.14 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	1063.16
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PAGE 110 OF

			Use separate schedule((check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a	11b	11c		12						
	y information copied from such Reports and Stat							g con							
or	for commercial purposes, other than using the n	ame and a	doress of any political com	imittee t	o solicit cor	Itributions II	rom suc	n con	imitte	е.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				\mathbf{a}										
	UnitedHealth Group Incorporated	I PAC (I	United Health Grou	рРА	(ئ										
A.	Full Name of Individual (Last, First, Middle Initia HJERPE, ADAM C, , ,	l) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 9900 Bren Road East				06 30 2017										
	City	State	Zip Code		Trans	action ID :	PR2575	1							
	Minnetonka	MN	55343-9664		Amount	of Each Re	eceipt th	nis Pe	eriod						
	FEC ID number of contributing federal political committee.	С				-9-			576.90)					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emo Item									
	Receipt For:	Aggregate	Year-to-Date V		-										
	Primary General	33 - 3			P/R Ded	uction (\$192	2.30 Bi-V	Veekl	v)						
	Other (specify) V		2499.90	0					,						
в.	Full Name of Individual (Last, First, Middle Initial RUSSELL, LAURIE ERIN, , ,	l) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 9900 Bren Road East				M M 06	/ D D 30	/ Y	201	۲ 17						
	City	State	Zip Code	Trans	action ID : I	PR2575	31214	16270							
	Minnetonka	MN	55343-9664		Amount	of Each Re	eceipt th	nis Pe	eriod						
	FEC ID number of contributing federal political committee.	С			117.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /t Affs Dir		Me	emo Item									
	Receipt For:	Aggregate	Year-to-Date ▼		-										
	Primary General			-	P/R Ded	uction (\$39.	00 Bi-W/	ookly	`						
	Other (specify)		, 507.00	0		αστιστι (φ59.	00 DI-00	CCRIY	1						
С.	Full Name of Individual (Last, First, Middle Initial MECKEY, SAMUEL JAMES, , ,	l) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 9900 Bren Road East				^M 06	/ D D 30	/ Y	20 ²	17 17	ſ					
	City	State	Zip Code		Trans	action ID :	PR2575	8145	46270						
	Minnetonka	MN	55343-9664		Amount	of Each Re	eceipt th	nis Pe	eriod						
	FEC ID number of contributing federal political committee.	С				- y	, ,		576.90)					
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (upation (for Individual) Dps		Me	emo Item									
		Aggregate	Year-to-Date ▼]										
	Other (specify)		2499.90	0	P/R Ded	uction (\$192	2.30 Bi-V	Veek	у)						
	UBTOTAL of Receipts This Page (optional)					y	5	1:	270.80						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17									
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. MILLER, WILLIAM J, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 / Y Y Y Y Y 06 30 / 2017									
City	State MN	Zip Code	Transaction ID : PR2575819846270									
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		265.41									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item									
Receipt For:	Aaareaate	Year-to-Date ▼										
Primary General Other (specify) ▼		1150.11	P/R Deduction (\$88.47 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. SEXTON, ELLEN R, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 2017									
City	State	Zip Code	Transaction ID : PR2575823246270									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		600.95									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1562,45	P/R Deduction (\$252.40 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. MCNATT, RICHARD ELLIOTT, ,		rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 <u>YYYY</u>									
City	State	Zip Code	Transaction ID : PR2575824946270									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		115.38									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General	Aggregale		P/R Deduction (\$28.46 Ri Weakhy)									
Other (specify)		499.98	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		981.74									
TOTAL This Period (last page this line numl	ber only)											

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			Detailed Summary Page		11a		111		11c	12					
Δn	y information copied from such Reports and State	mente ma	y not be sold or used by any n	erson f	13 or the		14 1005		15 Oliciting	16	17 tions				
	for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	,	•	4C)											
Α.	Full Name of Individual (Last, First, Middle Initial) BRADLEY, JOEL F, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt							
	Mailing Address 9900 Bren Road East				^M 06	1		30	/ Y	2017	Y				
	City	State	Zip Code		Trans	acti	ion	ID : P	R2575	82584627	0				
	Minnetonka	MN	55343-9664		Amount	of	Ead	ch Re	ceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С					-		-9-	55.	38				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ed Dir		Me	emo	o Ite	em							
	Receipt For:	Agaregate '	Year-to-Date 🔻												
	Primary General Other (specify) ▼		239.98] P	/R Ded	ucti	ion ((\$18.4	6 Bi-W	eekly)					
В.	Full Name of Individual (Last, First, Middle Initial) KAUFMAN, PHILIP R, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt							
	Mailing Address 9900 Bren Road East				06	/	D	30	/ Y	2017	Y				
	City	State	Zip Code	Transaction ID : PR2575829846270 Amount of Each Receipt this Period											
	Minnetonka	MN	55343-9664	/	Amount	of	Ead	ch Re	ceipt th	is Period					
	FEC ID number of contributing federal political committee.	С		631.86											
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual)) Spclty Ben Visn		Me	emo	o Ite	em							
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 2261.86	P	/R Ded	uctio	on ((\$210.	62 Bi-V	√eekly)					
с.	Full Name of Individual (Last, First, Middle Initial) Verity, CLAIRE, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt							
	Mailing Address 9900 Bren Road East	1			^M 06	1		30	/ Y	ү 2017	Y				
	City	State MN	Zip Code		Trans	act	ion	ID : F	R2575	83024627	0				
	Minnetonka		55343-9664		Amount	of	Ead	ch Re	ceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С				_	9		y	365.	00				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		M	emc	o Ite	əm							
	Receipt For:	Aggregate '	Year-to-Date 🔻												
	Primary General Other (specify)		365.00] F	P/R Ded	lucti	ion ((\$365	.00 Bi-V	Veekly)					
s	UBTOTAL of Receipts This Page (optional)			•			9		9	1052.	24				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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		Detailed Summary Page	X 11a 11b 11c 12										
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or for commercial purposes, other than us			erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorp	`	•	AC)										
Full Name of Individual (Last, First, Mic A. HUNTLEY, MICHELLE M, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017										
City	State	Zip Code	Transaction ID : PR2575832046270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		559.14										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		1915.38	P/R Deduction (\$103.68 Bi-Weekly)										
Full Name of Individual (Last, First, Mid B. JERDE, MARY J, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017										
City	State	Zip Code	Transaction ID : PR2575837446270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		142.83										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.88	P/R Deduction (\$47.61 Bi-Weekly)										
Full Name of Individual (Last, First, Mic C. BEESON, MARY JANE, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017										
City	State	Zip Code	Transaction ID : PR2575839546270										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		288.45										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify)		1249.95	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	nal)		990.42										
TOTAL This Period (last page this line n	umber only)												

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				Detailed Summary Page	X	11a		11	b	11c		12				
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	y information copied from such Reports and Sta for commercial purposes, other than using the															
	NAME OF COMMITTEE (In Full)															
$\Big $	UnitedHealth Group Incorporate	d PAC (Un	itedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia BOROCH, BLAIR WILLIAM, , ,	al) or Full C	Orgai	nization Name		Date of	Re	ecei	pt							
	Mailing Address 9900 Bren Road East					06 / 0 / 2017 Transaction ID : PR2575849946270										
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	8499	46270				
	Minnetonka	MN		55343-9664	/	mount	of	Ea	ch Re	eceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С						-	_	-7-	_	55.3	8			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	∍m							
	Receipt For:	Aggregate	Yea	ur-to-Date ▼												
	Primary General Other (specify) ▼		-	239.98	P.	/R Ded	ucti	ion	(\$18.4	46 Bi-W	eekly	/)				
В.	Full Name of Individual (Last, First, Middle Initia GOLDEN, WILLIAM J, , ,	al) or Full C	Orgai	nization Name		Date of	Re	ecei	pt							
	Mailing Address 9900 Bren Road East					м м 06	/	ľ	30	/ Y	201	17 17	ŕ			
	City	State		Zip Code	Transaction ID : PR2575859346270 Amount of Each Receipt this Period											
	Minnetonka	MN		55343-9664	A	mount	of	Ea	ch Re	eceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С		288.45												
	Name of Employer (for Individual) United HealthCare Services Inc		cupat gn C	tion (for Individual) EO	Memo Item											
	Receipt For:	Aggregate	Yea	ur-to-Date ▼												
	Primary General Other (specify) ▼		,	3749.95	P	'R Ded	uctio	on ((\$96.1	5 Bi-W	eekly	')				
с.	Full Name of Individual (Last, First, Middle Initia COTTINGTON, NYLE BRENT, , ,	al) or Full C	Orgai	nization Name		Date of	Re	ecei	pt							
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	201	17 [°]	Ŷ			
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2575	8653	46270				
	Minnetonka	MN		55343-9664		mount	of	Ea	ch Re	eceipt th	nis Pe	eriod				
	FEC ID number of contributing federal political committee.	С				_		,	_	9	_	115.3	8			
	Name of Employer (for Individual)	Occ	upat	ion (for Individual)		Me	emo	o Ite	əm							
	United HealthCare Services Inc	VP /	Acct	ng												
	Receipt For:	Aggregate	Yea	ır-to-Date ▼												
	Other (specify)		-	499.98	P	/R Ded	ucti	ion	(\$38.4	46 Bi-W	'eekly	/)				
s	UBTOTAL of Receipts This Page (optional)			•••••								459.2 ⁻	1			
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			Detailed Summary Page		11a		1'	lb	11c	12				
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\backslash	COMMITTEE (In Full)													
/ United	Health Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
	e of Individual (Last, First, Middle Initial IAN, PAYMAN, , ,) or Full Oi	rganization Name	[Date of	f Re	ece	ipt						
Mailing Ad	ddress 9900 Bren Road East				^M 06	/	Γ	30	/	2017	Y			
City		State	Zip Code		Trans	act	ior	1D : I	PR257	588354627	0			
Minneton	ka	MN	55343-9664	/	Amoun	t of	Ea	ach Re	eceipt	this Period				
	umber of contributing litical committee.	С					-		т уг.	288.				
	Employer (for Individual) althCare Services Inc		ipation (for Individual) Segment Gen Counsel		М	emc	o It	em						
Receipt F	or	I	Year-to-Date V	_										
Prin Othe		Aggregate	1249.95	P	/R Dec	lucti	ion	(\$96.	15 Bi-V	Veekly)				
	of Individual (Last, First, Middle Initial N, PATRICK J, , ,) or Full Oi	rganization Name	[Date of	f Re	ece	ipt						
Mailing Ad	ddress 9900 Bren Road East				м м 06	/	ľ	30	/	2017	Y			
City		State	Zip Code		Trans	acti	ion	ID : I	PR257	588504627	0			
Minneton	ka	MN	55343-9664	/	Amount	t of	Ea	ach Re	eceipt 1	this Period				
	umber of contributing litical committee.	С		291.00										
	Employer (for Individual) althCare Services Inc	Occu VP I	upation (for Individual) T		M	emc	o It	em						
Receipt F		Aggregate	Year-to-Date ▼ , 1261.00	P	/R Ded	lucti	ion	(\$97.0	00 Bi-V	Veekly)				
Full Name C. JENSE	of Individual (Last, First, Middle Initial) or Full Oi	rganization Name	[Date of	f Re	ece	ipt						
Mailing Ad	dress 9900 Bren Road East				^M 06	/		^D 30	/	2017	Y			
City Minneton	ka	State MN	Zip Code 55343-9664							592974627				
	umber of contributing				Amoun	tor	Ea	ach Re	eceipt	this Period				
	litical committee.	С					9		<u> </u>	142.	33			
	Employer (for Individual) althCare Services Inc		ipation (for Individual) cctng		M	emo	o It	em						
Receipt F	or:	Aggregate	Year-to-Date ▼											
Prin Othe			380.88	P	P/R Dec	ducti	tion	(\$47.	61 Bi-V	Veekly)				
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Use separate schedule(s) for each category of the Detailed Summary Page

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	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P/	AC)									
	Full Name of Individual (Last, First, Middle Initial MEDEIROS, MICHAEL W, , ,) or Full Or	ganization Name		Date of	f Re	eceipt						
I	Mailing Address 9900 Bren Road East				^M 06	/		30	/ Y	2017	Y		
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	Full Name of Individual (Last, First, Middle Initial ZITZER, CHRISTOPHER C, , ,) or Full Or	ganization Name		Date of	f Re	eceipt						
_	Mailing Address 9900 Bren Road East	1			м м 06	1		д 30	/ Y	2017	Y		
	City Minnetonka	State MN	Zip Code 55343-9664							3334627 is Perioc			
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	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu VP (Memo Item										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 424,44] P.	/R Ded	ucti	on (\$4	44.2	28 Bi-We	ekly)			
c.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD J, , ,) or Full Or	ganization Name		Date of	f Re	eceipt						
-	Mailing Address 9900 Bren Road East	1-			^M 06	Ŀ.		30 ^D		2017 Y			
	City Minnetonka	State MN	Zip Code 55343-9664							384462			
	FEC ID number of contributing ederal political committee.	С					J			576	_		
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Group Gen Counsel		М	emo	o Item	n					
Ī	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 2499.90] P	/R Dec	lucti	ion (\$	192	.30 Bi-W	/eekly)			
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NAME OF COMMITTEE (In Full)															
/ UnitedHealth Group Inco	rporated PAC (UnitedHealth Group P	AC)												
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Mailing Address 9900 Bren Road Eas				^M 06	1	D	30	/ Y	2017	Y					
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Primary General Other (specify) ▼		749.97	P	/R Ded	ucti	ion ((\$57.6	9 Bi-W	eekly)						
Full Name of Individual (Last, First, I S. SCHULTZ, STACY A, , ,	/liddle Initial) or Full C	Prganization Name		Date of	Re	eceip	pt								
Mailing Address 9900 Bren Road Eas	t		Date of Receipt												
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Primary General Other (specify) ▼		499.98	P/	/R Ded	uctio	on ((\$38.4	6 Bi-We	ekly)						
Full Name of Individual (Last, First, I Sann, DAVID, , ,	<i>I</i> iddle Initial) or Full C	Prganization Name		Date of	Re	eceip	pt								
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Optum Services, Inc	Dir M	Med Clin Ops													
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A.	Full Name of Individual (Last, First, Middle Initia ADAMS, GAYLE Q, , ,	al) or Full O	Organiz	zation Name		Date of	Re	cei	ipt							
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	Primary General Other (specify) ▼			1249.95	P	/R Ded	uctio	on	(\$96.	15 Bi-	Wee	kly)				
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	Primary General Other (specify) ▼		,	1249.95	P/R Deduction (\$96.15 Bi-Weekly)											
С.	Full Name of Individual (Last, First, Middle Initia KANDALAFT, KEVIN P, , ,	al) or Full O	rganiz	zation Name		Date of	Re	cei	ipt							
	Mailing Address 9900 Bren Road East	-				^M 06		L	30			ү ү 2017				
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	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
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	Mailing Address 9900 Bren Road East				^M 06	/	Γ	30	/	2017		1			
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	Primary General Other (specify) ▼		2499.90	P,	/R Ded	uctio	on	(\$192	2.30 Bi	-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	Re	ecei	ipt							
	Mailing Address 9900 Bren Road East				^M 06	/	Γ	30	1	2017		1			
	City Minnetonka	State MN	Zip Code 55343-9664							76085746					
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Use separate schedule(s) for each category of the Detailed Summary Page

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	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)													
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Α.	Full Name of Individual (Last, First, Middle Initial DUDA, MICHAEL R, , ,) or Full Or	ganization Name		Date o	of Re	ece	əipt						
	Mailing Address 9900 Bren Road East				[™] 06	И /	/	D 30		Y	y y 2017	Y		
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	Full Name of Individual (Last, First, Middle Initial JOHNSON, DARRIN D, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt						
	Mailing Address 9900 Bren Road East				[™] 06	л /	′	30		Y	ү ү 2017	Y		
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Plan CEO		N	/lemo	o l	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2023.74	F	P/R De	ducti	ion	n (\$22	28.93	8 Bi-W	eekly)			
	Full Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name											
C.	DIAMOND, TIFFANY D, , ,				Date o	of Re	ece	eipt						
	Mailing Address 9900 Bren Road East	State	Zin Code		06 T ree		/	30			2017			
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	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P/	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) KENT, CHRIS, , ,	or Full Or	ganization Name		Date of	f Re	eceip	pt			
	Mailing Address 9900 Bren Road East				06	/		30	/ Y	ү ү 2017	Ŷ
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B.	Full Name of Individual (Last, First, Middle Initial) BOADO, ANDREA M, , ,	or Full Or	ganization Name		Date of	f Re	eceip	pt			
	Mailing Address 9900 Bren Road East				м м 06	/	D	30	/ Y	2017	Y
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с.	Full Name of Individual (Last, First, Middle Initial) NELSON, STEVEN H, , ,	or Full Or	ganization Name		Date of	f Re	eceip	pt			
	Mailing Address 9900 Bren Road East				^M 06	/		30	/ Y	2017 [°]	Y
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	ull Name of Individual (Last, First, Middle Initial) FRIDNER, JOHN E, , ,	or Full Or	ganization Name		Date c	of Re	ece	ipt			
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	ull Name of Individual (Last, First, Middle Initial) SCOTT III, GARLAND G, , ,	or Full Or	ganization Name		Date c	of Re	ece	ipt			
	ailing Address 9900 Bren Road East				^M 06	/	′	30	/ Y	2017	Y
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	III Name of Individual (Last, First, Middle Initial) MYHRAN, LYNN M, , ,	or Full Or	ganization Name		Date c	of Re	ece	ipt			
	ailing Address 9900 Bren Road East				^M 06	/	′	30	/ Y	2017	Y
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	Primary General Other (specify) ▼		,	1249.95	F	P/R Ded	uctio	on ((\$96.1	5 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initia KENIRY, DANIEL J, , ,	al) or Full O	rgani	ization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	202	17 [°]	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	R2577	3793	46270)
-	Minnetonka	MN		55343-9664		Amount	of	Ead	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing rederal political committee.	С						7		y	_	576.9	0
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt /	on (for Individual) Affs		M	emo	o Ite	em				
	Receipt For:			-	-								
	Primary General Other (specify)	Aggregate		2499.90] F	P/R Ded	ucti	ion ((\$192	.30 Bi-V	Veek	ly)	
รเ	JBTOTAL of Receipts This Page (optional)				(,		9	1	442.2	5
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	X 11a 11b 11c 12
			erson for the purpose of soliciting contributions
	ng the name and a	ddress of any political committee	e to solicit contributions from such committee.
/ UnitedHealth Group Incorpo	``	•	AC)
Full Name of Individual (Last, First, Mide A. ASNER, BARTLEY S, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2017
City	State	Zip Code	Transaction ID : PR2578819446270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		704.25
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn	Memo Item
Receipt For:		Year-to-Date ▼	7
Primary General Other (specify) ▼		1948.20	P/R Deduction (\$234.75 Bi-Weekly)
Full Name of Individual (Last, First, Midd BDUFFEY, KRISTY O, , ,	dle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 07 2017
City	State	Zip Code	Transaction ID : PR2578823246270
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Clin Off	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. CIAVOLA, LAURA, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 / 2017
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2578824346270
		00040-9004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		576.90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		2499.90	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		1858.05
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Use separate schedule(s) for each category of the Detailed Summary Page

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	y information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full)											
\geq	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	۹C)								
Α.	Full Name of Individual (Last, First, Middle Initial) BUSBEE, NATHANAEL, , ,) or Full Or	ganization Name		Date o	f Re	ece	ipt				
	Mailing Address 9900 Bren Road East	_			^M 06	1		30	2 /		y y 2017	Y
	City	State	Zip Code		Trans	sacti	ior	ID :	PR257	8826	674627	0
	Minnetonka	MN	55343-9664	'	Amoun	t of	Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С				_	-				115.3	38
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Bus Process		М	lemo	o It	em				
	Receipt For:	Aggregate N	Year-to-Date 🔻									
	Primary General Other (specify) ▼		499.98] F	P/R Dec	ducti	ion	(\$38	.46 Bi-\	Veek	(ly)	
	Full Name of Individual (Last, First, Middle Initial) COHEN, JAY J, , ,) or Full Or	ganization Name		Date o	f Re	ece	ipt				
	Mailing Address 9900 Bren Road East				^M 06] ′		30	1	Y 2	2017	Ŷ
	City	State	Zip Code						PR257)
	Minnetonka	MN	55343-9664		Amoun	nt of	Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С				_	-		9		288.4	15
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual)) Med Grp Physn		Μ	lemo	o It	em				
_	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 1249.95	P	P/R Dec	Juctio	on	(\$96	.15 Bi-\	Veek	dy)	
с.	Full Name of Individual (Last, First, Middle Initial) Miller, TRACI R, , ,) or Full Or	ganization Name		Date o	f Re	ece	ipt	-		-	
	Mailing Address 9900 Bren Road East				^M 06		L	30	зL	2	2017	
	City	State MN	Zip Code						PR257			0
	Minnetonka		55343-9664	- :	Amoun	nt of	Ea	ach R	leceipt	this	Period	
	FEC ID number of contributing federal political committee.	С			Ē		,	-	,	-	1333.3	32
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) led Clin Ops		Ν	lemo	o It	em				
		Aggregate \	Year-to-Date 🔻									
	Primary General Other (specify)		1333.32] F	P/R Dec	ducti	ion	(\$66	6.66 Bi	-Wee	ekly)	
s	UBTOTAL of Receipts This Page (optional)		•••••	•		-					1737.′	5
т	OTAL This Period (last page this line number only	y)		•			7					

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Any information copied from such Rep or for commercial purposes, other than										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Inco	prporated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, FARMER, RACHEL C, , ,		organization Name	C	Date of	Re	ceipt				
Mailing Address 9900 Bren Road Ea	ist			^M 06	/		в 30	/ Y	2017	Y
City	State	Zip Code		Trans	acti	ion IC) : P	R25952	20834627	0
Minnetonka	MN	55343-9664	A	mount	of	Each	Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-			190.	38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item	۱			
Receipt For:		Year-to-Date ▼								
Primary General Other (specify) ▼		674.98	P/	'R Ded	ucti	on (\$	63.4	l6 Bi-We	ekly)	
Full Name of Individual (Last, First, B. LONIGRO, ANTHONY S, , ,	Middle Initial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 9900 Bren Road Ea	st			м м 06	/	D	D 30	/ Y	2017	Y
City	State	Zip Code		Trans	acti	on ID) : P	R25952	22584627	0
Minnetonka	MN	55343-9664	A	mount	of	Each	Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-		- 15	115.	38
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item	1			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		499.98	P/	R Ded	uctio	on (\$3	38.4	6 Bi-We	ekly)	
Full Name of Individual (Last, First, C. SCOTT, WESTON PRICE,		organization Name		Date of	Re	ceipt				
Mailing Address 9900 Bren Road Ea	ast			^M 06	/		30 ^D	/ Y	2017 [°]	Y
City	State	Zip Code		Trans	acti	ion IE):P	'R2601	12534627	0
Minnetonka	MN	55343-9664	A	mount	of	Each	Re	ceipt th	nis Period	
FEC ID number of contributing federal political committee.	C			_		y		9	92.	31
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item	ı			
Optum Services, Inc	Med	1 ()								
Receipt For:	Aggregate	Year-to-Date V								
Primary General			P/	/R Ded	lucti	on (\$	30.7	7 Bi-We	ookly)	
Other (specify)		400.01		IN Deu	lucu	0Π (Φ	50.7	/ DI-VV	EERIY)	
SUBTOTAL of Receipts This Page (o	ptional)					,		,	398.	07
TOTAL This Period (last page this lin	e number only)					-		- 7 -		

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

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	r information copied from such Reports and State or commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initial) SHORT, MARIANNE D, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
I	Mailing Address 9900 Bren Road East				06	/	Γ	30	/ Y	y y 2017	Y
	City	State	Zip Code		Trans	acti	ion	ID : I	PR2601	1335462 ⁻	70
-	Minnetonka	MN	55343-9664	/	Amount	t of	Ea	ch Re	eceipt th	is Period	ł
	EC ID number of contributing ederal political committee.	С					-			576	.90
	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Gen Counsel		M	emc	o Ite	em			
Ī	Receipt For:	Aggregate N	/ear-to-Date ▼								
	Primary General Other (specify) ▼		2499.90] P	P/R Ded	lucti	ion	(\$192	30 Bi-V	Veekly)	
	Full Name of Individual (Last, First, Middle Initial) SWANSON, AMY N, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
-	Mailing Address 9900 Bren Road East				м м 06	1		30	/ Y	y y 2017	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR26011	4074627	70
-	Minnetonka	MN	55343-9664		Amount	t of	Ea	ch Re	eceipt th	is Period	ł
	EC ID number of contributing ederal political committee.	С			_		-		- 49-	288	.45
	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Iktg Bus Dev		M	emc	o Ite	em			
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate N	/ear-to-Date ▼ 1249.95	P	/R Ded	ucti	ion	(\$96.′	I5 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) KAPROW, MARC GORDON, , ,	or Full Or	ganization Name		Date of	f Re	ecei	ipt			
-	Mailing Address 9900 Bren Road East	1			^M 06	/	Ľ	30 ^D	/ Y	2017 [°]	Y
	Dity	State	Zip Code		Trans	sact	tion	ID : I	PR2601	1790462	70
-	Minnetonka	MN	55343-9664	'	Amount	t of	Ea	ch Re	eceipt th	is Period	ł
	EC ID number of contributing ederal political committee.	С					y		,	115	.38
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu Exec	pation (for Individual) Dir		Μ	emo	o Ite	em			
Ī	Receipt For:	Aggregate N	/ear-to-Date ▼								
	Other (specify)		499.98] F	P/R Dec	lucti	ion	(\$38	46 Bi-W	eekly)	
ຣເ	BTOTAL of Receipts This Page (optional)			.			9	l	,	980	.73
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		Detailed Summary Page		11a		11	b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than usin										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpo	`	•	AC)							
Full Name of Individual (Last, First, Mide MCBEATH, ROBERT , , ,	dle Initial) or Full C	organization Name		Date of	Re	ecei	pt	_		_
Mailing Address 9900 Bren Road East				м м 06	1		30	/ Y	2017	Y
City	State	Zip Code		Trans	acti	ion	ID : I	PR26057	70894627	D
Minnetonka	MN	55343-9664	/	Amount	of	Ea	ch Re	eceipt th	is Period	
FEC ID number of contributing federal political committee.	С				_	-			714.2	
Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) D Med Grp Physn		Me	emo	o Ite	əm			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		1904.72	P	/R Ded	ucti	ion	(\$238	8.09 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mide DAVIS, KELLY MARIE, , ,	dle Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 9900 Bren Road East				м м 06	/		30	/ Y	y y 2017	Y
City	State	Zip Code		Trans	acti	ion	ID : F	PR26057	3424627)
Minnetonka	MN	55343-9664	/	Amount	of	Ea	ch Re	eceipt th	is Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir		Me	emo	o Ite	əm			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P	/R Ded	uctio	on ((\$38.4	46 Bi-We	eekly)	
Full Name of Individual (Last, First, Mide C. MALONE, TRACY, , ,	dle Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 9900 Bren Road East				м м 06	/		30	/ Y	2017 [°]	Y
City Minnetonka	State MN	Zip Code 55343-9664							73694627	0
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federal political committee.	C				_	y		<u>y</u>	576.9	90
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs		M	emc	o Ite	em			
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify)		2499.90	P	/R Ded	ucti	ion	(\$192	2.30 Bi-V	Veekly)	
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			Detailed Summary Page		11a		11	lb	11c	12	
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	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)							
F A.	Full Name of Individual (Last, First, Middle Initial) SMITH, LARRY, , ,	or Full O	rganization Name	[Date of	Re	ecei	ipt			
N	Aailing Address 9900 Bren Road East				^M 06	/	Γ	30	/ Y	у у 2017	Y
	Dity	State	Zip Code		Trans	acti	ion	ID : I	PR2605	76064627	0
-	Minnetonka	MN	55343-9664		Amount	of	Ea	ich Re	eceipt th	nis Period	
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	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) c Dir Compli		Me	emo	o Ite	em			
F	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼		249.99	P	/R Ded	ucti	ion	(\$19.	23 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial) WEISSEL, MICHAEL E, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
_	Aailing Address 9900 Bren Road East				м м 06	/		30	/ Y	2017	Y
	Dity	State	Zip Code							84294627)
-	Minnetonka	MN	55343-9664	/	Amount	of	Ea	ich Re	eceipt th	nis Period	
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	Name of Employer (for Individual) Dptum Services, Inc		upation (for Individual) um Exec		Me	emo	o Ite	em			
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2499.90	P	/R Ded	uctio	on	(\$192	2.30 Bi-V	Veekly)	
	Full Name of Individual (Last, First, Middle Initial) MATECZUN, JOHN MATTHEW, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
_	Aailing Address 9900 Bren Road East	I			^M 06	/		^D 30	/ Y	2017 [°]	Y
	City Minnetonka	State MN	Zip Code 55343-9664							84514627	0
F	TC ID number of contributing	C			Amount	or	⊏a	ICT R	eceipt tr	nis Period 576.9	90
_	Name of Employer (for Individual)	000	upation (for Individual)	- 1	M	emo	o Ite	em			
ι	Jnited HealthCare Services Inc		M&V								
F		Aggregate	Year-to-Date 🔻								
	Other (specify)		2499.90	P	P/R Ded	ucti	ion	(\$192	2.30 Bi-\	Weekly)	
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				Detailed Summary Page		11a 13		11l 14		11c 15		12 16	17
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$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	Uni	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia KENNEDY, SHELLEY L, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 06	/		30	/ Y	Ý 20	ү)17	Y
	City	State MN		Zip Code		Trans	acti	ion	ID : P	R2607	8030	46270	
	Minnetonka			55343-9664	- :	Amount	of	Ead	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-			_	150.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ice Acct Mgmt		Me	emo	b Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	650.00	F	P/R Ded	ucti	ion ((\$50.0	0 Bi-W	eekly	()	
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					м м 06	/	D	30	/ Y	20	ү 17	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2607	<u>8067</u>	46270	
	Minnetonka	MN		55343-9664	- :	Amount	of	Ead	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		-9-	_	124.9	8
	Name of Employer (for Individual) Optum Services, Inc	Occi VP (•	ion (for Individual)		Me	emo	b Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		,	416.60	F	/R Ded	uctio	on (\$41.6	6 Bi-W	eekly	()	
с.	Full Name of Individual (Last, First, Middle Initia LANDO, LISA MARIE, , ,	l) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					^M 06	/		30 ^D	/ Y	20	ү 17	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R2608	0595	46270)
	Minnetonka	MN		55343-9664	- :	Amount	of	Ead	ch Re	ceipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					_	y		9	_	115.3	8
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		M	ema	o Ite	em				
	Receipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-	499.98	F	P/R Ded	lucti	ion ((\$38.4	l6 Bi-W	eekly	()	
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	y information copied from such Reports and State for commercial purposes, other than using the na										
	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initial FLYNN, VIRGINIA A, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt			
	Mailing Address 9900 Bren Road East				M 06	VI /	′	D D D 30	/ Y	2017	Y
	City	State	Zip Code		Tran	sact	tio	n ID : I	PR2608	06124627	0
	Minnetonka	MN	55343-9664		Amour	nt of	Ea	ach Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,			115.	38
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) led Clin Ops		N	/lemo	o li	tem			
	Receipt For:		Year-to-Date ▼	_							
	Primary General Other (specify) ▼	iggroguto	499.98	F	P/R De	ducti	tion	n (\$38.	46 Bi-W	eekly)	
В.	Full Name of Individual (Last, First, Middle Initial, FERGUSON, SANDRA, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt			
	Mailing Address 9900 Bren Road East				^M 06	/	/	D D 30	/ Y	2017	Y
	City	State	Zip Code		Tran	sacti	ior	n ID : I	PR2608	06194627	0
	Minnetonka	MN	55343-9664	- :	Amour	nt of	Ea	ach Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,			115.	38
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Med Clin Ops		N	/lemo	o li	tem			
	Receipt For:	Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		, 499.98	I P	P/R De	ducti	ion	ı (\$38.4	46 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial Bodell, LESLIE, , ,) or Full Or	ganization Name		Date o	of Re	ece	eipt			
	Mailing Address 9900 Bren Road East				06	И /	/	30	/ Y	2017	Y
	City	State	Zip Code		Tran	sact	tio	n ID :	PR2609	81134627	70
	Minnetonka	MN	55343-9664	_	Amour	nt of	Ea	ach Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					,		,	357.	14
	Name of Employer (for Individual) Optum Services, Inc	Occu VP C	pation (for Individual) ps		N	/lemo	o l	tem			
	Receipt For:	Aggregate `	Year-to-Date ▼								
	Primary General Other (specify)		357.14	•	P/R De	duct	tior	า (\$357	7.14 Bi-\	Weekly)	
S	UBTOTAL of Receipts This Page (optional)		••••••	•			,		. ,	587.	90
т	OTAL This Period (last page this line number onl	y)		-			,		-		

Use separate schedule(s) for each category of the

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	tements ma name and ad	y not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initia WRIGHT, NORMAN L, , ,	l) or Full Oi	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	06 30 2017
	Minnetonka	MN	55343-9664	Transaction ID : PR2609812346270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		576.90
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) If of Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia STRAUSS, DAVID E, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 30 Y Y Y Y Y 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2612521846270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		681.81
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Total Rewards	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2045.43	P/R Deduction (\$227.27 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia SMITH, MELANIE J, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2612527646270 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		142.83
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Recruit Ops	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 380.88	P/R Deduction (\$47.61 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	1401.54
т	OTAL This Period (last page this line number or	ıly)	•	

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	E OF COMMITTEE (In Full)												
/ Uni	tedHealth Group Incorporate	ed PAC (I	JnitedHealth Group P	AC)									
	Name of Individual (Last, First, Middle Ini KER, MICHAEL, , ,	tial) or Full O	rganization Name	D	Date of Receipt								
	ng Address 9900 Bren Road East				06 30 / Y Y Y Y Y 06 30 2017								
City		State	Zip Code		Trans	acti	ion II	D : P	R2612	5305462	70		
	etonka	MN	55343-9664	Ai	mount	of	Each	ו Re	ceipt th	is Perio	b		
	ID number of contributing al political committee.	С					,		-9	576	.90		
	e of Employer (for Individual) d HealthCare Services Inc		ipation (for Individual) Cust Svs	70	Me	emo	Iten	n					
Rece	ipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		2499.90	P/f	R Ded	uctio	on (\$	5192.	30 Bi-V	Veekly)			
	ا Name of Individual (Last, First, Middle Ini CKMANN, NATASHA, , ,	tial) or Full O	rganization Name	D	ate of	Re	ceipt	t					
Mailir	ng Address 9900 Bren Road East				06	/		30	/ Y	2017	Y		
City		State	Zip Code		Trans	acti	on II) : P	R2612	5346462	70		
Minn	etonka	MN	55343-9664	Ai	mount	of	Each	n Re	ceipt th	is Perio	b		
	ID number of contributing al political committee.	С					-		-9-	576	.90		
	e of Employer (for Individual) m Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Iten	n					
Rece	ipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/F	P/R Deduction (\$192.30 Bi-Weekly)								
	Name of Individual (Last, First, Middle Ini CKINSON, DAVID PAUL, , ,	tial) or Full O	rganization Name	D	ate of	Re	ceipt	t					
Mailir	ng Address 9900 Bren Road East				06	/		30 ^D	/ Y	2017	Ŷ		
City		State	Zip Code		Trans	acti	ion I	D : P	R2613	3889462	70		
Minn	etonka	MN	55343-9664	Ai	mount	of	Each	n Re	ceipt th	is Perio	b		
	ID number of contributing al political committee.	С					9		y	214	.26		
Name	e of Employer (for Individual)	Occi	pation (for Individual)		Me	emo	lter	n					
	m Services, Inc		/ktg Bus Dev										
Rece	ipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify)		571.36	P/I	R Ded	ucti	on (\$	671.4	2 Bi-W	eekly)			

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			Detailed Summary Page		11a		111		11c	12				
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	NAME OF COMMITTEE (In Full)		Inite all Is alth Oracus D											
/	UnitedHealth Group Incorporated	PAC (L	Inited Health Group P	4C)										
	Full Name of Individual (Last, First, Middle Initial) TAYLOR, SCOTT ANTHONY, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt						
	Mailing Address 9900 Bren Road East				06 / ^y y y y y 2017									
	City	State	Zip Code	_	Trans	acti	ion	ID : P	R26133	9234627)			
-	Minnetonka	MN	55343-9664	/	Amount	of	Eac	ch Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	C			57.69									
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	pation (for Individual) in		Me	emo	o Ite	em						
	Pagaint For:	aareaate `	Year-to-Date ▼	_										
	Primary General Other (specify) ▼	.ggi ogalo	249.99	P	/R Ded	uctio	ion ((\$19.2	3 Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial) VAIL, ABIGAIL LONDON, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt						
	Mailing Address 9900 Bren Road East				м м 06	1	D	30	/ Y	2017	Y			
	City	State	Zip Code		Trans	acti	ion	ID : P	R26143	1564627)			
-	Minnetonka	MN	55343-9664	/	Amount	of	Eac	ch Re	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С		190.38										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Affs Dir		Memo Item									
Ì	Receipt For: A Primary General Other (specify) ▼	ggregate `	/ear-to-Date ▼ , 674.98] Р	P/R Deduction (\$63.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) THOMPSON JR, JOHN C, , ,	or Full Or	ganization Name		Date of	Re	eceip	pt						
	Mailing Address 9900 Bren Road East				^M 06	/	D	30 ^D	/ Y	2017	Y			
	City	State	Zip Code		Trans	acti	ion	ID : P	R26143	32234627	0			
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	FEC ID number of contributing federal political committee.	C				_	9		y	65. ⁻	9			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir SIs		M	emo	o Ite	em						
Ī	Receipt For:	agregate `	Year-to-Date ▼											
	Primary General Other (specify)		217.30	P	/R Ded	lucti	ion ((\$21.7	3 Bi-We	eekly)				
รเ	JBTOTAL of Receipts This Page (optional)						7		,	313.2	26			
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ITEMIZED RECEIPTS	,	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. Burkholder, CHAD, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 30 2017								
City	State	Zip Code	Transaction ID : PR2615073446270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		401.09								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		785.69	P/R Deduction (\$324.17 Bi-Weekly)								
		, ,									
Full Name of Individual (Last, First, Middle B. SOLOMON, RANDALL L, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2615671546270								
		00040-9004	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		115.38								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behvrl Med Dir	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	_								
Primary General Other (specify) ▼		499.98	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. BIRNBAUM, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017								
City	State MN	Zip Code	Transaction ID : PR2615671646270								
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		642.84								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify)		2214.24	P/R Deduction (\$214.28 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			1159.31								
TOTAL This Period (last page this line number		· · · · · · · · · · · · · · · · · · ·									

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NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Mid NIEMYER, ELIZABETH S, , ,	dle Initial) or Full O	rganization Name	Da	Date of Receipt									
Mailing Address 9900 Bren Road East				06	/	30	/ Y	y y 2017	Y				
City Minnetonka	State MN	Zip Code 55343-9664						8284627	0				
		33343-9004	Am	nount o	of E	ach Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С				-,		-9-	376.	92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops		Mem	no I	ltem							
Receipt For:	Aggregate	Year-to-Date V											
Other (specify) ▼		2299.92	P/R	Deduc	ctior	n (\$92.3	1 Bi-We	eekly)					
Full Name of Individual (Last, First, Mid KNUTSON, DIANE M, , ,	dle Initial) or Full O	rganization Name	Da	ite of F	Rece	eipt							
Mailing Address 9900 Bren Road East				06	/	^D 30	/ Y	y y 2017	Y				
City	State	Zip Code						2394627	0				
Minnetonka	MN	55343-9664	Am	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			150.00 Memo Item									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Pricing											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P/R	P/R Deduction (\$50.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mid C. BAKSHI, BIKRAM, , ,	dle Initial) or Full O	rganization Name	Da	ite of F	Rece	eipt							
Mailing Address 9900 Bren Road East			M	06	/	30	/ Y	2017	Ŷ				
City	State	Zip Code	Т	ransad	ctio	n ID : P	R26159	95484627	0				
Minnetonka	MN	55343-9664	Am	nount o	of E	ach Re	ceipt th	is Period					
FEC ID number of contributing federal political committee.	С				y		y	384.	60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) um Exec		Men	no	ltem							
Receipt For:	· ·	Year-to-Date ▼											
Primary General Other (specify)	Aggregate	2307.60	P/R	Deduc	ctio	n (\$192	.30 Bi-W	/eekly)					
		AND I AND I AND I											
SUBTOTAL of Receipts This Page (option	nal)				9		9	911.	52				
TOTAL This Period (last page this line nu	mber only)		- E		,		-						

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (l	UnitedHealth Group PA	NC)						
Α.	Full Name of Individual (Last, First, Middle Initia TRAW, KEVIN JON, , ,	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East City	State	Zip Code	06 30 2017 Transaction ID : PR2617365646270						
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		115.38						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia JOHNSON, MARK OWEN, , ,	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			06 / ^D D D / ^Y Y Y Y Y Y 2017						
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2617933946270 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		138.45						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.95	P/R Deduction (\$46.15 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia BROWN, ROGER ALAN, , ,	l) or Full O	Organization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East	-		06 / D / Y Y Y Y 2017						
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2622557946270						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 929.70	P/R Deduction (\$120.78 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	616.17						
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	_		Detailed Summary Page		X 11a			11b		11c		2			
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or	y information copied from such Reports and State for commercial purposes, other than using the na														
\backslash	NAME OF COMMITTEE (In Full)	_		_											
/	UnitedHealth Group Incorporated	`	•	PAC)			_								
Α.	Full Name of Individual (Last, First, Middle Initial) WENGER, BRIAN, , ,) or Full O	rganization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East				M M / D D / Y Y Y Y 06 30 2017										
	City	State	Zip Code		Tra	nsact	tio	n ID :	: PI	R26237	70334	6270			
	Minnetonka	MN	55343-9664		Amou	int of	fΕ	Each F	Rec	eipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	C			384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group Gen Counsel			Mem	0	ltem							
	Bassint For:		Year-to-Date ▼												
	Primary General Other (specify) ▼	. <u></u>	2307.60		P/R D	educt	tio	n (\$1§	92.:	30 Bi-W	/eekly	/)			
	Full Name of Individual (Last, First, Middle Initial) MILLER, JOHN SCOTT, , ,) or Full O	rganization Name		Date	of Re	ec	eipt							
	Mailing Address 9900 Bren Road East				06 30 / Y Y Y Y 2017										
	City	State	Zip Code		Trar	isact	tio	n ID :	: PF	R26237	0474	6270			
	Minnetonka	MN	55343-9664		Amou	int of	fΕ	Each F	Rec	eipt th	is Pei	riod			
	FEC ID number of contributing federal political committee.	С				_	-,			-75-		57.69)		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops		Memo Item										
_	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99		P/R De	∍duct	tior	n (\$19	9.23	3 Bi-We	ekly)				
с.	Full Name of Individual (Last, First, Middle Initial) MULES, REBECCA HUMBERT, , ,) or Full O	rganization Name		Date	of Re	ec	eipt	_			-			
	Mailing Address 9900 Bren Road East				06	M /	/	D 30		/ Y	201 [°]				
	City	State	Zip Code		Tra	nsac	tio	on ID	: P	R26244	44264	6270			
	Minnetonka	MN	55343-9664		Amou	int of	fΕ	Each I	Rec	eipt th	is Per	riod			
	FEC ID number of contributing federal political committee.	С					,			y	1	90.38	3		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Memo Item										
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General Other (specify)			P/R Deduction (\$63.46 Bi-Weekly)											
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				Detailed Summary Page		11a		1	1b		11c	12		
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	y information copied from such Reports and Stat for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
$\Big $	UnitedHealth Group Incorporated	I PAC (I	Uni	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial COLLETTE, CHRISTOPHER LOUIS, , ,) or Full O	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 9900 Bren Road East				06 / Y Y Y Y 2017									
	City	State		Zip Code		Trans	acti	io	ו ID :	P	R26254	19954627	0	
	Minnetonka	MN		55343-9664	_	Amount	t of	Ea	ach F	Rec	ceipt th	is Perioc		
	FEC ID number of contributing federal political committee.	С						,			-95-	660	84	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) itedHlth Grp		M	emo	o li	tem					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	2136.36	F	P/R Ded	lucti	ion	(\$22	20.2	28 Bi-W	/eekly)		
B.	Full Name of Individual (Last, First, Middle Initial RELLER, TAMI, , ,) or Full O	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 9900 Bren Road East					м м 06	/	l	D 10	- 11	/ Y	y y 2017	Y	
	City	State		Zip Code 55343-9664		Trans	acti	ior	ID :	PF	R26255	0194627	0	
	Minnetonka	MN		Amount	t of	Ea	ach F	Rec	ceipt th	is Perioc				
	FEC ID number of contributing federal political committee.	С				,			- T -	576	90			
	Name of Employer (for Individual) Optum Services, Inc	Occ Bus		M	emo	o li	tem							
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	Primary General Other (specify) ▼		P	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA MARIE, , ,) or Full O	rgar	nization Name		Date of	Re	ece	eipt					
	Mailing Address 9900 Bren Road East			1		^M 06	1	ľ	D 30		/ Y	2017 [°]	Ŷ	
	City	State		Zip Code		Trans	acti	io	n ID :	Ρ	R26255	5037462	70	
	Minnetonka	MN		55343-9664	·	Amount	t of	Ea	ach F	Rec	ceipt th	is Perioc		
	FEC ID number of contributing federal political committee.	С						y			y	130	44	
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		M	emo	o l	tem					
	Receipt For:	Aggregate	Yea	ır-to-Date ▼										
	Primary General Other (specify)		-	434.80	F	P/R Ded	lucti	ior	n (\$43	8.4	8 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			••••••				,			,	1368.	18	
т	OTAL This Period (last page this line number on	ly)						,			Ţ			

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			Detailed Summary Page		11a 13		11b 14	11c	12	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the		pose of	soliciting	contribu	tions				
\	NAME OF COMMITTEE (In Full)		, ,				2.1							
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P	AC)	_									
A.	Full Name of Individual (Last, First, Middle Initia COWEN, WESLEY RYAN, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt	-	-	_				
	Mailing Address 9900 Bren Road East				06 30 / Y Y Y Y 2017									
	City	State MN	Zip Code		Trans	acti	ion ID :	PR2625	53234627	0				
	Minnetonka		55343-9664		Amount	of	Each R	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					-		115.	38				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Dir Acct Mgmt		Me	emo	ttem							
		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		499.98] P	/R Ded	ucti	on (\$38.	46 Bi-We	eekly)					
В.	Full Name of Individual (Last, First, Middle Initia CULHANE, DEBORAH ANNE, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y Y 2017									
	City	State	Zip Code						35604627	0				
	Minnetonka	MN	55343-9664		Amount	of	Each R	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					-		669.	63				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item									
	Receipt For:	Aggregate	Year-to-Date 🔻		7									
	Primary General Other (specify) ▼		, 2098.19	P	P/R Deduction (\$223.21 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initia HINES, GREGORY M, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East	1			^M 06	1	30	/ Y	2017 Y	Y				
	City Minnetonka	State MN	Zip Code 55343-9664						88654627	0				
			00040-9004		Amount	of	Each R	eceipt th	is Period					
	FEC ID number of contributing federal political committee.	С					,	- y	265.	38				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Govt Affs		M	emc	tem							
		Aggregate	Year-to-Date 🔻											
	Other (specify)		, , , , , , , , , , , , , , , , , , , ,] F	P/R Ded	lucti	ion (\$88.	46 Bi-W	eekly)					
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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or for commercial purposes, other than usin	and Statements may	not be sold or used by any pe dress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (U	nitedHealth Group PA	\C)							
Full Name of Individual (Last, First, Midc A. RANHEIM, CRAIG, , ,	dle Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 30 2017							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2628329346270 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		115.38							
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mido B. VAN DER WALDE, LAMBERT, , ,	dle Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 2017							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2628332346270 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		576.90							
Name of Employer (for Individual) United HealthCare Services Inc		oation (for Individual) HIth Reform/Modernizatn	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Mido C. SHAPIRO, VICTORIA L, , ,	tle Initial) or Full Org	anization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2017							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2628826146270 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		624.03							
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Affs Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 2295.83	P/R Deduction (\$208.01 Bi-Weekly)							
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	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (U	nitedHealth Group PA	.C)							
Α.	Full Name of Individual (Last, First, Middle Initia JARVIE, BRUCE MICHAEL, , , Mailing Address 9900 Bren Road East	l) or Full Org	anization Name	Date of Receipt							
	City	State MN	Zip Code	06 30 2017 Transaction ID : PR2629554546270							
	Minnetonka FEC ID number of contributing federal political committee.	C	55343-9664	Amount of Each Receipt this Period							
	Name of Employer (for Individual) Optum Services, Inc	Occup VP Fi	pation (for Individual) n	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia WONG, MING TED, , ,	l) or Full Org	anization Name	Date of Receipt							
	Mailing Address 9900 Bren Road East	1-		06 / ¹ ² ² ² ² ² ¹							
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2629556846270 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		288.45							
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) en Mgmt	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼ 1249.95	P/R Deduction (\$96.15 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia TITA, MARYBETH ALEXIS, , ,	l) or Full Org	anization Name	Date of Receipt							
	Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017							
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2632077846270 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		150.00							
	Name of Employer (for Individual) United HealthCare Services Inc	Occup Dir Fir	pation (for Individual) า	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 350.00	P/R Deduction (\$50.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			553.83							
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A 0	Name of Individual (Last, First, Middle Initial TTESON, WILLIAM JOHN, , ,) or Full Or	ganization Name		Date of Receipt								
Mail	ing Address 9900 Bren Road East				06 30 / Y Y Y Y 2017								
City		State	Zip Code			Trans	acti	on	ID : I	PR2632	08254627	0	
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	Primary General Other (specify) ▼			499.98	P/	'R Ded	uctio	on ((\$38.4	46 Bi-W	eekly)		
B. HI	Name of Individual (Last, First, Middle Initial BBERT, LINDA F, , ,) or Full Or	ganization Name			Date of	Ree	ceip	pt				
Mail	ing Address 9900 Bren Road East					м м 06	/	D	30	/ Y	2017	Y	
City		State	Zip Code 55343-9664			Trans	actio	on	ID : F	PR26320	08534627	0	
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	Name of Individual (Last, First, Middle Initial ORSUCH, KIRSTEN, , ,) or Full Or	ganization Name			Date of	Ree	ceir	pt				
	ing Address 9900 Bren Road East					^M 06	/	L	30	L	2017		
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			55343-9664		A	mount	of	Ead	ch Re	eceipt th	is Period		
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	ne of Employer (for Individual) ed HealthCare Services Inc		pation (for Individu Comm	al)		Me	emo) Ite	em				
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	for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)	_		_											
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	Full Name of Individual (Last, First, Middle Initial TUFFIN, MICHAEL J, , ,) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				06 30 Y Y Y Y 2017										
	City	State	Zip Code		Trans	acti	ion ID : I	PR26320	8794627	0					
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	Primary General Other (specify) ▼		2499.90] F	₽/R Ded	lucti	on (\$192	2.30 Bi-W	/eekly)						
	Full Name of Individual (Last, First, Middle Initial Keaney, CRAIG J, , ,) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2017											
	City	State	Zip Code						8834627	0					
	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		428.	55					
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	pation (for Individual) Ops		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 666.60] F	P/R Deduction (\$333.33 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial WALTER, JEFFREY D, , ,) or Full Or	ganization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				^M 06		D D D 30	JL	2017 [°]						
	City	State MN	Zip Code 55343-9664				-		08884627	-					
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\backslash	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial TEMPLE, MARTHA R, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y									
	City	State	Zip Code	Transaction ID : PR2632873646270									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) v		2202.35	P/R Deduction (\$215.20 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial PLATT, LAWRENCE DAVID, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017									
	City	State	Zip Code	Transaction ID : PR2632880746270									
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item									
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с.	Full Name of Individual (Last, First, Middle Initial HOWARD, PATRICIA A, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East	1		06 / D D / Y Y Y Y 2017									
	City	State	Zip Code	Transaction ID : PR2632882746270									
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	Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
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NAME OF COMMITTEE (In Full)														
UnitedHealth Group Inco	orporated PAC (I	UnitedHealth Group P	AC)											
Full Name of Individual (Last, First, HAPGOOD, WADE, , ,	Middle Initial) or Full O	rganization Name	Date of Recei	ipt										
Mailing Address 9900 Bren Road Ea	st		06	D D / Y 30	ү ү 2017	Y								
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Minnetonka	MN	55343-9664	Amount of Ea	ach Receipt thi	s Period									
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<u>∕</u> ∪	InitedHealth Group Incorporated	PAC (I	UnitedHealth Grou	up PAC)											
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						06 ^M	<i>'</i>	30			017	Ŷ	
	City	State	Zip Code			Trans	acti	on ID :	PR263	48928	346270)	
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	Mailing Address 9900 Bren Road East					м м 06	/	D 10)17 ^Y	Y	
	City	State	Zip Code			Trans	acti	on ID :	PR263	<u>54263</u>	46270		
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or for commercial purposes, other than usin	Detailed Summary Page 11a 11b 11c 12 teports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee corporated PAC (UnitedHealth Group PAC) st, Middle Initial) or Full Organization Name East Date of Receipt State Zip Code MN 55343-9664 Occupation (for Individual) Govt Affs Dir Aggregate Year-to-Date ▼ P/R Deduction (\$96.15 Bi-Weekly) State Zip Code MN 55343-9664 Occupation (for Individual) P/R Deduction (\$96.15 Bi-Weekly) State Zip Code MN 55343-9664 Occupation (for Individual) P/R Deduction (\$96.15 Bi-Weekly) Memo Item 30 / 2017 Transaction ID : PR2636734546270 Amount of Each Receipt Mix 55343-9664 Mix 5343-9664 Mix 5343-9664 Mix 5343-9664 Mix 5343-9664 Mix 5343-9664 Mix 115.3 Mix 5343-9664									
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Full Name of Individual (Last, First, Mic LOGAN, BRETT, , ,	Idle Initial) or Full O	rganization Name	[Date of	Re	eceip	ot							
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	y information copied from such Reports and State for commercial purposes, other than using the nar				for the		pose of		contribu		
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P	AC)							
	Full Name of Individual (Last, First, Middle Initial) ZEGLINSKI, MICHAEL G, , ,	or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	D D D 30) / Y	ү ү 2017	Y	
	City	State	Zip Code		Trans	sact	ion ID :	PR26397	70184627	0	
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	Full Name of Individual (Last, First, Middle Initial) EDWARDS, MICHAEL F, , ,	or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	30	/ Y	ү 2017	Y	
	City	State	Zip Code		Trans	acti	on ID :	PR26397	0204627	0	
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с.	Full Name of Individual (Last, First, Middle Initial) SKOMO, DAVID A, , ,	or Full Or	ganization Name		Date o	f Re	eceipt				
	Mailing Address 9900 Bren Road East				^M 06	/	30		2017 [°]	Y	
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	y information copied from such Reports and Stat for commercial purposes, other than using the n												
\backslash	NAME OF COMMITTEE (In Full)												
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	Mailing Address 9900 Bren Road East			06 30 2017									
	City	State	Zip Code	Transaction ID : PR2639708346270									
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	City	State	Zip Code	Transaction ID : PR2639758146270									
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$38.46 Bi-Weekly)									
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial JENSEN MOORE, KIMBERLY, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			06 30 2017									
	City	State	Zip Code	Transaction ID : PR2639770346270									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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	Name of Employer (for Individual)		upation (for Individual)	Memo Item									
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	Other (specify)		247.60	P/R Deduction (\$30.95 Bi-Weekly)									
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NAME OF COMMITTEE (In Full)										
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	AC)
Α.	Full Name of Individual (Last, First, Middle Initia STOW, CHRISTINA L, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	State	Zip Code	06 30 2017 Transaction ID : PR2640466446270
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		576.90
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) External Affs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 06 30 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2640469746270 Amount of Each Receipt this Period
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	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 398.00	P/R Deduction (\$199.00 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia SCHUTT, ERIC A, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	-		06 / D D / Y Y Y Y 2017
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2640846246270
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	Mailing Address 9900 Bren Road East					^M 06	1	E	D D 30	/	Y	y y 2017	Y		
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	Mailing Address 9900 Bren Road East					^M 06	/	ľ	о 30	/	Y	y y 2017	Y		
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	Primary General Other (specify) ▼		,	587.48	P/R Deduction (\$50.96 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia ADVANI, PROTIMA, , ,	al) or Full O	Organiz	zation Name		Date of	Re	ece	ipt						
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	y information copied from such Reports and Stat for commercial purposes, other than using the na											
<u> </u>	NAME OF COMMITTEE (In Full)		,,		'-							
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initial FISHMAN, EINA GAIL, , ,) or Full O	rganization Name	[Date of	ⁱ Re	ecei	ipt				
	Mailing Address 9900 Bren Road East				^M 06	1	Γ	D D 30	/ Y	2017	Y	
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC Operations		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$333.33 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial BRANNEN, RAYMOND CLIFTON, , ,) or Full O	rganization Name	[Date of	Re	ecei	ipt				
	Mailing Address 9900 Bren Road East	1			^M 06	Ľ	L	^D 30	/ Y	2017		
	City Minnetonka	State MN	Zip Code 55343-9664						-	03074627	0	
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	FEC ID number of contributing federal political committee.	С					y		y	92.8	35	
	Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Training	Memo Item								
		Aggregate	Year-to-Date V									
	Other (specify)		P/R Deduction (\$30.95 Bi-Weekly)									
S	UBTOTAL of Receipts This Page (optional)		•••••	.			,		,	1535.6	37	
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		Detailed Summary Page		11a		1b	11c	12					
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NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorp	orated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mid AYOUNG, ALLISON, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2017									
City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR2642830346270									
		00040-9004	A	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO											
Receipt For:	Aggregate	Year-to-Date V											
Primary General Other (specify) ▼		380.88	P/R Deduction (\$47.61 Bi-Weekly)										
Full Name of Individual (Last, First, Mid LONG, RICHARD JOSEPH, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East				06 / 0 / Y Y Y Y Y 2017									
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Mailing Address 9900 Bren Road East			- L	06 ^M		30 ^D		2017 Y					
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			Detailed Summary Page		(11a		-	1b	11c		12	
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<u></u>	NAME OF COMMITTEE (In Full)											
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	łC)			-					
Α.	Full Name of Individual (Last, First, Middle Initial) CRESTA, BRIAN M, , ,) or Full Or	ganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East				06	1	ſ	D D 30	1		017	Y
	City	State	Zip Code	Transaction ID : PR2642837546270								
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		142.83							3	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Iktg Bus Dev		Memo Item							
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼		380.88	P/R Deduction (\$47.61					.61 Bi-V	Veekl	у)	
	Full Name of Individual (Last, First, Middle Initial) CRAGLE, STEVE LAURENCE, , ,	ganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East				06 30 2017							Y
	City	State	Zip Code						PR2643			
	Minnetonka	MN	55343-9664		Amoun	nt of	Ea	ach R	eceipt t	his P	eriod	
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	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP N		Memo Item								
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с.	Full Name of Individual (Last, First, Middle Initial) NEELY, MARC, , ,) or Full Or	ganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East				06 ^M		_	D D D 30)17)	Y
	City	State	Zip Code		Trans	sact	ion	n ID :	PR264	32031	146270)
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	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) P SIs Acct Mgmt		N	1emc	o It	em				
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page		11a	\vdash	11b	11c	12					
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	JAME OF COMMITTEE (In Full)						2.010 11	0001						
	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
	ull Name of Individual (Last, First, Middle Initial HAMMOND, MICHAEL JOSEPH, , ,) or Full Or	ganization Name	Date of Receipt										
N	Nailing Address 9900 Bren Road East	_			06 30 Y Y Y Y Y 2017									
	City	State	Zip Code	Transaction ID : PR26446448462										
_	Minnetonka	MN	55343-9664	_ /	Amount	of	Each Re	eceipt th	is Perioc	1				
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	Jame of Employer (for Individual) Dptum Services, Inc	Occu Prod	pation (for Individual) Dir		M	emo	tem							
F	Receipt For:	Aggregate `	lear-to-Date ▼											
	Other (specify)		499.98	P	/R Ded	ucti	on (\$38.4	16 Bi-We	ekly)					
	Full Name of Individual (Last, First, Middle Initial MCKOY, PHILIP GREGORY JAMES, , ,) or Full Or	ganization Name	Date of Receipt										
N	Aailing Address 9900 Bren Road East				06 / 0 0 / 2017									
	Dity	State	Zip Code		Trans	acti	on ID : F	R26446	65164627	0				
1	Vinnetonka	MN	55343-9664	_ /	Amount	of	Each Re	ceipt th	is Perioc	1				
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F		Aggregate `	lear-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)										
	Other (specify)		, 2499.90											
г С.	Full Name of Individual (Last, First, Middle Initial SCHACHER, ELIZABETH ALDEN, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
	Aailing Address 9900 Bren Road East				^M 06	/	30	/ Y	2017	Y				
	City	State	Zip Code		Trans	act	ion ID : I	PR26449	9183462	70				
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F	Receipt For:	Aggregate `	lear-to-Date ▼											
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		Detailed Summary Page	X 11a 11b 11c 12								
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or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Inco	orporated PAC (UnitedHealth Group P	AC)								
Full Name of Individual (Last, First, MISTRY, RASHMITA, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road E	ast		06 30 / Y Y Y Y 07 2017								
City	State	Zip Code	Transaction ID : PR2645169146270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		714.27								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For:		Year-to-Date ▼	_								
Primary General Other (specify) ▼		1904.72	P/R Deduction (\$238.09 Bi-Weekly)								
Full Name of Individual (Last, First, B. NEALE , MATTHEW, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road Ea	ast		M M / D / Y								
City	State	Zip Code	Transaction ID : PR2645175246270								
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		142.83								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.88	P/R Deduction (\$47.61 Bi-Weekly)								
Full Name of Individual (Last, First, HOFFMAN, SHERRI LINKO		rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road E	ast		06 / D D / Y Y Y Y 2017								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2646294646270								
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federal political committee.	C		142.83								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify)		380.88	P/R Deduction (\$47.61 Bi-Weekly)								
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			Detailed Summary Page		13	\vdash	14		15	H	16	17
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	IAME OF COMMITTEE (In Full)											
<u> </u>	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group	PAC)								
A	ull Name of Individual (Last, First, Middle Initial) MEBANE, JEREMY J, , ,) or Full O	rganization Name		Date of Receipt							
N	Aailing Address 9900 Bren Road East				^M 06	/		30	1	Y	y y 2017	Y
	Dity	State	Zip Code		Transaction ID : PR2646298046270							
-	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С			120.00							
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Ntwk Prgms		Memo Item							
F	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		480.00		P/R Ded	uctio	on	(\$40.0	00 Bi	-Wee	ekly)	
	ull Name of Individual (Last, First, Middle Initial) Stevens, WILLIAM, , ,) or Full O	organization Name		Date of	Re	ecei	pt				
N	Aailing Address 9900 Bren Road East				^M 06	/		30	1		y y 2017	Y
	City	State	Zip Code		Trans	acti	on	ID : F	PR26	4630	264627	' 0
N	Minnetonka	MN	55343-9664		Amount	of	Ead	ch Re	eceip	t this	Period	I
	EC ID number of contributing ederal political committee.	C					7				365	.00
	Name of Employer (for Individual) Inited HealthCare Services Inc	Occ Dir	upation (for Individual) Fin		Me	emo) Ite	em				
F	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify) ▼		, 365.00		P/R Ded	uctio	on ((\$365	5.00 E	8i-We	ekly)	
	ull Name of Individual (Last, First, Middle Initial) STANKIEWICZ, DENNIS ANDREW, , ,		rganization Name		Date of	Re	ecei	pt				
_	Aailing Address 9900 Bren Road East	1			^M 06	/	L	30			үүү 2017	
	Dity	State	Zip Code		Trans	acti	ion	ID : I	PR26	64630	040462	70
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	Primary General	Aggregate Year-to-Date ▼					on	(00.0	י ים ח	Maal	<i>d</i> v <i>d</i>)	
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12							
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or for commercial pur	poses, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.	3						
	ITTEE (In Full)										
/ UnitedHealth	n Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
A. AHLSTROM, AI		nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address g	900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017							
City		State	Zip Code	Transaction ID : PR2699187146270							
Minnetonka		MN	55343-9664	Amount of Each Receipt this Period							
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Name of Employer United HealthCare	,		upation (for Individual) t Affs Dir	Memo Item							
Receipt For:		Aggregate	Year-to-Date V	-							
Primary Other (specif	General fy) ▼		498.68	P/R Deduction (\$38.36 Bi-Weekly)							
Full Name of Indiv B. ZHOU, JINGXII	idual (Last, First, Middle I N, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address g	900 Bren Road East			06 30 2017							
City		State	Zip Code	Transaction ID : PR2699187846270							
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Name of Employer Optum Services, In	, ,	Occ Dir	upation (for Individual) Fin	Memo Item							
Receipt For:		Aggregate	Year-to-Date V	1							
Primary Other (specif	General fy) ▼		380.88	P/R Deduction (\$47.61 Bi-Weekly)							
Full Name of Indiv C. BETCHLEY, F	idual (Last, First, Middle I ROBERT, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9	900 Bren Road East			06 / D D / Y Y Y Y 06 30 / 2017							
City		State	Zip Code	Transaction ID : PR2699189646270							
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Name of Employer	r (for Individual)	Occi	upation (for Individual)	Memo Item							
Optum Services, In			Gen Mgmt	_							
Receipt For:		Aggregate	Year-to-Date V								
Primary Other (specif	General fy)		915.86	P/R Deduction (\$100.00 Bi-Weekly)							
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NAME OF COMMITTEE (In Full)													
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Full Name of Individual (Last, First, Mido A. FARRELL, ELIZABETH ANN, , ,	lle Initial) or Full C	rganization Name	Da	ate of	Red	ceipt							
Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2017									
City	State	Zip Code		Transaction ID : PR2699980046270									
Minnetonka	MN	55343-9664	Ar	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			576.90									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Ops		Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2499.90	P/F	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Mido B. MCCAIN, KELLY LYNN, , ,	lle Initial) or Full C	rganization Name	Da	ate of	Red	ceipt							
Mailing Address 9900 Bren Road East			Γ	06 / D D / Y Y Y Y Y 2017									
City	State	Zip Code		Transa	actio	on ID : P	R27009)235462	270				
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Primary General Other (specify) ▼		720.00	P/F	R Dedu	uctio	on (\$60.0	0 Bi-We	ekly)					
Full Name of Individual (Last, First, Mido C. FRINGER, TRICIA LYNN, , ,	lle Initial) or Full C	rganization Name	Da	ate of	Red	ceipt							
Mailing Address 9900 Bren Road East				06 ^M	/	D D D 30	/ Y	2017	Y]			
City	State	Zip Code		Trans	acti	on ID : F	R2701	8186462	270				
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FEC ID number of contributing federal political committee.	C					y	y	71	4.27				
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) =in		Me	emo	ltem							
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		Detailed Summary Page	X 11a 11b 11c 12									
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or for commercial purposes, other than usir			to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Midd A. O'CONNELL, DANIEL T, , ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2017									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2701819646270									
		00040-0004	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		306.24 Memo Item									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs										
Receipt For:	Aggregate	Year-to-Date ▼	-									
Primary General Other (specify) ▼		1022.88	P/R Deduction (\$102.08 Bi-Weekly)									
Full Name of Individual (Last, First, Midd B. ROTH, TROY D, , ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2017									
City	State	Zip Code	Transaction ID : PR2701828946270									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
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Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 380.88	P/R Deduction (\$47.61 Bi-Weekly)									
Full Name of Individual (Last, First, Midd C. MILLER, CORA, , ,	lle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 2017	1								
City	State	Zip Code	Transaction ID : PR2702484446270									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		365.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		365.00	P/R Deduction (\$365.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (option	al)		814.07									
TOTAL This Period (last page this line nur	,											

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			Detailed Summary Page	4	11a		11b	11c	12			
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\setminus	NAME OF COMMITTEE (In Full)	- · · ·		:								
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)								
	Full Name of Individual (Last, First, Middle Initial KRAMER, NANCY J, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				^M 06	1	30	/ Y	ү ү 2017	Y		
	City	State	Zip Code		Transaction ID : PR2702501446270							
	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period							
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	Name of Employer (for Individual) Optum Services, Inc	Occu Dir R	pation (for Individual) RN		Memo Item							
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	Primary General Other (specify) ▼		380.88	P/R Deduction (\$47.61 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial Brenner, JEFFREY, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				м м 06	1	30	/ Y	ү 2017	Y		
	City	State	Zip Code					PR27025				
	Minnetonka	MN	55343-9664		Amount	t of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	C						-	365.	00		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SVP Integrated HIth Human Svs					tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.00	F	P/R Deduction (\$365.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial BENSON-SCEARCE, DENA L, , ,) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				^M 06	1	30	/ Y	2017 [°]	Y		
	City Minnetonka	State MN	Zip Code 55343-9664					PR27032				
			00040-0004		Amount	t of	Each R	eceipt th	is Period			
	FEC ID number of contributing federal political committee.	С					y 1		157.	89		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs		Memo Item							
		Aggregate	Year-to-Date ▼									
	Other (specify)	315.78					ion (\$52	.63 Bi-We	eekly)			
S	UBTOTAL of Receipts This Page (optional)			•			, .	9	665.	72		
т	OTAL This Period (last page this line number onl	y)		•			-					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 167 OF

		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and Si												
or for commercial purposes, other than using the	name and a	ddress of any political committe	ee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorporate		United Health Group P	AC)									
Full Name of Individual (Last, First, Middle Init A. Sammy, VANESSA VILLAVERDE, , ,	ial) or Full O	Organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 2017									
City	State	Zip Code	Transaction ID : PR2704190746270									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		312.50									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item									
Receipt For:	Aggregate											
Primary General		312.50	P/R Deduction (\$156.25 Bi-Weekly)									
Other (specify) v		512.00	J									
Full Name of Individual (Last, First, Middle Init B.	ial) or Full O	organization Name	Date of Receipt									
Mailing Address												
City	State	Zip Code	Amount of Each Descint this Desired									
EEC ID number of contributing	_		Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General												
Other (specify) v		<u>, , , , , , , , , , , , , , , , , , , </u>										
Full Name of Individual (Last, First, Middle Init C.	ial) or Full O	organization Name	Date of Receipt									
Mailing Address			M = M / D = D / Y = Y = Y = Y									
City	State	Zip Code										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual)	Name of Employer (for Individual) Occupation (for Individual)											
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)												
SUBTOTAL of Receipts This Page (optional)			▶ 312.50									
TOTAL This Period (last page this line number of	only)		161523.10									

SCHEDULE	B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 168 OF 191							
ITEMIZED D	ISBURSEMENTS		arate schedule(s)	(check on								
			category of the Summary Page	21b								
			, ,	28a	a 28b 28c 29 30b							
					son for the purpose of soliciting contributions to solicit contributions from such committee.							
	MMITTEE (In Full)											
/	alth Group Incorporated	d PAC (Ur	nitedHealth C	Group PA	C)							
-	t, First, Middle Initial)				Data of Diskursement							
A. Dr. Raul R	uiz For Congress				Date of Disbursement							
Mailing Address	3 PO Box 3433				06 01 2017							
City		State	Zip Code		FEC Identification Number							
Palm Desert		CA	92261									
Purpose of Disl Contribution	bursement			011	C C00502575							
Candidate Nam	e				Transaction ID : 40919606							
Ruiz, Raul, , Rep				Category/ Type	Amount of Each Disbursement this Period							
Office Sought:		sement For:	2018	71	2500.00							
	Senate	Y Primary	General									
State: CA	District: 36	Other (spe	cify) 🔻		Contribution Memo Item							
	t, First, Middle Initial)											
P	· · · ·				Date of Disbursement							
Julia Brow	nley For Congress											
Mailing Address	9 PO Box 2018				06 01 2017							
City		State	Zip Code		FEC Identification Number							
Thousand Oaks Purpose of Disl		CA	91358									
Contribution	Juisement			011	C C00513077							
Candidate Nam	e				Transaction ID : 40919610							
Brownley, Julia, ,	Rep.,			Category/ Type	Amount of Each Disbursement this Period							
Office Sought:	X House Disburs	sement For:	2018		1500.00							
	Senate	Primary	General		Contribution							
State: CA	District: 26	Other (spe	cify)		Memo Item							
	District: 26											
C I	vis for Congress				Date of Disbursement							
Mailing Address	B PO Box 84049				06 / 01 / Y Y Y Y Y 06 / 01 2017							
City		State	Zip Code		FEC Identification Number							
San Diego	4	CA	92138-4049									
Purpose of Disl	oursement			011	C C00344671							
Contribution	<u>م</u>				Transaction ID : 40919613							
Davis, Susan, A	san, A., Rep.,		Category/ Type	Amount of Each Disbursement this Period								
Office Sought:			1990	1000.00								
	Senate	Primary	General									
	President	Other (spe	ecify) ▼		Contribution Memo Item							
State: CA	District: 53											
SUBTOTAL of Di	sbursements This Page (optional)		••••••	5000.00							
TOTAL This Period	od (last page this line number on	ıly)		••••••	, ,							

SCHEDULE B (FEC Form 3X)			FOF	r line	NUMBER: PAGE 169 OF 191										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		eck on	y one)										
		Summary Page		21b 28a											
Any information copied from such Reports and State or for commercial purposes, other than using the nar				ny per	son for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	PA	C)										
Full Name (Last, First, Middle Initial)															
A. Debbie Wasserman Schultz For Cor	ngress				Date of Disbursement										
Mailing Address 1071 Twin Branch Ln	Mailing Address 1071 Twin Branch Ln														
City Weston	State FL	Zip Code 33326			FEC Identification Number										
Purpose of Disbursement		L	_	-	C C00385773										
Contribution			011	1	Transaction ID : 40919638										
Candidate Name			Categ		Amount of Each Disbursement this Period										
Wasserman Schultz, Debbie, , ,	mont Free 1	04.0	Тур	be	1000.00										
Office Sought: X House Disburse Senate	ment For: 2 Primary	2018 General													
State: FL District: 23	Other (spec				Contribution Memo Item										
Full Name (Last, First, Middle Initial)															
^{B.} Friends Of Mazie Hirono	Date of Disbursement														
Mailing Address PO Box 677	ng Address PO Box 677														
-	State	Zip Code			FEC Identification Number										
Honolulu Purpose of Disbursement	HI	96809													
Contribution			01	1	C C00420760										
Candidate Name			Categ	ionv/	Transaction ID : 40919640 Amount of Each Disbursement this Period										
Hirono, Mazie, , Sen.,			Тур												
	ment For: 2	2018			2500.00										
	Primary	General			Contribution										
State: HI District:	Other (spec	city)			Memo Item										
Full Name (Last, First, Middle Initial)															
C. Schatz For Senate					Date of Disbursement										
Mailing Address PO Box 3828					06 01 Y Y Y Y Y 2017										
City	State	Zip Code			FEC Identification Number										
Honolulu Purpose of Disbursement	HI	96812													
Contribution			01	1	C C00540732										
Candidate Name			Transaction ID : 40919642 Amount of Each Disbursement this Period												
Schatz, Brian, , Sen.,			Categ Typ		Amount of Each Disbursement this Fellou										
Office Sought: House Disburse	ment For: 2	2022			2500.00										
X Senate	Primary	General			Contribution										
State: HI District:	Other (spec	cify) 🔻			Memo Item										
State: HI District:															
SUBTOTAL of Disbursements This Page (optional).				▶	6000.00										
TOTAL This Period (last page this line number only)			🕨											

SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER: PAGE 170 OF 191										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	-	eck only	r one)										
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Any information copied from such Reports and State or for commercial purposes, other than using the na															
/ UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group	PAC	;)										
Full Name (Last, First, Middle Initial)															
A. Friends of Cheri Bustos					Date of Disbursement										
Mailing Address 1050 17th St NW, Ste 590					06 01 2017										
City Washington	State DC	Zip Code 20036			FEC Identification Number										
Purpose of Disbursement	20	20030			C C00498568										
Contribution			01 <i>°</i>	1											
Candidate Name			Categ	orv/	Transaction ID : 40919738 Amount of Each Disbursement this Period										
Bustos, Cheri, , Rep.,			Тур		0500.00										
	ment For: 2				3500.00										
Senate X	Primary Other (spec	General			Contribution										
State: IL District: 17		siry) ▼			Memo Item										
Full Name (Last, First, Middle Initial)															
B. Rosen For Nevada					Date of Disbursement										
Mailing Address 1000 N Green Valley Pkwy #440-177					06 01 2017										
City Henderson	State NV	Zip Code 89074			FEC Identification Number										
Purpose of Disbursement		00014		_	C C00606939										
Contribution			01	1	Transaction ID : 40919749 Amount of Each Disbursement this Period										
Candidate Name			Categ	jory/											
Rosen, Jacky, , Rep.,	_		Тур		1000.00										
Š A —	ment For: 2				1000.00										
Senate X	Primary Other (spec	General			Contribution										
State: NV District: 03		Siry)			Memo Item										
Full Name (Last, First, Middle Initial)															
C. Gillibrand For Senate					Date of Disbursement										
Mailing Address 126 C Street NW 2nd Floor					06 01 / Y Y Y Y 2017										
City	State	Zip Code													
Washington	DC	20001			FEC Identification Number										
Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·		-	C C00413914										
Contribution			011	1	Transaction ID : 40919750										
Candidate Name			Categ	gory/	Amount of Each Disbursement this Period										
Gillibrand, Kirsten, , Sen., Office Sought: House Disburse	ment For: 2	2018	Тур	Je	2500.00										
Senate	Primary	General													
President	Other (spec	cify) 🔻			Contribution Memo Item										
State: NY District:															
SUBTOTAL of Disbursements This Page (optional).					7000.00										
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TOTAL This Period (last page this line number only	/)			🕨	, ,										

SC	CHEDULE B (FEC Form 3X)				OR LINF	NUMBER: PAGE 171 OF 191										
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck onl	y one)										
			Summary Page		21b 28a	22 X 23 26 27 28b 28c 29 30b										
	y information copied from such Reports and State for commercial purposes, other than using the na				any pers	son for the purpose of soliciting contributions										
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth (Grou	p PA	C)										
A .	Full Name (Last, First, Middle Initial) Manchin For West Virginia					Date of Disbursement										
	Mailing Address PO Box 5202		06 01 Y Y Y Y Y 06 01 2017													
	City	State	Zip Code			FEC Identification Number										
	Charleston Purpose of Disbursement	WV	25361			0 000400500										
	Contribution			0	11	C C00486563										
	Candidate Name			Cate		Transaction ID : 40919751 Amount of Each Disbursement this Period										
	Manchin, Joe, , Sen., III				egory/ /pe	Amount of Each Disburschieft this Fellou										
	Office Sought: House Disburse	ment For: 2	2018			2500.00										
	X Senate	Primary	K General			Contribution										
	State: WV District:	Other (spec	cify) 🔻			Contribution Memo Item										
	Full Name (Last, First, Middle Initial)															
В.	Blue Dog Political Action Committ	Date of Disbursement														
	Mailing Address PO Box 83142					06 01 2017										
	City	State MD	Zip Code			FEC Identification Number										
	Gaithersburg Purpose of Disbursement	IVID	20883			0 00005218										
	Contribution			C	11	C C00305318										
	Candidate Name			Cate	egory/	Transaction ID : 40919757 Amount of Each Disbursement this Period										
	Blue Dog Political Action Committee				/pe											
		ment For:	`			5000.00										
	Senate	Primary	General			Contribution										
	State: District:	Other (spec	city)			Memo Item										
	Full Name (Last, First, Middle Initial)															
C.	Treasure State PAC					Date of Disbursement										
	Mailing Address 3242 Cummins Way					06 01 2017										
	City	State	Zip Code			FEC Identification Number										
	Missoula	MT	59802													
	Purpose of Disbursement Contribution			0	11	C C00433680										
	Candidate Name			la de		Transaction ID : 40919760										
	Treasure State PAC				egory/ /pe	Amount of Each Disbursement this Period										
	Office Sought: House Disburse	ment For:			•	2500.00										
	Senate	Primary	General			Contribution										
	President	Other (spec	cify) 🔻			Memo Item										
_	State: District:															
s	UBTOTAL of Disbursements This Page (optional).				••••• ►	10000.00										
Т	OTAL This Period (last page this line number only	/)			►											

SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	-							
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and add	not be sold or use lress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Group PAC)							
Full Name (Last, First, Middle Initial) A. LOBO PAC				Date of Disbursement							
Mailing Address PO Box 492		06 / D D / Y Y Y Y 2017									
City Albuquerque	State NM	Zip Code 87103		FEC Identification Number							
Purpose of Disbursement				С С00497073							
Contribution			011	Transaction ID : 40919761							
Candidate Name			Category/	Amount of Each Disbursement this Period							
LOBO PAC	ement For:		Туре	2500.00							
Office Sought: House Disburs Senate President	Primary Other (spe	General ecify) ▼		Contribution Memo Item							
State: District:											
 Full Name (Last, First, Middle Initial) B. Collins For Senator 		Date of Disbursement									
Mailing Address PO Box 1096				06 20 2017							
City	State	Zip Code		FEC Identification Number							
Bangor Purpose of Disbursement	ME	04402		0 000044575							
Contribution			011	C C00314575							
Candidate Name			Category/	Transaction ID : 41006344 Amount of Each Disbursement this Period							
Collins, Susan, M., Sen.,			Type								
	ement For:	2020		1000.00							
	Primary	General		Contribution							
State: ME District:	Other (spe	ecity)		Memo Item							
Full Name (Last, First, Middle Initial)				Date of Disbursement							
^{C.} Kurt Schrader for Congress											
Mailing Address PO Box 3314				06 20 2017							
City	State	Zip Code		FEC Identification Number							
Oregon City	OR	97045									
Purpose of Disbursement Contribution			011	C C00446906							
Candidate Name				Transaction ID : 41006400							
Schrader, Kurt, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ement For:	2018	V1: -	2500.00							
Senate X	Primary	General		Contribution							
State: OR District: 05	Other (spe	ecify) 🔻		Memo Item							
SUBTOTAL of Disbursements This Page (optional)			····· ►	6000.00							
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	CHEDULE B (FEC Form 3X)						MBER:			P/	AGE	173 O	F 191					
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			Summary Page			8a	22 28b		3 8c	26	\vdash	30b						
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	D PA	AC)												
	Full Name (Last, First, Middle Initial)						_											
Α.	Castro For Congress						Date of Disbursement											
	Mailing Address PO Box 544		06 / D D / Y Y Y Y 06 20 2017															
	City San Antonio	State TX	Zip Code 78292				FEC Ide	entifica	ation	Numbe	r							
	Purpose of Disbursement		10292			- 1	\mathbf{c}	C0049	2070	2		- T						
	Contribution			01	1	114	•		1.1	1.00								
	Candidate Name			Cate	aon/	٠L.				ID:410 Disburse			eriod					
	Castro, Joaquin, , Rep.,			Typ			ount			21350130	-							
	Office Sought: X House Disburse	ment For: 2	2018							-		1000.00)					
	Senate Primary General							Contribution										
	State: TX District: 20	Other (spec	спу) 🔻				Mei	mo Ite		Jonnibu								
	Full Name (Last, First, Middle Initial)																	
Β.	Kaine For Virginia		Date of		urser		V	Y	V									
	Mailing Address 1751 Potomac Greens Drive							06 20 2017										
	City	State	Zip Code				FEC Ide	entifica	ation	Numbe	r							
	Alexandria Purpose of Disbursement	VA	22314			_	_	_										
	Contribution			01	11	111	C C00495358 Transaction ID : 41007114 Amount of Each Disbursement this Period											
	Candidate Name			_		11												
	Kaine, Timothy, , Sen.,			Cateo Typ														
	Office Sought: House Disburse	ment For: 2	2018									2500.0	כ					
		Primary	General							Contribu	tion							
	State: VA District:	Other (spec	cify)				Mei	mo Ite										
_	Full Name (Last, First, Middle Initial)																	
C.	House Conservatives Fund						Date of		Jrser		Y Y	Y	Y					
	Mailing Address 228 South Washington Street Suite 115						06		20			017						
	-	State	Zip Code				FEC Ide	entifica	ation	Numbe	r							
	Alexandria	VA	22314									-						
	Purpose of Disbursement Contribution			01	1	1 I	•	C0032	1.1	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								
	Candidate Name									ID:410			ariad					
	House Conservatives Fund			Cateo Typ			Amount of Each Disbursement this Period											
	Office Sought: House Disburse	ment For:			2500.00							C						
	Senate	Primary	General				_	-7		Contribu	tion							
	President	Other (spec	cify) 🔻				Me	mo Ite		Jonnibu								
_	State: District:						_											
s	UBTOTAL of Disbursements This Page (optional).				Þ	•						6000.0	0					
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SCHEDULE B (FEC Form 3X)			FC	OR L	INE N		:			PAG	E 174 OF 191						
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the		heck	only	one)		00									
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Any information copied from such Reports and State or for commercial purposes, other than using the name																	
/ UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	ip F	PAC)												
Full Name (Last, First, Middle Initial)						Det	f D'-'	burre									
A. Jobs and Innovation Matter PAC (JII		Date of Disbursement															
Mailing Address PO Box 15320	Mailing Address PO Box 15320									06 20 2017							
City	State	Zip Code				FEC Id	lontifi	catior	Nun	her							
Washington	DC	20003				_		Juiol		1001							
Purpose of Disbursement						С	C004	49411	2								
Contribution Candidate Name)11							-						
				egory	//	Transaction ID : 41007245 Amount of Each Disbursement this Period											
Jobs and Innovation Matter PAC (JIM PAC) Office Sought: House Disburse	ment For:		IJ	ype							1500.00						
Senate	Primary	General								,	- 40						
President	Other (spec					Contribution											
State: District:						IVIE		(GII)	_								
Full Name (Last, First, Middle Initial)																	
B. Matsui for Congress						Date o	f Disl	burse	ment								
								D		Y	Y Y Y						
Mailing Address PO Box 1738						06		2	1		2017						
City Sacramento	State CA	Zip Code 95812				FEC Id	lentifi	catior	Nun	nber							
Purpose of Disbursement	Vn	33012				С С00409219											
Contribution			0	011													
Candidate Name			Cate	egory		Transaction ID : 41016342 Amount of Each Disbursement this Period											
Matsui, Doris, , Rep.,				ype													
	ment For: 2	2018								-	5000.00						
	Primary	General					,		Contr	ibutior							
State: CA District: 06	Other (spec	cify)				Me	emo l		-								
Full Name (Last, First, Middle Initial)																	
C. Bilirakis for Congress						Date o	f Disl	burse	ment								
Mailing Address PO Box 606						^M 06	/	D 2		Y	Y Y Y 2017						
City	State	Zip Code															
Tarpon Springs	FL	34688-0606				FEC Id	lentifi	catior	Nun	nber							
Purpose of Disbursement			-	-		С	C004	40853	34		· · · · · · · · · · · · · · · · · · ·						
Contribution	andidate Name Category/							ction	ID : 4	10163	343						
Candidate Name								Transaction ID : 41016343 Amount of Each Disbursement this Period									
Bilirakis, Gus, Michael, Rep., Office Sought: Y House Disburse	mont For	040	Ту	ype							2500.00						
Office Sought: X House Disburse	ment For: 2 Primary	2018 General							-	,							
President	Other (spec					Π.,			Conti	ibutio	า						
State: FL District: 12	(-1-00					Me	emo l	tem									
						_		-		-							
SUBTOTAL of Disbursements This Page (optional).								,		-	9000.00						
TOTAL This Period (last page this line number only	[,])							,		,							

SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 175 OF 191							
ITEMIZED DISBURSEMENTS		earate schedule(s) category of the	(check or								
		Summary Page									
			288								
Any information copied from such Reports and Stat or for commercial purposes, other than using the n	ements may ame and add	not be sold or used dress of any politica	d by any per al committee	son tor the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	I PAC (U	nitedHealth G	Broup PA	C)							
Full Name (Last, First, Middle Initial)											
A. David Scott For Congress				Date of Disbursement							
Mailing Address P.O. Box 960821	06 / D D / Y Y Y Y 2017										
City	State	Zip Code		FEC Identification Number							
Riverdale	GA	30296									
Purpose of Disbursement Contribution			011	C C00369801							
Candidate Name				Transaction ID : 41016347							
Scott, David, Albert, Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ement For:	2018	1969	5000.00							
Senate	Primary	General									
President											
State: GA District: 13											
Full Name (Last, First, Middle Initial)				Date of Disbursement							
B. Rob Woodall for Congress											
Mailing Address PO Box 1871		06 / 27 / 2017									
City	State	Zip Code		FEC Identification Number							
Lawrenceville	GA	30046-1871									
Purpose of Disbursement			011	C C00482307 Transaction ID : 41016362							
Contribution Candidate Name			011								
Woodall, Robert, , Rep., III			Category/ Type	Amount of Each Disbursement this Period							
	ement For:	2018	туре	2500.00							
- A	Primary	General									
President	Other (spe	ecify)									
State: GA District: 07				Memo item							
Full Name (Last, First, Middle Initial)											
C. Debbie Dingell For Congress				Date of Disbursement							
Mailing Address 19855 W Outer Dr Suite 103 AE				06 27 2017							
City	State	Zip Code		FEC Identification Number							
Dearborn	MI	48124									
Purpose of Disbursement			011	C C00558213							
Contribution Candidate Name			011	Transaction ID: 41016391							
Dingell, Debbie, , ,			Category/ Type	Amount of Each Disbursement this Period							
	ement For:	2018	ishe	1000.00							
Senate	Primary	General									
President	Other (spe	ecify) 🔻		Contribution Memo Item							
State: MI District: 12											
SUBTOTAL of Disbursements This Page (optional)		•••••	8500.00							
TOTAL This Period (last page this line number on	ly)		•••••• •	, ,							

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 176 OF 191										
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on											
		Summary Page	210											
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	ed by any per	son for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PA	C)										
Full Name (Last, First, Middle Initial)														
A. Ann Wagner for Congress				Date of Disbursement										
Mailing Address PO Box 50				06 27 2017										
City Ballwin	State MO	Zip Code 63022		FEC Identification Number										
Purpose of Disbursement	WIO	03022		C C00405946										
Contribution			011	C C00495846										
Candidate Name			Category/	Transaction ID : 41016514 Amount of Each Disbursement this Period										
Wagner, Ann, L., Rep.,			Type	Amount of Each Disbursement this Period										
Office Sought: X House Disburse	ement For: :	2018		5000.00										
President	Primary Other (and	General		Contribution										
State: MO District: 02	Other (spe	city) 🔻		Memo Item										
Full Name (Last, First, Middle Initial)														
^{B.} Zeldin For Congress				Date of Disbursement										
Mailing Address 47 Flintlock Drive	06 27 2017													
City	State	Zip Code		FEC Identification Number										
Shirley Purpose of Disbursement	NY	11967		0 000552547										
Contribution			011	C C00552547										
Candidate Name			Category/	Transaction ID : 41016515 Amount of Each Disbursement this Period										
Zeldin, Lee, , Rep.,			Туре											
	ement For:	2018		2500.00										
	Primary	General		Contribution										
State: NY District: 01	Other (spe	Cify)		Memo Item										
Full Name (Last, First, Middle Initial)														
C. Marc Veasey Congressional Cam	paign Co	ommittee		Date of Disbursement										
Mailing Address PO Box 50084				06 27 2017										
City	State	Zip Code		FEC Identification Number										
Fort Worth Purpose of Disbursement	ТХ	76105												
Contribution			011	C C00506832										
Candidate Name				Transaction ID : 41016516 Amount of Each Disbursement this Period										
Veasey, Marc, , Rep.,			Category/ Type	Amount of Each Disbuisement this Fellou										
Office Sought: X House Disburse	ement For:	2018		1000.00										
Senate	Primary	General		Contribution										
State: TX District: 33	Other (spe	city) 🔻		Memo Item										
State: TX District: 33														
SUBTOTAL of Disbursements This Page (optional)			····· ►	8500.00										
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 177 OF 191							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only								
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b							
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NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group PAC	;)							
Full Name (Last, First, Middle Initial)											
A. Mark Pocan for Congress				Date of Disbursement							
Mailing Address PO Box 327		06 / 27 / Y Y Y Y 2017									
City	State	Zip Code		FEC Identification Number							
Madison	WI	53701									
Purpose of Disbursement		T	011	C C00502179							
Contribution Candidate Name				Transaction ID : 41016532							
Pocan, Mark, , Rep.,			Category/ Type	Amount of Each Disbursement this Period							
	ement For:	2018	, the	1000.00							
Senate	Primary	General									
President	Other (spe	cify) 🔻		Contribution Memo Item							
State: WI District: 02											
Full Name (Last, First, Middle Initial)				Date of Disbursement							
Liz Cheney for Wyoming											
Mailing Address PO Box 697	ling Address PO Box 697										
City	State	Zip Code		FEC Identification Number							
Casper Purpose of Disbursement	WY	82602									
Contribution			011	C C00607556							
Candidate Name			Catagon	Transaction ID : 41016598 Amount of Each Disbursement this Period							
Cheney, Liz, , Rep.,			Category/ Type	Amount of Each Disbursement this Fehou							
Office Sought: X House Disburse	ement For:	2018		1000.00							
	Primary	General		Contribution							
State: WY District: 00	Other (spe	cify)		Memo Item							
State: WY District: 00 Full Name (Last, First, Middle Initial)											
C. Pharmaceutical Care Management Association	Political Ac	tion Committee (I		Date of Disbursement							
Mailing Address 325 7th St, NW 9th Floor				06 27 2017							
City	State	Zip Code		FEC Identification Number							
Washington	DC	20004									
Purpose of Disbursement Contribution			011	C C00388819							
Candidate Name		Transaction ID : 41016643									
Pharmaceutical Care Management Association Political A	Action Committe	ee (PCMA PAC)	Category/ Type	Amount of Each Disbursement this Period							
Office Sought: House Disburse	ement For:	I		5000.00							
Senate	Primary	General		Contribution							
President	Other (spe	cify) 🔻		Memo Item							
State: District:											
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 178 OF 191							
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)							
Full Name (Last, First, Middle Initial)				Dete of Diskurseneri							
A. Supporting House Problem Solvers	PAC			Date of Disbursement							
Mailing Address 1050 17th St NW, Ste 590				06 27 <u>Y Y Y Y</u> 2017							
City	State DC	Zip Code		FEC Identification Number							
Washington Purpose of Disbursement	00	20036		C C00562601							
Contribution			011	C C00563601							
Candidate Name		I	Category/	Transaction ID : 41016647 Amount of Each Disbursement this Period							
Supporting House Problem Solvers PAC			Type								
Office Sought: House Disburse	ment For:			5000.00							
Senate	Primary	General		Contribution							
State: District:	Other (spec	city) 🔻		Memo Item							
Full Name (Last, First, Middle Initial)											
B. Donald Norcross For Congress		Date of Disbursement									
Mailing Address PO Box 160				06 27 2017							
City	State	Zip Code		FEC Identification Number							
Collingswood Purpose of Disbursement	NJ	08108									
Contribution			011	C C00558320							
Candidate Name			Category/	Transaction ID : 41016651 Amount of Each Disbursement this Period							
Norcross, Donald, , Rep.,			Type	Amount of Lach Disbursement this Fellou							
Office Sought: X House Disburse	ment For:	2018		1000.00							
	Primary	General		Contribution							
State: NJ District: 01	Other (spec	cify)		Memo Item							
Full Name (Last, First, Middle Initial)											
C. Filemon Vela For Congress				Date of Disbursement							
Mailing Address 10715 Gulfdale St Ste 235				06 27 2017							
City	State TX	Zip Code		FEC Identification Number							
San Antonio Purpose of Disbursement		78216		C C00513531							
Contribution			011	C C00513531 Transaction ID : 41016668							
Candidate Name	didate Name Category/										
Vela, Filemon, , Rep., Jr.			Туре	Amount of Each Disbursement this Period							
	ement For: 2			1000.00							
Senate X	Primary	General		Contribution							
State: TX District: 34	Other (spec	uy) ▼		Memo Item							
SUBTOTAL of Disbursements This Page (optional).			••••••	7000.00							
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SCHEDULE B (FEC Form 3X)			FC	DR L	INE N	UMBER:				PAGE	179 OF 19							
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only o	y one)												
		Summary Page			21b 28a	22 		23 28c	2	6	27 30b							
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NAME OF COMMITTEE (In Full)																		
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	рР	AC)													
Full Name (Last, First, Middle Initial) A. Domocroto Dochoning America (DD						Date of Disbursement												
	Democrats Reshaping America (DREAMPAC)																	
Mailing Address 410 1st Street SE, Suite 310		06 27 2017																
City Washington	State DC	Zip Code 20003				FEC Id	entific	ation	Num	ber								
Purpose of Disbursement	-		_			С	C004	2307	9		-							
Contribution			0	11				-		101667	74							
Candidate Name			Cate	gory	/						nt this Period							
Democrats Reshaping America (DREAMPAC)				/pe			-	-	-		5000.00							
3	ement For:							_		7	5000.00							
Senate President	Primary Other (spe	General cify) ▼				—			Contri	bution								
State: District:		<i>,</i> , ,				Me	mo Ite	em										
Full Name (Last, First, Middle Initial)																		
B. Luke Messer For Congress		Date of Disbursement																
Mailing Address PO Box 917	Mailing Address PO Box 917						06 29 2017											
City	State IN	Zip Code 46176				FEC Id	entific	ation	Num	ber								
Shelbyville Purpose of Disbursement		40170				C C00460667												
Contribution			0	11														
Candidate Name			Cate	gory	/	Transaction ID : 41030444 Amount of Each Disbursement this Period												
Messer, Allen, , Rep.,				/pe														
	ement For:									7	5000.00							
	Primary	General					,	(.	bution								
State: IN District: 06	Other (spec	сіту)				Me	mo Ite	em										
Full Name (Last, First, Middle Initial)						D-t												
C. Duffy For Wisconsin						Date of	UISD	urse	_	V	Y Y Y							
Mailing Address PO Box 538						06	Ĺ	29			2017							
City	State	Zip Code				FEC Id	entific	ation	Num	ber								
Wausau Purpose of Disbursement	WI	54402					0000	0.400	0		-							
Contribution			0	11		С	C004				_							
Candidate Name										103047								
Duffy, Sean, , Rep.,				egory. /pe	/	Amount of Each Disbursement this Period												
Office Sought: X House Disburse	ement For: 2	2018									2500.00							
Senate	Primary	General							Contri	bution								
State: WI District: 07	Other (spe	cify) 🔻				Me	mo Ite		201111	2 2001								
State: WI District: 07																		
SUBTOTAL of Disbursements This Page (optional)							-,			,	12500.00							
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER [·] PAGE 180 OF 191						
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)						
		Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b						
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)						
Full Name (Last, First, Middle Initial) A. New Pioneers PAC				Date of Disbursement						
Mailing Address 228 S Washington Street, Suite 1	15									
City Alexandria	State VA	Zip Code 22314								
Purpose of Disbursement			_	C C00459123						
Contribution			011	Transaction ID : 41030479						
Candidate Name			Category/	Amount of Each Disbursement this Period						
New Pioneers PAC Office Sought: House Disburse	ment For:		Туре	5000.00						
Senate President		Contribution Memo Item								
State: District:	1									
Full Name (Last, First, Middle Initial) B.		Date of Disbursement								
Mailing Address										
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement			· · ·]	С						
Candidate Name			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disburse	ment For: Primary	General		1 1 49× 1 1 49× 1 1 48× 1						
State: District:	Other (spec			Memo Item						
Full Name (Last, First, Middle Initial)										
C.				Date of Disbursement						
Mailing Address										
City	State	Zip Code		FEC Identification Number						
Purpose of Disbursement			· · ·]	C						
Candidate Name	Candidate Name Category/ Type									
Office Sought: House Disburse Senate	ment For: Primary	General								
State: District:	Other (spec	cify) ▼		Memo Item						
SUBTOTAL of Disbursements This Page (optional).				5000.00						
				97500.00						
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	y information copied from such Reports and State for commercial purposes, other than using the na					
\backslash	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Grou	p PAC	C)
<u> </u>	Full Name (Last, First, Middle Initial)					
Α.	Friends of Scott Walker					Date of Disbursement
	Mailing Address PO Box 620437					06 / 01 / Y Y Y Y 2017
	City	State	Zip Code			FEC Identification Number
	Middleton	WI	53562			
	Purpose of Disbursement			0	11	C
	Contribution Candidate Name			<u> </u>	11	Transaction ID : 40921517
	Walker, Scott, , ,				egory/ /pe	Amount of Each Disbursement this Period
		ement For:		i y	he	5000.00
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			Contribution Memo Item
	State: District:					
B.		mbly Democratic Campaign Committee				Date of Disbursement
	Mailing Address PO Box 814					06 01 2017
	City State Zip Code Madison WI 53701					FEC Identification Number
	Purpose of Disbursement	***	33701			С
	Contribution			0	11	
	Candidate Name				egory/ /pe	Transaction ID : 40921568 Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		.,	P 0	1000.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	cify)			Memo Item
	State: District: Full Name (Last, First, Middle Initial)					
C.	Committee to Elect a Republican	Senate				Date of Disbursement
	Mailing Address PO Box 2741					06 / 01 / Y Y Y Y 2017
	City	State	Zip Code			
	Madison	WI	53701			FEC Identification Number
	Purpose of Disbursement			-		C
	Contribution	ntribution 011 didate Name Category/ Type				Transaction ID : 40921569
	Candidate Name					Amount of Each Disbursement this Period
	ce Sought: House Disbursement For:				he	1000.00
	Senate	Primary	General			
	President	Other (spec	cify) 🔻			Contribution Memo Item
	State: District:					
s	UBTOTAL of Disbursements This Page (optional).				····· Þ	7000.00
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SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 182 OF 191
ITEMIZED DISBURSEMENTS	Use sepa for each	(ch	eck only		
		Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				ny perso	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	PAC	;)
Full Name (Last, First, Middle Initial)					
A. Rebekah Warren for State Senate					Date of Disbursement
Mailing Address 234 Eighth St					06 / 08 / Y Y Y Y 2017
City	State	Zip Code			FEC Identification Number
Ann Arbor	MI	48103			
Purpose of Disbursement					C
Contribution Candidate Name			01		Transaction ID : 40950419
Candidate Name Warren, Rebekah, , MI Sen.,			Cateo	, , ,	Amount of Each Disbursement this Period
	ement For:		Тур	Je	250.00
Senate	Primary	General			
President	Other (spe				Contribution
State: District:					Memo Item
Full Name (Last, First, Middle Initial)					
B. Vincent Gregory for Senate	Vincent Gregory for Senate				Date of Disbursement
Mailing Address 19578 San Jose Blvd.	ddress 19578 San Jose Blvd.				06 08 2017
City State Zip Code					FEC Identification Number
Lathrup Village Purpose of Disbursement	MI	48076			
Contribution			01	1	С
Candidate Name					Transaction ID : 40950422
Gregory, Vincent, , MI Sen.,			Cateo Typ		Amount of Each Disbursement this Period
	ement For:		,1		250.00
Senate	Primary	General			Contribution
President	Other (spe	cify)			Memo Item
State: District:					<u> </u>
Full Name (Last, First, Middle Initial)					Data of Disburgement
^{C.} Sam Singh for State Representati	ve				Date of Disbursement
Mailing Address PO Box 791					06 / 08 / Y Y Y Y 2017
City	State	Zip Code			
East Lansing	MI	48826			FEC Identification Number
Purpose of Disbursement		1		-	С
Contribution				1	Transaction ID : 40950426
Candidate Name			Cateo		Amount of Each Disbursement this Period
Singh, Samir, , MI Rep., Office Sought: House Disburse	ement For:		Тур	be	500.00
Senate	Primary	General			
President	Other (spe				Contribution
State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Memo Item
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	y information copied from such Reports and Stater for commercial purposes, other than using the nar					n for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full)		-			
$\left \right\rangle$	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup	PAC)
<u> </u>	Full Name (Last, First, Middle Initial)					
Α.	Friends of Chris Larson					Date of Disbursement
	Mailing Address 3261 S. Herman Street					06 / 08 / 2017
	City Milwaukee	State WI	Zip Code 53207			FEC Identification Number
	Purpose of Disbursement			_	_	С
	Contribution			011	1	Transaction ID : 40950529
	Candidate Name		L	Categ	ory/	Amount of Each Disbursement this Period
	Larson, Chris, , WI Sen.,			Тур		
	Office Sought: House Disburse	ment For:				250.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	sify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
B.	Friends of Dave Craig		Date of Disbursement			
	Mailing Address PO Box 323		06 08 2017			
	City Big Bend		FEC Identification Number			
	Purpose of Disbursement	_	С			
	Contribution			01	1	Transaction ID : 40950632
	Candidate Name		L	Categ	orv/	Amount of Each Disbursement this Period
	Craig, Dave, , WI Sen.,			Тур		
	Office Sought: House Disburser	ment For:	·			250.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	city)			Memo Item
	Full Name (Last, First, Middle Initial)					
C.	Friends of Jerry Petrowski					Date of Disbursement
	Mailing Address 720 North 136th Avenue					06 / D D / Y Y Y Y 06 / 08 / 2017
	City	State	Zip Code			FEC Identification Number
	Marathon	WI	54448			
	Purpose of Disbursement					С
	Contribution 011					Transaction ID : 40950633
	Candidate Name Petrowski, Jerry, , ,			Categ		Amount of Each Disbursement this Period
	-	ment For:		Тур	<u> </u>	250.00
	Senate	Primary	General			
	President	Other (spec				Contribution
	State: District:					Memo Item
s	UBTOTAL of Disbursements This Page (optional)				▶	750.00
т	OTAL This Period (last page this line number only))			▶	

Friends of Latonya Johnson Mailing Address PO Box 100813 City State Zip Code Milwaukee WI 53210 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Johnson, LaTonya, , WI Sen., Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item	SCHEDULE B (FEC Form	n 3X)			FO	R LINE	NUMBER: PAGE 184 OF 191
Detailed Summary Page 200 2	ITEMIZED DISBURSEMEN	TS		()	(che		
Any Information copied from such Papers and Statements may not be sold or used by any person for the parpose of seliciting contributions from such committee. NAME OF COMMITTEE (in Full) VMME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Date of Disbursement Outrobulon 06 Mailing Address 2863 S. Praire View Road 011 City Contribution Controlution 011 Controlution 011 Controlution 011 Grandiate Name 011 Mailing Address 2003 S. Praire View Road 011 Chy Controlution Controlution 011 Grandiate Name Disbursement For: Office Sought: Greatel Primary Purpose of Disbursement Contribution State: Disbursement For: Full Name (Last, First, Middle Initial) Deate of Disbursement B Freiches of LaS Disbursement For: Office Sought: President Outco Disbursement Contribution Contribution Contribution State: Disbursement For:							
✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) ✓ UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) A Friends of Terry Moulton Mailing Address 2863 8. Prairie View Road 05 08 2017 City State Zip Code FEC Identification Number 05 08 2017 Purpose of Disbursement Cartibution 011 Category Transaction ID : 40950834 Anount of Each Disbursement his Period Office Sought: House Disbursement For: 011 Contribution Contribution State: Disbursement State Zip Code State 2017 Prepose of Disbursement State Disbursement 011 Contribution Mailing Address PO Box 100813 City State Zip Code State 2017 City State Disbursement For: 011 Contribution Contribution Contribution Contribution Contribution Contribution State: Disbursement For: Office Sought: House Disbursement For: Contribution Contribution Contribution Contribution Contribution						ny perso	on for the purpose of soliciting contributions
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A Friends of Terry Moulton Date of Disbursement Mailing Address 2863 S. Prairie View Road 06 08 2017 City State Zip Code 54729 Purpose of Disbursement 011 FEC Identification Number Candidate Name 011 Candidate Name 500.00 Candidate Name 011 Candidate Name 500.00 State: Disbursement For: 96.00 500.00 State: Distrement 011 60.00 State: Disbursement 011 60.00 Candidate Name 011 60.00 2017 Milling Address PO Box 100813 Date of Disbursement 60.00 Candidate Name 011 Category/ 2017 Candidate Name 011 Category/ 2017 B. Friends of LaTonya Johnson 011 011 011 Candidate Name 011 Category/ 2017 011 Candidate Name 011 Category/ 011 011 011 Candidate Name 011 Category/ 2017 011 <td>/ UnitedHealth Group Inco</td> <td>rporated l</td> <td>PAC (Un</td> <td>itedHealth G</td> <td>Group</td> <td>PAC</td> <td>;)</td>	/ UnitedHealth Group Inco	rporated l	PAC (Un	itedHealth G	Group	PAC	;)
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$ \rangle$	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	rou	рР	AC)
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Α.	Full Name (Last, First, Middle Initial) Shilling for Senate					Date of Disbursement
	Mailing Address PO Box 1261					06 08 2017
	City La Crosse	State WI	Zip Code 54602-1261			FEC Identification Number
	Purpose of Disbursement					C
	Contribution			0	11	Transaction ID : 40950685
	Candidate Name			Cate	gory	
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_	Full Name (Last, First, Middle Initial)					
В.	Cecil Thomas Senate Committee	Date of Disbursement				
	Mailing Address 515 Clinton Springs Ave.					
	City State Zip Code Cincinnati OH 45217					FEC Identification Number
	Purpose of Disbursement					
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C.	Citizens for Tavares	Date of Disbursement				
	Mailing Address 1003 Cloverly Drive					06 / 08 / Y Y Y Y 2017
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	Gahanna Purpose of Disbursement	ОН	43230			
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	² UnitedHealth Group Inco	orporated	PAC (Ur	nitedHealth G	iroup PA	.C)			
Ľ	Full Name (Last, First, Middle Initial)							
Α.	Friends of Terry Moulton					Date of Disbursement			
	Mailing Address 2863 S. Prairie View	v Road				06 / D D / Y Y Y Y Y 06 26 2017			
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	City Chippewa Falls		State WI	Zip Code 54729		FEC Identification Number			
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	President		Other (spec	city) 🔻		Memo Item check dated 6/8/2017			
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В.	Committee to Elect Kevi	Date of Disbursement							
	Mailing Address 22848 Poplar Beac	06 26 2017							
	City		State	Zip Code		FEC Identification Number			
	St. Clair Shores								
	Purpose of Disbursement	C							
	Contribution				011	Transaction ID : 41016246			
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C.	Committee to Elect Winr	nie Brinks				Date of Disbursement			
			,			M M / D D / Y Y Y Y			
	Mailing Address 2060 Osceola Dr. S	E				06 26 2017			
	City		State	Zip Code		FEC Identification Number			
	Grand Rapids		MI	49506		FEC Identification Number			
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\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	Group PAC	;)
_	Full Name (Last, First, Middle Initial)				
Α.	Curtis Hertel Jr For Senate				Date of Disbursement
	Mailing Address 2747 Southwood Dr				06 / D D / Y Y Y Y 26 2017
	City	State	Zip Code		FEC Identification Number
	East Lansing	MI	48823		
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	Contribution Candidate Name			011	Transaction ID : 41016248
				Category/	Amount of Each Disbursement this Period
	Hertel, Curtis, , , Jr Office Sought: House Disburse	ment For:		Туре	500.00
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution
	State: District:				Memo Item
B.	Full Name (Last, First, Middle Initial)				Date of Disbursement
υ.	David Knezek for State Senate	I Knezek for State Senate			
	Mailing Address 8033 Arnold	06 / 26 / Y Y Y Y 2017			
	City	State	Zip Code		FEC Identification Number
	Dearborn Heights	MI	48127		
	Purpose of Disbursement Contribution			011	C
	Candidate Name				Transaction ID : 41016249
	Knezek, David, , ,			Category/ Type	Amount of Each Disbursement this Period
		ment For:			500.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				
~	Full Name (Last, First, Middle Initial)				
C.	Friends of Pam Faris				Date of Disbursement
	Mailing Address 4116 Orme Circle				06 / D D / Y Y Y Y 26 / 2017
	City	State	Zip Code		FEC Identification Number
	Clio	MI	48420		
	Purpose of Disbursement				C
	Contribution Candidate Name			011	Transaction ID : 41016250
	Faris, Pam, , MI Rep.,	l Ca		Category/ Type	Amount of Each Disbursement this Period
		ment For:		ilhe	250.00
	Senate	Primary	General		
	President	Other (spec	cify) 🔻		Contribution Memo Item
	State: District:				
s	UBTOTAL of Disbursements This Page (optional).			•••••	1250.00
	OTAL This David (lost page this line new)	<u></u>		<u> </u>	
I T	OTAL This Period (last page this line number only)		••••••	

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	-	R LINE leck only 21b 28a	NUMBER: / one) 22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and States for commercial purposes, other than using the nar					on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)					
\rangle	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	p PAC	5)
/	Full Name (Last, First, Middle Initial)					
Α.	Friends of Joe Scarnati					Date of Disbursement
	Mailing Address PO Box 177					06 / D D / Y Y Y Y 26 / 2017
	City Brockway	State PA	Zip Code 15824			FEC Identification Number
	Purpose of Disbursement					С
	Contribution			01	11	Transaction ID : 41016254
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period
	Scarnati, Joseph, , Senator, III			Ту		1000.00
	Office Sought: House Disburse	ment For:	Ganaral			1000.00
	President	Primary Other (spec	General			Contribution
	State: District:	20101 (3060	;) ▼			Memo Item
	Full Name (Last, First, Middle Initial)					
B.	Friends of Devin LeMahieu	Date of Disbursement				
	Mailing Address PO Box 700200	06 26 2017				
	City Oostburg		FEC Identification Number			
	Purpose of Disbursement	_	С			
	Contribution			0,	11	Transaction ID : 41016255
	Candidate Name			Cate		Amount of Each Disbursement this Period
	Lemahieu, Devin, , WI Sen.,			Ту	pe	250.00
	Office Sought: House Disburse	ment For: Primary	General			250.00
	President	Other (spec				Contribution
	State: District:		.,			Memo Item
_	Full Name (Last, First, Middle Initial)					
C.	Michigan House Democratic Fund					Date of Disbursement
	Mailing Address PO Box 16193					06 26 / Y Y Y Y Y 06 26
	City	State	Zip Code			
	Lansing	MI	48901			FEC Identification Number
	Purpose of Disbursement					C
	Contribution Candidate Name			01		Transaction ID: 41016256
	Candidate Marite			Cate Ty		Amount of Each Disbursement this Period
	ice Sought: House Disbursement For:		۰y	r •	500.00	
	Senate	Primary	General			Contribution
	President	Other (spec	cify) 🔻			Contribution Memo Item
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional)				····· >	1750.00
т	OTAL This Period (last page this line number only)			🕨	

	CHEDULE B (FEC Form 3X)		arate schedule(s)	-	NE NUMBER: PAGE 189 OF 191
ITI	EMIZED DISBURSEMENTS	for each	category of the Summary Page		only one) 11b 22 23 26 27 18a 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
\setminus	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group P	AC)
_	Full Name (Last, First, Middle Initial)				
Α.	Michigan Senate Democratic Fund				Date of Disbursement
	Mailing Address PO Box 11111				06 / 26 / 2017
	City	State	Zip Code		FEC Identification Number
	Lansing	MI	48901		
	Purpose of Disbursement			014	C
	Contribution			011	Transaction ID : 41016259
	Candidate Name			Category	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		Туре	500.00
	Senate	Primary	General		
	President	Other (spec			Contribution
	State: District:				Memo Item
	Full Name (Last, First, Middle Initial)				
B.	Republican Assembly Campaign (can Assembly Campaign Committee			Date of Disbursement
	Mailing Address 148 East Johnson		06 26 2017		
	City		FEC Identification Number		
	Madison Purpose of Disbursement				
	Contribution			011	C
	Candidate Name			Catogory	Transaction ID : 41016261 Amount of Each Disbursement this Period
				Category Type	Amount of Lach Dispursement this Period
	Office Sought: House Disburse	ment For:			5000.00
	Senate	Primary	General		Contribution
	President	Other (spec	cify)		Memo Item
	State: District:				
	Full Name (Last, First, Middle Initial)				Data of Diaburgarant
C.	Vote Charlie Collins				Date of Disbursement
	Mailing Address 3225 East Piper Glen				06 / 29 / Y Y Y Y 2017
	City	State	Zip Code		
	Fayetteville	AR	72703		FEC Identification Number
	Purpose of Disbursement				
	Contribution			011	Transaction ID : 41030480
	Candidate Name			Category	Amount of Each Disbursement this Period
	Collins, Charlie, , AR Rep.,	mont Free		Туре	500.00
Office Sought: House Senate		ment For: Primary	General		
	President	Other (spec			Contribution
	State: District:		Siry) ▼		Memo Item
s	UBTOTAL of Disbursements This Page (optional).				6000.00
Т	OTAL This Period (last page this line number only)			

S	CHEDULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 190 OF 191
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(cł	neck onl	
			Summary Page		210 28a	
	y information copied from such Reports and State for commercial purposes, other than using the na				any pers	son for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	p PA(C)
_	Full Name (Last, First, Middle Initial)					
Α.	Brinkman Campaign Committee					Date of Disbursement
	Mailing Address 3215 Hardisty Ave.					06 / 29 / 2017
	City Cincinnati	State OH	Zip Code 45208			FEC Identification Number
	Purpose of Disbursement	011	45200	_		С
	Contribution			0	11	
	Candidate Name			Cate	egory/	Transaction ID : 41030481 Amount of Each Disbursement this Period
	Brinkman, Thomas, , OH Rep., Jr.				/pe	
		ment For:				500.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	cify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.						Date of Disbursement
	Committee to Elect Cliff Rosenber	rger				
	Mailing Address 7027 State Route 350 West				06 29 2017	
	City	State	Zip Code			FEC Identification Number
	Clarksville Purpose of Disbursement	OH	45113			
	Contribution			0	11	C
	Candidate Name					Transaction ID : 41030483 Amount of Each Disbursement this Period
	Rosenberger, Cliff, , OH Rep.,				egory/ /pe	Amount of Lach Dispursement this Fellou
		ment For:	I			1000.00
	Senate	Primary	General			Contribution
	President	Other (spec	cify)			Memo Item
	State: District:					
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
0.	Friends of Ryan Smith					
	Mailing Address 63 Cedar St					06 / 29 / Y Y Y Y 2017
	City	State	Zip Code			EEC Identification Number
	Gallipolis	ОН	45631			FEC Identification Number
	Purpose of Disbursement					C
	Contribution Candidate Name			0	11	Transaction ID : 41030485
	Smith, Ryan, , OH Rep.,				egory/	Amount of Each Disbursement this Period
		ment For:		i)	/pe	500.00
	Senate	Primary	General			
	President	Other (spec				Contribution Memo Item
	State: District:					
s	UBTOTAL of Disbursements This Page (optional).				····· ►	2000.00
Т	OTAL This Period (last page this line number only	/)			····· >	, ,

SC	HEDULE B (FEC Form 3X)					NUMBER: PAGE 191 OF 191
ITE	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	r one) 22 23 26 27 28b 28c X 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the na					on for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	irou	o PAC	;)
Α.	Full Name (Last, First, Middle Initial) Steve Huffman for State Rep.					Date of Disbursement
	Mailing Address PO Box 739					06 / <u>29</u> / <u>2017</u>
	City Troy	State OH	Zip Code 45373			FEC Identification Number
	Purpose of Disbursement			_	_	С
	Contribution			01	1	Transaction ID : 41030486
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period
	Huffman, Stephen, , OH Rep.,			Ту	pe	500.00
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼			500.00 Contribution
	State: District:]	., .			Memo Item
B.	Full Name (Last, First, Middle Initial)					Date of Disbursement
	Mailing Address					
	City	State	Zip Code			FEC Identification Number
	Purpose of Disbursement					C
	Candidate Name			Cate Ty		Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General		·	
	State: District:		(ily)			Memo Item
C.	Full Name (Last, First, Middle Initial)					Date of Disbursement
	Mailing Address					
	City	State	Zip Code			FEC Identification Number
	Purpose of Disbursement		С			
	Candidate Name	gory/ pe	Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate	ement For: Primary	General			
	State: District:	Other (spec	cify) ▼			Memo Item
s	JBTOTAL of Disbursements This Page (optional).				🕨	500.00
⊢	OTAL This Period (last page this line number only					22450.00