Image# 201908199162920043					PAGE 1 / 339
	EPORT OF F ND DISBURS Other Than An Author	SEMENT	S	Office U	se Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type	2FE4M5	
UnitedHealth Group Incor	porated PAC (Unite	edHealth Grou	p PAC)		
ADDRESS (number and street)	01 Pennsylvania Ave, NW				
Check if different	uite 200 			DC 2000	4 1
2. FEC IDENTIFICATION NUMB		▲	STA	TE 🔺	ZIP CODE
C C00274431	3. IS RE	- v	NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) 	Report Due On:	0 (M3)	12C)	 Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) 	Runoff (12R)
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	on General (300		Runoff (30R)	in the State of Special (30S)
Termination Report (TER)	Election	on /	D D / Y	Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2019	through	07 /	D D / Y Y 31 20	Y Y 19
I certify that I have examined this R I Type or Print Name of Treasurer	eport and to the best of m Davis, Kelly, , ,	iy knowledge and I	pelief it is true, c	correct and comple	te.
Signature of Treasurer	ly, , ,	[Electronically	<i>Filed]</i> Date		D / Y Y Y Y 2019
NOTE: Submission of false, erroneous	, or incomplete information	may subject the per	son signing this F	Report to the penalt	ies of 52 U.S.C. § 3010
Office Use Only					FORM 3X Rev. 05/2016

08/19/2019 15 : 50

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	Report Covering the Period: From:	D7 01 2019 To	b: 07 / D D / Y Y Y Y 07 31 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		940764.59
	(b) Cash on Hand at Beginning of Reporting Period	1097169.29	
	(c) Total Receipts (from Line 19)	197363.66	1189318.36
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1294532.95	2130082.95
7.	Total Disbursements (from Line 31)	173000.00	1008550.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1121532.95	1121532.95
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: 07	/ 01 / Y Y Y Y 2019 To:	07 / D D / Y Y Y Y 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 		
(i) Itemized (use Schedule A)	189144.29	1057143.13
(ii) Unitemized	8219.37	130010.79
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	197363.66	1187153.92
(b) Political Party Committees	0.00	0.00
 (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	197363.66	1187153.92
12. Transfers From Affiliated/Other Party Committees	0.00	2164.44
13. All Loans Received	0.00	0.00
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Forderal Contributions and Other 	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	197363.66	1189318.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)►	197363.66	1189318.36

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 553000.00 and Other Political Committees... 49000.00 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 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 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 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 455550.00 124000.00 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)).. 173000.00 1008550.00 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 173000.00 1008550.00

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

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)

	-7			-7	197363.66
					0.00
÷		÷	÷	-1	
	,			,	197363.66
					0.00
	7			7	0.00
					0.00
	-7-	-	-	7	
					0.00

					1107152.00
	 -7			-7	1187153.92
					0.00
	 -7			-1	0.00
					1187153.92
	 -7			-	1107133.32
					0.00
	 -7	1	-	-7	
					0.00
	 -7-			-7	
					0.00
1.00	 -9-				

Page 5

COLUMN B Calendar Year-to-Date

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)	(ch	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
<u>.</u>	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initia SCHICK, WILLIAM, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1220 DENBIGH LN				м м 07	/	D D D D D D D D D D D D D D D D D D D) / Y	y y 2019	Y			
	City WAYNE	State PA	Zip Code 19087-4644					4375076 Receipt th					
	FEC ID number of contributing federal political committee.	C					-		5000.0	00			
	Name of Employer (for Individual) Spouse	Occu Spor	upation (for Individual) use		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00										
в.	Full Name of Individual (Last, First, Middle Initia STILLMAN, CRAIG, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 15705 51ST PLACE NORTH			07 / D D / Y Y Y Y Y 2019									
	City PLYMOUTH	State MN	Zip Code 55446-4517					4375077	-				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Hlth		Me	emo	Item							
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Other (specify) ▼		5000.00										
C.	Full Name of Individual (Last, First, Middle Initia PHILLIPS, MARK, , ,	al) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 1760 LUCY RIDGE CT				м м 07	/	01) / Y	2019	Y			
	City CHANHASSEN	State MN	Zip Code 55317-7661					4375096 Receipt th					
	FEC ID number of contributing federal political committee.	С					y :	. y	5000.0	00			
Name of Employer (for Individual) United HealthCare Services Inc		Occu SVP		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00										
s	UBTOTAL of Receipts This Page (optional)		••••••	•			,	. ,	15000.0	00			
т	OTAL This Period (last page this line number or	וy)	••••••	-									

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12							
Any information copied from such Reports and										
or for commercial purposes, other than using th	le name and a	ddress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle Ir STREB, DEBORAH, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2201 NORTH STAR ROAD			07 31 Y Y Y Y 2019							
City UPPER ARLINGTON	State OH	Zip Code 43221-3810	Transaction ID : PR1159794154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Capability	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir B. GAUDIO, JOSEPH, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4842 E MOUNTAIN VIEW R			M M / D D / Y Y Y Y 07 31 2019							
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir C. WICHMANN, DAVID, , ,	hitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7000 ANTRIM ROAD			07 / D D / Y Y Y Y 2019							
City EDINA	State MN	Zip Code 55439-1708	Transaction ID : PR1159814754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc	Occi CEC	upation (for Individual))	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			797.20							
TOTAL This Period (last page this line number	r only)									

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Midd PENSHORN, JOHN, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 120 BLACK OAKS LANE	E		07 31 Y Y Y Y Y						
City WAYZATA	State MN	Zip Code 55391-1363	Transaction ID : PR1159816954997						
		55591-1505	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PInvestor Relations	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify) v		2884.50							
Full Name of Individual (Last, First, Midd B. KALLMEYER, PAUL, , ,	le Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 468 HERALD DR			M M / D D / Y Y Y Y 07 31 2019						
City	State	Zip Code	Transaction ID : PR1159817454997						
AMBLER	PA	19002-1530	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		230.76						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) puty Gen Counsel Mgr	Memo Item						
Receipt For:	·	Year-to-Date ▼	-						
Primary General Other (specify) ▼		1730.70	P/R Deduction (\$115.38 Bi-Weekly)						
Full Name of Individual (Last, First, Midd C. QUIRK, THOMAS, , ,	le Initial) or Full C	rganization Name	Dete of Dessist						
Mailing Address 6458 ORCHID LANE			Date of Receipt						
			07 31 2019						
City	State TX	Zip Code	Transaction ID : PR1159819154997						
DALLAS		75230-4121	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc	VP (Gen Mgmt							
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify)		288.45	P/R Deduction (\$19.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional	al)	•	653.82						
	,	•••••••							
TOTAL This Period (last page this line nur	nber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summ		X	11a] 11	b	11c		12	
						13		14		15		16	17
	y information copied from such Reports and Staten for commercial purposes, other than using the name												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (I	JnitedHealth	Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) of BARATZ, MEREDITH, , ,	or Full C	rganization Name			Date o	f Re	ecei	pt				
	Mailing Address 1850 SOLEDAD AVENUE					м м 07	1		31	/ Y) 19	Y
	,	State CA	Zip Code 92037-3820							PR1159			7
		07	92037-3820	_	- '	Amoun	t of	Ea	ch Re	eceipt th	ıis P	eriod	
	FEC ID number of contributing federal political committee.					Ľ		-			_	28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ Gen Mgmt	ual)		М	emo) Ite	em				
	Receipt For: Ag	gregate	Year-to-Date V										
	Primary General Other (specify) ▼	ary General									eekly	/)	
B.	Full Name of Individual (Last, First, Middle Initial) of FALK, DAVID, , ,	or Full C	rganization Name		Date o	f Re	ecei	pt					
	Mailing Address 323 LAWRENCE AVE						07 31 2019						
	3	State NJ		Transaction ID : PR1159820254997 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C									_	28.0	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individ d Dir		Memo Item								
	Receipt For: Ag Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼						on (\$14.0	0 Bi-W€	∍ekly	')	
с.	Full Name of Individual (Last, First, Middle Initial) of MIGLIORI, RICHARD, , ,	or Full C	rganization Name			Date o	f Re	ecei	pt				
	Mailing Address PO BOX 72					м м 07	/	ľ	31	/ Y) 19	Ŷ
	5	State	Zip Code			Trans	sacti	ion	ID : I	PR1159	8274	15499	7
		MN	55391-0072		- :	Amoun	t of	Ea	ch Re	eceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.					<u> </u>		9		9	_	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ , UHG Chief Medic	,		М	emo	o Ite	əm				
	Receipt For: Ag Primary General Other (specify)	Aggregate Year-to-Date ▼ 2884.50						on	(\$192	.30 Bi-V	Veek	ly)	
s	UBTOTAL of Receipts This Page (optional)				1						_	440.6	8
т	OTAL This Period (last page this line number only)												

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle MATTEO, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 25 JEREMIAHS WAY			07 31 / Y Y Y Y Y 2019							
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621	Transaction ID : PR1551133454997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		230.76							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Client Officer	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730.70	P/R Deduction (\$115.38 Bi-Weekly)							
Full Name of Individual (Last, First, Middle CARR, ANTHONY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5400 THOROUGHBRED LN	١		07 31 / Y Y Y Y 2019							
City SOUTHWEST RANCHES	State FL	Zip Code 33330-2411	Transaction ID : PR1554323454997							
	_	33330-2411	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Natl VP SIs & Acct Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼]							
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle MILLER, KATHERINE, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2321 HARBOR LAKE DRIV	1		07 / D D / Y Y Y Y 07 31 2019							
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			999.96							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions a to colicit contributions							
or for commercial purposes, other than using	me name and a	uuress of any political committe								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle ANDERSON, CRAIG, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 47 AMATO CIRCLE			07 31 2019							
City WETHERSFIELD	State CT	Zip Code 06109-3971	Transaction ID : PR1575957354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle ERICKSON, KAREN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 15348 RED OAKS ROAD S			07 31 Y Y Y Y Y 2019							
City PRIOR LAKE	State MN	Zip Code 55372-1834	Transaction ID : PR1575957654997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) um Exec	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle MONFILETTO, ERNEST, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3062 COMFORT ROAD	1 -		07 / D D / Y Y Y Y Y 2019							
City NEW HOPE	State PA	Zip Code 18938-5622	Transaction ID : PR1575958154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		153.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			923.04							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

Mailing Address 5033 PARK TERRACE 07 City State Zip Code EDINA MN 55436-1098 FEC ID number of contributing C Amount FEC ID number of contributing C Mailing Address Inc Name of Employer (for Individual) Occupation (for Individual) P/R Dedu Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dedu B. KELLY, JOHN, , Mailing Address 341 PLEASANT AVENUE Date of City State Zip Code Transa SAINT PAUL MN 55102-2333 Amount FEC ID number of contributing federal political committee. Occupation (for Individual) Mailing Address 341 PLEASANT AVENUE Transa Name of Employer (for Individual) Occupation (for Individual) Mei Mei United HealthCare Services Inc Aggregate Year-to-Date ▼ P/R Dedu P/R Dedu Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Dedu City State Zip Code Transa Name of Employer (for Individual) Occupation (for Individual) P/R Dedu United HealthCare Services Inc Aggregate Year-to-Date ▼	Receipt	From suc	ch cc	12 16 ontribu ommitt	tee.					
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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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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
		Detailed Summary Faye	13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora			4C)									
Full Name of Individual (Last, First, Middle HUGHES, RICHARD, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3905 COUNTY ROAD 44			07 / D D / Y Y Y Y Y 07 31 2019									
City	State	Zip Code	Transaction ID : PR1596304154997									
MINNETRISTA	MN	55364-9572	Amount of Each Receipt this Period									
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 2 COO of Human Capital	Memo Item									
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Primary General Other (specify) ▼	Primary General Aggregate real-to-Date +											
Full Name of Individual (Last, First, Middle JOHNSON, THAD, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9741 GLACIER BAY	07 31 2019											
City	State	Zip Code	Transaction ID : PR1596304354997									
EDEN PRAIRIE	MN	55347-2615	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle SCHUMACHER, DANIEL, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5401 LARADA LANE			07 / D D / Y Y Y Y 07 31 2019									
City	State	Zip Code	Transaction ID : PR1596305454997									
EDINA	MN	55436-1024	Amount of Each Receipt this Period									
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Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Pres & COO	Memo Item									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	,						
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or for commercial purposes, other than using the	ne name and a	ddress of any political committee	e to solicit con	tributions fro	om such	committe	e.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	NC)										
Full Name of Individual (Last, First, Middle In A. THEISEN, SCOTT, , ,	nitial) or Full C	rganization Name	Date of	Receipt									
Mailing Address 1950 MEADOWWOODS TR	AIL		07 31 Y Y Y Y 07 31 2019										
City LONG LAKE	State MN	Zip Code 55356-9312	Transaction ID : PR1596305654997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C			-7	-7-	384.6	60						
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Full Name of Individual (Last, First, Middle I ANDERSON, MICHAEL, , ,													
Mailing Address 17907 INVERNESS CURVE			07	/ D D 31	/ Y	2019	Y						
City EDEN PRAIRIE	State MN	Zip Code 55347-2155		of Each Re			,						
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Prd	Me	mo Item									
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Other (specify) ▼		2884.50											
Full Name of Individual (Last, First, Middle I FLYNN, DIANE, , ,	nitial) or Full C	rganization Name	Date of	Receipt									
Mailing Address 3318 FOXRIDGE CIRCLE	State	Zip Code	07	/ 31		2019							
ТАМРА	FL	33618-2149		of Each Re			<u> </u>						
FEC ID number of contributing federal political committee.	С			y .	y.	78.0	0						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)										
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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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 to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle BORCA, TROY, , ,	e Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 1649 SPRING VALLEY R			07 / ^D D / ^Y Y Y Y 31 2019										
City HARTLAND	State WI	Zip Code 53029-2056	Transaction ID : PR1596310454997										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)												
Full Name of Individual (Last, First, Middle DAVIDSON, TRACY, , ,	e Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 6058 HARBOUR TOWN C			07 31 Y Y Y Y Y 2019										
City WESTERVILLE	State OH	Zip Code 43082-8144	Transaction ID : PR1596311654997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. DUNLOP, RICHARD, , ,	e Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 2964 WYSE COURT			07 / D D / Y Y Y Y 2019										
City LEWIS CENTER	State OH	Zip Code 43035-8253	Transaction ID : PR1596312354997										
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) Plan CEO	Memo Item										
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2844.00	P/R Deduction (\$196.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		853.52										
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	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initia HEUMANN, KURT, , ,	l) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 63 MUIRFIELD COURT			07 31 2019									
	City SAINT LOUIS	State MO	Zip Code 63141-7372	Transaction ID : PR1596313754997 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) Plan CEO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 599.98	P/R Deduction (\$50.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia HIGGINS, MARY, , ,	l) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 54 BELCREST ROAD			07 / D D / Y Y Y Y 2019									
	City WEST HARTFORD	State CT	Zip Code 06107-3304	Transaction ID : PR1596313854997									
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	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 238.43	P/R Deduction (\$69.23 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia MALLATT, KATHLEEN, , ,	l) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 4304 SOUTH 167 AVENUE			07 / D D / Y Y Y Y 2019									
	OMAHA	State NE	Zip Code 68135-1353	Transaction ID : PR1596315454997 Amount of Each Receipt this Period									
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	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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
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NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle A. ROSENTHAL, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 8 VIA HERMOSA			07 31 2019										
City ORINDA	State CA	Zip Code 94563-1828	Transaction ID : PR1596317354997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Ntwk	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle RUTH, KEVIN, , ,													
Mailing Address 16621 ALEXANDER MANO	R DRIVE		07 31 / Y Y Y Y 07 31 2019										
City SILVER SPRING	State MD	Zip Code 20905-5028	Transaction ID : PR1596317454997 Amount of Each Receipt this Period										
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, HIth Advancement	Memo Item										
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Full Name of Individual (Last, First, Middle STURKEY, DAVID, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1941 MARINA ROAD			07 / D D / Y Y Y Y Y 07 31 2019										
City IRMO	State SC	Zip Code 29063-8579	Transaction ID : PR1596318454997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		78.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P Acct Mgmt	Memo Item										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (l	Jni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) TODD, JEFFREY, , ,	or Full O	rgar	nization Name		Date	of R	lec	ceipt						
	Mailing Address 467 PRAIRIE WAY SOUTH				M M / D D / Y Y Y Y Y 07 31 2019										
	5	State MN		Zip Code 55003-1607	-						R1596			,	
					Amount of Each Receipt this Period										
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) erwriting	P/R Deduction (\$25.00 Bi-Weekly)										
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B.	Full Name of Individual (Last, First, Middle Initial) DODDY, JOHN, , ,	or Full O	rgar	nization Name		Date	of R	lec	ceipt						
	Mailing Address 50 WALSINGHAM ROAD			[™] 07		/	D	B1	/ Y	201	Y 19	Y			
	City MENDHAM	State NJ		Zip Code 07945-1827							R1600 ceipt th				
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с.	Full Name of Individual (Last, First, Middle Initial) SANDY, LEWIS, , ,	or Full O	rgar	nization Name		Date	of R	lec	ceipt						
	Mailing Address 4800 SUNNYSLOPE ROAD E					[™] 07		/		B1	/ Y	201		Y	
	City EDINA	State MN		Zip Code 55424-1163							PR1600			7	
				55424-1105	A	mou	nt of	fE	Each	Re	ceipt th	-	eriod 384.6	0	
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle PETERSON, MATTHEW, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 2260 FOX STREET			07 / D D / Y Y Y Y Y 2019										
City ORONO	State MN	Zip Code 55356-8316	Transaction ID : PR1602669954997										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ancillary & Ind/Sgt CAO	Memo Item										
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Individual (Last, First, Middle MALONEY, JEFFREY, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 6327 PASADENA POINT I	07 31 2019												
City GULFPORT	State FL	Zip Code 33707-3867	Transaction ID : PR1613243554997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		192.30										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. CELLI, PAT, , ,	Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 1210 COUNTRY CLUB D			07 31 Y Y Y Y Y										
City CUTCHOGUE	State NY	Zip Code 11935-1728	Transaction ID : PR1613243754997										
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) Plan CEO	Memo Item										
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional))		961.50										
TOTAL This Period (last page this line numb	per only)	•											

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check	only	on v	e)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a 3		11b 14	11c	12	17				
	ny information copied from such Reports and Sta for commercial purposes, other than using the n			erson for	the p		ose of	soliciting	g contribu	tions				
	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia BELLAMY, THOMAS, , ,	l) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 2743 THOMAS AVENUE SOUT	Η		07 31 2019										
	City	State	Zip Code	Т	ransa	acti	on ID :	PR1653	44435499	7				
	MINNEAPOLIS	MN	55416-4346	Am	ount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			_		y		384.	60				
	Name of Employer (for Individual)	Осси	pation (for Individual)	- E	Me	emo	Item							
	United HealthCare Services Inc	VP S	SIs Ops		-									
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		2884.50	P/R	Dedu	uctic	on (\$192	2.30 Bi-V	Veekly)					
			aga aga aga aga											
— В.	Full Name of Individual (Last, First, Middle Initia SEVIGNY, BRIAN, , ,	l) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 137 CREEKVIEW LANE		07	/	D D D 31	/ Y	2019	Y						
	City	State	Zip Code	Т	ransa	actio	on ID :	PR16534	44575499	7				
	LORETTO	MN	55357-2111	Am	ount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С	28.08											
	Name of Employer (for Individual) Optum Services, Inc	Occu Dire	Memo Item											
	Receipt For:	Aggregate	Year-to-Date V	1										
	Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)										
<u>с.</u>	Full Name of Individual (Last, First, Middle Initia SULLIVAN, DANIEL, , ,	l) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 57 QUORN HUNT ROAD				07	/	31	/ Y	2019	Y				
	City	State	Zip Code	Т	rans	acti	on ID :	PR1653	44585499	7				
	WEST SIMSBURY	СТ	06092-2524	Am	ount	of	Each R	eceipt th	nis Period					
	FEC ID number of contributing federal political committee.	С			_		,	,	76.	92				
	Name of Employer (for Individual)	Occu	pation (for Individual)	1 C	Me	emo	Item							
	Optum Services, Inc	VP F	Proj-Prgm Mgmt											
	Receipt For:	Aggregate	Year-to-Date 🔻				(000							
	Other (specify)		P/R	Dedu	uctio	on (\$38.	.46 Bi-W	eekly)						
s	UBTOTAL of Receipts This Page (optional)			Γ					489.	60				
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T	OTAL This Period (last page this line number on	ııy)	•••••••••••••••••••••••••••••••••••••••						1	- I - I - I				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
ight angle UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. EMERSON, PAUL, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 18855 MEADOW VIEW BL	VD		07 / D D / Y Y Y Y 2019										
City PRIOR LAKE	State MN	Zip Code 55372-3133	Transaction ID : PR1806750354997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) Optum360 Services Inc	Occi	upation (for Individual) O	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. ULLOA, SHAUNA, , ,	Date of Receipt												
Mailing Address 9 STRATFORD ROAD			07 31 Y Y Y Y Y 2019										
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR1832379154997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle ANDERSON, CATHERINE, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 57 SIMMONS LANE			07 / D D / Y Y Y Y Y 2019										
City SEVERNA PARK	State MD	Zip Code 21146-1921	Transaction ID : PR1903550754997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Strat Initiv	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			797.28										
TOTAL This Period (last page this line number	er only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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				Detailed Summary Page	×	11a 13	\square	11 14		_	11c 15	12 16	17									
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay n addre	ot be sold or used by any pe ess of any political committee	rson fo	or the	purp ntrib	pos	se of s	soli	iciting	contribut	ions									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated																					
Α.	DUFEK, ROBERT, , ,											Date of Receipt										
	Mailing Address 816 PROMONTORY PLACE	State		Zip Code	07 31 2019 Transaction ID : PR1903577154997																	
	EAGAN	MN	_	55123-2297	Amount of Each Receipt this Period																	
	FEC ID number of contributing federal political committee.	С			50.00																	
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) nfo Security	Memo Item																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 375.00	P/	R Dedu	uctic	on	(\$25.0)0 E	Bi-We	ekly)										
В.	Full Name of Individual (Last, First, Middle Initial JOHNSON, CHRISTOPHER, , ,) or Full O	rgar	nization Name	Date of Receipt																	
	Mailing Address 12880 53RD STREET NORTH	State		Zin Codo	-[^M 07	/	L	31	/	Y	2019	Y									
	City STILLWATER	MN		Zip Code 55082-1063				-				9115499 s Period	7									
	FEC ID number of contributing federal political committee.	С				78.00																
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) Mgmt		Memo Item																
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)																	
c.	Full Name of Individual (Last, First, Middle Initial SANTELLI, JOHN, , ,) or Full O	rgar	nization Name	C	Date of	Re	ecei	ipt													
	Mailing Address 25510 BIRCH BLUFF ROAD	Chata		Zin Oode	_ [07 -	/	L	31	<i>'</i>		2019										
	City EXCELSIOR	State MN		Zip Code 55331-8520	A							2205499 s Period	1									
	FEC ID number of contributing federal political committee.	С						,			y	384.0	50									
	Name of Employer (for Individual) Optum Services, Inc	Occi SVP	•	tion (for Individual) D		Memo Item																
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)																	
s	UBTOTAL of Receipts This Page (optional)			•	[,		1	9	512.6	50									
т	OTAL This Period (last page this line number on	ly)		•				7			-9											

Use separate schedule(s)

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ITEMIZED REGEIPTS		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 th			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (JnitedHealth Group PA	\C)										
Full Name of Individual (Last, First, Middle In A. STEERUP, LORI, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 7019 DONLEA LANE			M M / D D / Y Y Y Y 07 31 2019										
City EDEN PRAIRIE	State MN	Zip Code 55346-3164	Transaction ID : PR1903628654997										
FEC ID number of contributing	C	33340-3104	Amount of Each Receipt this Period 28.00										
federal political committee.													
Name of Employer (for Individual)		upation (for Individual)	Memo Item										
United HealthCare Services Inc	VP	Human Capital Partner											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$71.80 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In B. WEYMOUTH, PAUL, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 317 WRIGHTS MILL RD			07 31 2019										
City	State	Zip Code	Transaction ID : PR1903636954997										
COVENTRY	СТ	06238-1559	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CTO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In c. BRYAN, KATHIE, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 912 JOSHUA PLACE			07 31 Y Y Y Y 2019										
City	State	Zip Code	Transaction ID : PR2119469454997										
SAN DIEGO	CA	92154-2537	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		50.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) g Cnslt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 375.00	P/R Deduction (\$25.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			462.60										
TOTAL This Period (last page this line numbe													

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)				
Full Name of Individual (Last, First, Middle CAMPBELL, COLLEEN, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 4936 LONGMEADOW PAR	RK ST		07 31 / Y Y Y Y Y 2019				
City ORLANDO	State FL	Zip Code 32811-7485	Transaction ID : PR2119469954997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle DEMBROSKI, TODD, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1390 FINCH LN			07 31 / Y Y Y Y Y 07 31 2019				
City GREEN BAY	State WI	Zip Code 54313-6400	Transaction ID : PR2119472854997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)				
Other (specify) ▼		, 225.00					
Full Name of Individual (Last, First, Middle GILDERNICK, AMY, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 2709 WILLIAMS GRANT			07 / D D / Y Y Y Y Y 2019				
City DE PERE	State WI	Zip Code 54115-9456	Transaction ID : PR2119475254997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		40.00				
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir C	upation (for Individual) Clms	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			100.00				
TOTAL This Period (last page this line numb	er only)						

SCHEDULE A (FEC Form 3X) ___

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1TP	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)			
111			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
				erson for the purpose of soliciting contributions to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P/	AC)			
Α.	Full Name of Individual (Last, First, Middle Ir HANSEN, DAVID, , ,	iitial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 33 VIA CONOCIDO			07 31 / Y Y Y Y 2019			
	City SAN CLEMENTE	State CA	Zip Code 92673-7044	Transaction ID : PR2119476754997 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		270.00			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP I	upation (for Individual) Fin	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2025.00	P/R Deduction (\$135.00 Bi-Weekly)			
Β.	Full Name of Individual (Last, First, Middle Ir HARLAN, MADELINE, , ,	iitial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 3444 CORTES PLACE	07 / D D / Y Y Y Y 07 31 2019					
	City	State TX	Zip Code	Transaction ID : PR2119476954997			
	ROUND ROCK		78665-5666	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		28.08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)			
	Full Name of Individual (Last, First, Middle Ir KANNE, KATHLEEN, , ,	iitial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 4826 PALOMINO COURT			07 31 2019			
	City ERIE	State PA	Zip Code 16506-6624	Transaction ID : PR2119479654997 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		384.60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
	UBTOTAL of Receipts This Page (optional)			682.68			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)			
ITEINIZED REGEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)			
Full Name of Individual (Last, First, Middle KNUTSON, MARK, , ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 19312 FAIRHAVEN EXT			M M / D D / Y Y Y Y 07 31 2019			
City SANTA ANA	State CA	Zip Code 92705-6310	Transaction ID : PR2119480254997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		30.00			
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 ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle MACEMEADOR, HEATHER, , ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 13531 CARLTON OAKS	State	Zip Code	07 / D D / Y Y Y Y Y 2019			
SAN ANTONIO	TX	78232-4902	Transaction ID : PR2119482554997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		40.00			
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 ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle . NYGARD, KEITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt			
Mailing Address 9620 W RUSSELL ROAD #1063 City	State	Zip Code	07 / 07 / 2019			
LAS VEGAS	NV	89148-4505	Transaction ID : PR2119485054997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		40.00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Adhr	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional	, 		▶ <u>110.00</u>			

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11b 11c	12		
Any information copied from such Reports a or for commercial purposes, other than usir			erson for the purpo				
NAME OF COMMITTEE (In Full)	ig the hame and a				r commute	e	
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	C)				
Full Name of Individual (Last, First, Mide A. OLLMANNWAGNER, TRACY, , ,	lle Initial) or Full O	rganization Name	Date of Rec	eipt			
Mailing Address 2839 TIMBER LANE			M M / 07	D D / Y 31	y y 2019	Ŷ	
City GREEN BAY	State WI	Zip Code 54313-5841		on ID : PR21194 Each Receipt thi			
FEC ID number of contributing federal political committee.	С				30.0	0	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops	Memo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction	n (\$15.00 Bi-We	ekly)		
Full Name of Individual (Last, First, Mido B. PAXSON, LYNDA A, , ,	lle Initial) or Full O	rganization Name	Date of Rec	eipt			
Mailing Address 3924 E GARNET PL	07 /	31 / Y	2019	Y			
City HIGHLANDS RANCH	State CO	Zip Code 80126-5044		on ID : PR21194			
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) Field Acct Mgr	Memo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00	P/R Deduction	n (\$25.00 Bi-We	ekly)		
Full Name of Individual (Last, First, Mido C. KOLLROSS, MICHELLE, , ,	lle Initial) or Full O	rganization Name	Date of Rec	eipt			
Mailing Address 1128 COUNTRYSIDE D	R		07 /	D D / Y 31	2019	Ŷ	
City DE PERE	State WI	Zip Code 54115-1040		on ID : PR21194 Each Receipt thi		,	
FEC ID number of contributing federal political committee.	С		Memo Item		30.0	0	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction	n (\$15.00 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (option	al)				110.0	0	
TOTAL This Period (last page this line nu	mber only)						

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)			
Full Name of Individual (Last, First, Middle A. PITTMAN, AUSTIN, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 4621 EDINA BLVD			07 31 2019			
City EDINA	State MN	Zip Code 55424-1154	Transaction ID : PR2119486754997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		384.60			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
Full Name of Individual (Last, First, Middle B. PROCHNOW, JAMES, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 143 RUSTIC OAK DRIVE			07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /			
City LUXEMBURG	State WI	Zip Code 54217-7320	Transaction ID : PR2119487254997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		28.00			
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)			
Full Name of Individual (Last, First, Middle C. RICCIUTI, SHARON, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 55 PERENNIAL			07 31 2019			
City IRVINE	State CA	Zip Code 92603-0621	Transaction ID : PR2119487954997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		28.08			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Qlty	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)		440.68			
TOTAL This Period (last page this line num	ber only)					

Use separate schedule(s)

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ITT			Use separate schedule(s)		(check only one)					
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a	111	b 🗌	11c	12	<u> </u>
	/ information copied from such Reports and Stat for commercial purposes, other than using the n									
<u> </u>	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group F	PAC)						
	Full Name of Individual (Last, First, Middle Initial VANASTEN, SUSAN, , ,) or Full O	Drganization Name		Date of	Receip	ot			
	Mailing Address N2249 NICOLE COURT				^M 07	/ D	31	/ Y	2019	Y
-	City KAUKAUNA	State WI	Zip Code 54130-9462						9265499 is Period	7
	FEC ID number of contributing federal political committee.	С				-		7	80.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) R Telesls Dir		Me	emo Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00		P/R Dedu	iction (\$40.00	Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial WRIGHT, GREGORY, , ,) or Full O	Drganization Name		Date of	Receip	ot			
	Mailing Address 10471 STRAND TERRACE				07 / D D / Y Y Y Y Y 2019				Y	
	City SANTA ANA	State CA	Zip Code 92705-1495	_					9415499	7
-	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period 384.60				60	
	Name of Employer (for Individual) Jnited HealthCare Services Inc		cupation (for Individual) h Plan CEO		Me	emo Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 2884.50		P/R Dedu	iction (S	\$192.3	0 Bi-W	eekly)	
	Full Name of Individual (Last, First, Middle Initial YOUNG, GEORGE, , ,) or Full O	Drganization Name		Date of	Receip	ot			
	Mailing Address 36296 N 98TH WAY	1			07	/ D	31	/ Y	y y 2019	Y
	City SCOTTSDALE	State AZ	Zip Code 85262-3138						19445499 is Period	7
	FEC ID number of contributing federal political committee.	С			<u> </u>	y		9	30.	00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO		Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 225.00		P/R Dedu	uction (\$15.00	Bi-We	ekly)	
รเ	JBTOTAL of Receipts This Page (optional)			•		9		7	494.	60
т	TAL This Period (last page this line number on	ly)		•		-		-		

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
I EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	≭ 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.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (l	JnitedHealth Group PA	AC)				
Full Name of Individual (Last, First, Mide A. MASON, JOHN, J, ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 524 N CRESCENT HEI	GHTS BLVD		07 31 2019				
City LOS ANGELES	State CA	Zip Code 90048-2208	Transaction ID : PR2126373854997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		8.50				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2341.17	P/R Deduction (\$4.25 Bi-Weekly)				
Full Name of Individual (Last, First, Mide B. BURKE, FORREST, , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 380 LEAF STREET			07 / D D / Y Y Y Y 07 31 2019				
City ORONO	State MN	Zip Code 55356-9733	Transaction ID : PR2133132454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Mide C. CUMMINGS, DANIEL, , ,	dle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 1929 FAIRMOUNT AVE	E		07 / D D / Y Y Y Y Y 07 31 2019				
City SAINT PAUL	State MN	Zip Code 55105-1539	Transaction ID : PR2133132654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	upation (for Individual) Fin	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optior	nal)		423.10				
TOTAL This Period (last page this line nu	mber only)						

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IT.			Use separate schedule(s)	(check only one)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n						
<u> </u>	NAME OF COMMITTEE (In Full)						
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)			
A.	Full Name of Individual (Last, First, Middle Initia HULTGREN, BROR, , ,	l) or Full O	Drganization Name	Date of Receipt			
	Mailing Address 408 22ND ST	-		07 31 2019	Y		
	GOLDEN City	State CO	Zip Code 80401-2452	Transaction ID : PR213313325499 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		С		384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) gn CEO	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
в.	Full Name of Individual (Last, First, Middle Initia MORISATO, SUSAN, , ,	l) or Full O	Drganization Name	Date of Receipt			
	Mailing Address 238 ARDMORE ROAD			07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /			
	City DES PLAINES	State IL	Zip Code 60016-2119	Transaction ID : PR213313385499 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		384.	_		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) es Insurance Sols	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
С.	Full Name of Individual (Last, First, Middle Initia PUTNAM, T JEFFREY, , ,	l) or Full O	Drganization Name	Date of Receipt			
	Mailing Address 303 ELMWOOD PLACE WEST	1		07 / D D / Y Y Y Y 2019			
	City MINNEAPOLIS	State MN	Zip Code 55419-1349	Transaction ID : PR213313425499 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		384.	60		
Name of Employer (for Individual) United HealthCare Services Inc			cupation (for Individual) t Group CFO	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
s	UBTOTAL of Receipts This Page (optional)		•	1153.	80		
Т	OTAL This Period (last page this line number or	ıly)	•				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a □ 11b □ 11c □ 12			
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-					
Full Name of Individual (Last, First, Midd FALKENBERG, ROBERT, , ,	le Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 6 LANTANA			07 / D D / Y Y Y Y 2019			
City NEWPORT COAST	State CA	Zip Code 92657-1646	Transaction ID : PR2145728454997			
FEC ID number of contributing federal political committee.	C	32001-1040	Amount of Each Receipt this Period			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1730.70	P/R Deduction (\$115.38 Bi-Weekly)			
Full Name of Individual (Last, First, Midd B. RUMMEL, LEAH, , ,	le Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 12100 TRAUTWEIN RO			07 / D D / Y Y Y Y Y 2019			
City AUSTIN	State TX	Zip Code 78737-9358	Transaction ID : PR2145729554997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		76.92			
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)			
Full Name of Individual (Last, First, Midd C. SMITH, DANNETTE, , ,	le Initial) or Full C	rganization Name	Date of Receipt			
Mailing Address 4200 ALDEN DRIVE			07 / D D / Y Y Y Y 2019			
City EDINA	State MN	Zip Code 55416-5010	Transaction ID : PR2145729954997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		384.60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Peputy Gen Counsel	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optiona	al)		692.28			
TOTAL This Period (last page this line nur						

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than usin			person for the purpose of soliciting contributions see to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Midd A. LEWIS, KURT, , ,	le Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 961 RIVER FOREST DR	RIVE		M M / D D / Y Y Y Y 07 31 2019				
City MAINEVILLE	State OH	Zip Code 45039-7720	Transaction ID : PR2203967554997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Midd B. BEAULE, JEAN-FRANCOIS, , ,	le Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 7 STRATFORD RD							
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR2225813654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		230.76				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P HIth Advancement	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1730.70	P/R Deduction (\$115.38 Bi-Weekly)				
Full Name of Individual (Last, First, Midd C. CARRUTH, NANCY, , ,	le Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 753 WOOD HILL DRIVE			07 / D D / Y Y Y Y 07 31 2019				
City CHANHASSEN	State MN	Zip Code 55317-9561	Transaction ID : PR2225818454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		30.00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) cipal Software Engineer	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optiona	al)		645.36				
TOTAL This Period (last page this line nur	nber only)						

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements ma g the name and a	I 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 e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	-					
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group PA	AC)			
Full Name of Individual (Last, First, Middl A. MCGUIRE, MICHAEL, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 437 DRURY LANE			07 / D D / Y Y Y Y 2019			
City WYCKOFF	State NJ	Zip Code 07481-2204	Transaction ID : PR2225818854997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		192.30			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3942.25	P/R Deduction (\$96.15 Bi-Weekly)			
Full Name of Individual (Last, First, Middl B. RYAN, JOHN, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 45 WESTMORELAND LN			07 / 07 / 2019			
City NAPERVILLE	State	Zip Code 60540-5817	Transaction ID : PR2225819654997			
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)			
Full Name of Individual (Last, First, Middl c. SAILOR, ROY, , ,	e Initial) or Full C	organization Name	Date of Receipt			
Mailing Address 276 COYOTE WILLOW			07 / D D / Y Y Y Y 2019			
City COLORADO SPRINGS	State CO	Zip Code 80921-7631	Transaction ID : PR2225819754997 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		153.84			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optiona	al)		730.74			
TOTAL This Period (last page this line num	nber only)					

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle GREENMAN, DEE, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 536 HIGH DR			07 31 Y Y Y Y Y 2019				
City CARMEL	State IN	Zip Code 46033-2338	Transaction ID : PR2231350254997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
Full Name of Individual (Last, First, Middle CONNLY, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 570 MONTCALM PL			07 / D D / Y Y Y Y 07 31 2019				
City SAINT PAUL	State MN	Zip Code 55116-1730	Transaction ID : PR2247625854997				
FEC ID number of contributing		33110-1730	Amount of Each Receipt this Period				
federal political committee.	C		384.60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. CARCIONE, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 11 CARRIAGE WAY			07 31 Y Y Y Y Y 2019				
City WHITE PLAINS	State NY	Zip Code 10605-5424	Transaction ID : PR2247626854997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		115.40				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1ed Dir	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 865.50	P/R Deduction (\$57.70 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			528.08				
TOTAL This Period (last page this line numb	er only)						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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			Use separate schedule(s)		(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)							
A.	II Name of Individual (Last, First, Middle Initial) or Full Organization Name CANTOLA, KEVIN, , ,				Date of Receipt						
	Mailing Address 7031 HALSTEAD DRIVE										
	City MINNETRISTA	State MN	Zip Code 55364-3201		Transaction ID : PR2247627054997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С							647	.40	
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP IT				emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1439.10	P/R Deduction (\$323.70 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name OBRIEN, DENNIS, , ,				Date of	Re	ceipt				
	Mailing Address 61 LOUGHLIN AVE				07 31 Y Y Y Y Y Y 07 31 2019						
	City COS COB	State CT	Zip Code 06807-2621		Transaction ID : PR2247627354997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С			U	1		384			
	Name of Employer (for Individual)Occupation (for Individual)United HealthCare Services IncRegn CEO				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name VERNEY, JEFFERY, , ,				Date of	Re	ceipt				
	Mailing Address 266 WESTLEDGE ROAD				07 31 / Y Y Y Y 2019						
	City WEST SIMSBURY	StateZip CodeCT06092-2017			Transaction ID : PR2247627454997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C					y .	. ,	384	.60	
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt		M	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate		P/R Deduction (\$0.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	1416	.60	
т	OTAL This Period (last page this line number or	וy)	••••••	-			-	-			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	✗ 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			rson for the purpose of soliciting contributions									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia GARODIA, SANJAY, , ,	al) or Full C	organization Name	Date of Receipt 07 31 2019									
	Mailing Address 110 COVINGTON COURT												
	City	State IL	Zip Code	Transaction ID : PR2247627854997									
	OAK BROOK		60523-2574	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) Optum Services, Inc	Occ CO	upation (for Individual) O	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		461.52	P/R Deduction (\$38.46 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia PRINCE, JOHN, , ,	al) or Full C	rganization Name	Date of Receipt									
	Mailing Address 546 HARRINGTON ROAD	07 31 Y Y Y Y Y 07 31 2019											
	City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738454997 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Segment CEO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia CRONN, CHRISTOPHER, , ,	al) or Full C	organization Name	Date of Receipt									
	Mailing Address 1122 COLORADO STREET SUITE 2399	1		07 ^D ^D ^D ²⁰¹⁹ 2019									
	City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522954997									
			10101-2132	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) t Affs Dir	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			576.90									
Т	OTAL This Period (last page this line number or	nly)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a 13	\square	11 14		-	11c 15	12	17						
	y information copied from such Reports and State for commercial purposes, other than using the na					or the		pos	se of :	sol	liciting	contribut	ions						
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated																		
Α.	Full Name of Individual (Last, First, Middle Initial CURRY, CAROLE, , ,) or Full O	rgar	nization Name	Date of Receipt														
	Mailing Address 411 FLEECE FLOWER DRIVE																		
	CityStateZip CodeGAITHERSBURGMD20878-2646							Transaction ID : PR2402315754997 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –						28.00											
	Name of Employer (for Individual) United HealthCare Services Inc	ealthCare Services Inc Acct Mgt Cons Clnt Svc							Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.00	P/	P/R Deduction (\$14.00 Bi-Weekly)													
B.	Full Name of Individual (Last, First, Middle Initial FRASCINO, MJ, , ,	Date of Receipt																	
	Mailing Address 4575 SOUTH ATLANTIC AVENU # 6311	Zip Code		07 31 2019															
	City PONCE INLET	INLET FL					Transaction ID : PR2402316554997 Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		28.00															
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) 9 Comm	Memo Item														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.00	P/I	P/R Deduction (\$14.00 Bi-Weekly)													
с.	Full Name of Individual (Last, First, Middle Initial KEPLEYCARRIER, ANGELA, , ,) or Full O	rgar	nization Name		ate of	Re	cei	ipt										
	Mailing Address 3219 PENINSULA DRIVE					07	/	L	^D 31		/ Y	y y 2019							
	City JAMESTOWN	State NC		Zip Code 27282-8717	A							1775499 s Period	7						
	FEC ID number of contributing federal political committee.	С				_		,			J	40.0	00						
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Clin Ops		Me	emo	o Ite	em										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 300.00	P/	R Ded	uctio	on	(\$20.0	00	Bi-We	ekly)							
S	UBTOTAL of Receipts This Page (optional)			•	[,			9	96.0	00						
т	OTAL This Period (last page this line number onl	ly)		•				_			- y -								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

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 to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)								
A. LEVIBAUMGARTEN, MARILYN, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name										
Mailing Address 4800 W 27TH ST	State	Zip Code	07 / 31 / 2019 Transaction ID : PR2402317954997								
SAINT LOUIS PARK	MN	55416-1933	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		40.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle MCGRATH, STACY, , ,	Date of Receipt										
Mailing Address 5801 CHOWEN AVE S			07 31 Y Y Y Y 2019								
City EDINA	State MN	Zip Code 55410-2759	Transaction ID : PR2402318554997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		43.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.20	P/R Deduction (\$21.80 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. ROSSI, DAVID, , ,	e Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 510 BUFFALO TOM DRIV	VE		07 / D D / Y Y Y Y 2019								
City GREENSBORO	State NC	Zip Code 27455-8344	Transaction ID : PR2402319654997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional	l)		111.68								
TOTAL This Period (last page this line num	ber only)	•									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 40 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			erson for the purpose of soliciting contributions								
or for commercial purposes, other than using	ure ridirie and a	uuress or any political committee	5 to solidit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle BARRINGER, PAUL, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3709 WILLIAMS LANE			07 31 2019								
City CHEVY CHASE	State MD	Zip Code 20815-4951	Transaction ID : PR2402444354997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		92.30								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.25	P/R Deduction (\$46.15 Bi-Weekly)								
Full Name of Individual (Last, First, Middle BECKER, JAMES, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 378 FERNDALE ROAD WE			07 / D D / Y Y Y Y Y 31 2019								
	State MN	Zip Code	Transaction ID : PR2402445154997								
		55391-1559	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Ops	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle COLEMAN, JAMES, , ,	, 	rganization Name	Date of Receipt								
Mailing Address 4720 WEST 66TH STREE		Zin Onde	07 / D D / Y Y Y Y 07 31 2019								
City EDINA	State MN	Zip Code 55435-1506	Transaction ID : PR2402445254997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp SVP, Human Capital	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			861.50								
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X) DEOEIDTO

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) ((check only one)										
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		12 16	17			
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mane and a	I ay not be sold or used by any p address of any political committe	erson e to so	for the	purp ntrib	oose of	soliciting	g cont	tributio	ons			
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Ini $HIGA,JOY,,,$	tial) or Full C	Organization Name		Date of Receipt									
	Mailing Address 2208 ELM AVENUE				07 31 2019									
	City	State	Zip Code		Trans	acti	on ID :	PR2402	44625	54997				
	MANHATTAN BEACH	CA	90266-2809		Amount	of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		÷	384.60	0			
	Name of Employer (for Individual)	Occ	upation (for Individual)		Me	emo	Item							
	United HealthCare Services Inc	VP	Regl Affs											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		2884.50	1 P	P/R Ded	uctio	on (\$192	2.30 Bi-V	Veekly	/)				
в.	Full Name of Individual (Last, First, Middle Ini ALEXANDER, CORY, , ,	Organization Name		Date of	Re	ceipt								
	Mailing Address 4203 BRADLEY LANE			07 / D D / Y Y Y Y 07 31 2019										
	City	State MD	Zip Code				-	PR2405						
			20815-5234	- 1	Amount	of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С			384.60						0			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Corp Affairs		Memo Item									
	Receipt For:	Aggregate		1										
	Other (specify)		, 2884.50	P	P/R Deduction (\$192.30 Bi-Weekly)									
<u> </u>	Full Name of Individual (Last, First, Middle Ini SAELENS, KAREN, , ,	tial) or Full C	Organization Name		Date of	Re	ceipt							
	Mailing Address 105 N FLORENCE AVE				07 ^M	/	31	/ Y	y 201		Y			
	City	State	Zip Code		Trans	acti	ion ID :	PR2408	54485	54997				
	LITCHFIELD PARK	AZ	85340-4424	-	Amount	of	Each R	eceipt th	nis Pe	riod				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y	. <u>,</u>		40.00	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		M	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00] F	P/R Ded	uctio	on (\$20	.00 Bi-W	eekly)	I				
s	UBTOTAL of Receipts This Page (optional)								٤	809.20	0			
⊢	OTAL This Period (last page this line number							,						

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. WEE, KATHLYN, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2225 46TH ST NW			07 31 2019									
City WASHINGTON	State DC	Zip Code 20007-1032	Transaction ID : PR2408545054997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 State SIs OptumI	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. ZUCCARELLO, VINCENT, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 8 TAYLOR DRIVE			07 31 2019									
City	State	Zip Code	Transaction ID : PR2408545154997									
COS COB	СТ	06807-2314	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	7									
Primary General Other (specify) ▼		500.00	P/R Deduction (\$500.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. CORZINE, JEFFREY, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9350 TRACEYTON DRIV			07 / D D / Y Y Y Y 2019									
City DUBLIN	State OH	Zip Code 43017-9689	Transaction ID : PR2437119754997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Bus Dev	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		961.52									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check on	(check only one)								
			for each category of the Detailed Summary Page	X 11a	11b	11c	12						
Any information co	ppied from such Reports and S	tatements ma	y not be sold or used by any p ddress of any political committee	erson for the	purpose o	f soliciting	16 contribut	ions					
	MMITTEE (In Full)		duress of any political commute			1011 3001							
		ed PAC (l	JnitedHealth Group PA	AC)									
Full Name of Ir A. FUENTEVIL	ndividual (Last, First, Middle Ini LA, ANA, , ,	tial) or Full O	rganization Name	Date o	of Receipt								
Mailing Address 5110 N CALLE COLMADO				07 31 2019									
City TUCSON		State AZ	Zip Code 85718-5002		saction ID			7					
FEC ID number of contributing federal political committee.							384.6	50					
Optum Services	oyer (for Individual) s, Inc		upation (for Individual) Seg Chief Med Off		lemo Item								
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Dec	duction (\$1.	00 Bi-Wee	ekly)						
Full Name of Ir B. HAGAN, W	ndividual (Last, First, Middle Ini ILLIAM, , ,	tial) or Full O	rganization Name	Date c	of Receipt								
	6536 E GREYTHORN DRIVE			M N 07	07 / D D / Y Y Y Y 07 31 2019								
City		State	Zip Code		saction ID			,					
SCOTTSDALE		AZ	85266-6761	Amour	nt of Each I	Receipt th	is Period						
FEC ID number federal political	r of contributing committee.	s and the second s					384.60						
United HealthCa	oyer (for Individual) are Services Inc	Occi Bus	N	lemo Item									
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Ir C. WEISS, JA	ndividual (Last, First, Middle Ini	tial) or Full O	rganization Name	Date c	of Receipt								
	6245 NORTH 75 STREET			M 07	31		2019						
City SCOTTSDALE		State AZ	Zip Code 85250-4621		saction ID	-		7					
FEC ID numbe federal political	r of contributing committee.	С			, , , , , , , , , , , , , , , , , , ,		0.0	0					
United HealthC	oyer (for Individual) are Services Inc		upation (for Individual) red Svs Regn CMO		lemo Item								
Receipt For: Primary Other (sp	General ecify)	Aggregate	Year-to-Date ▼ 250.00	P/R Dec	duction (\$0.	00 Bi-Wee	ekly)						
SUBTOTAL of Re	eceipts This Page (optional)						769.2	20					
TOTAL This Perio	od (last page this line number	only)											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	g no nano ana a									
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd BALTHAZOR, PAUL, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2002 SUGARWOOD DR	IVE		07 / D D / Y Y Y Y 2019							
City ORONO	State MN	Zip Code 55356-9339	Transaction ID : PR2437120754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. NESS, LAURA, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 10550 PINNACLE WAY			07 31 2019							
City	State MN	Zip Code	Transaction ID : PR2437121554997							
		55129-4282	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd COSGRIFF, JOHN, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1837 SUMMIT LANE			07 31 2019							
City MENDOTA HEIGHTS	State MN	Zip Code 55118-4137	Transaction ID : PR2437121654997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dev	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)		1153.80							
TOTAL This Period (last page this line nur	nber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			Dotaliou Summary 1 aye	13 14 15 16 17								
or f	niformation copied from such Reports and State or commercial purposes, other than using the national											
	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)								
	Full Name of Individual (Last, First, Middle Initial) EDELSON, BRETT, , ,	or Full O	rganization Name	Date of Receipt								
-	Mailing Address 4600 DREXEL AVENUE			07 31 2019								
	City EDINA	State MN	Zip Code	Transaction ID : PR2437127154997								
-			55424-1132	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	C		384.60								
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Ī	Receipt For: A	aareaate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) RAINEY, PETER, , ,	Date of Receipt										
I	Mailing Address 8850 COUNTY ROAD 26			07 31 2019								
(City	State	Zip Code	Transaction ID : PR2437127554997								
-	MINNETRISTA	MN	55359-9445	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		384.60								
	Name of Employer (for Individual) Inited HealthCare Services Inc	upation (for Individual) 2 Corp Controller	Memo Item									
Ī	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt								
-	Mailing Address 404 A ST SE			07 31 2019								
	Dity	State	Zip Code	Transaction ID : PR2439928054997								
-	WASHINGTON	DC	20003-3807	Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С		384.60								
Ī	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
I	United HealthCare Services Inc		f of Staff									
Ī	Receipt For:	ggregate	Year-to-Date ▼									
	Primary General Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
รเ	BTOTAL of Receipts This Page (optional)		····· •	1153.80								
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Use separate schedule(s)

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	Use separate schedule(s)	(check only one)										
		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 1									
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle II A. HEYMAN, STEPHEN, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5300 SHERRILL AVENUE			07 31 / Y Y Y Y Y 07 31 2019									
City CHEVY CHASE	State MD	Zip Code 20815-3720	Transaction ID : PR2444265754997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Govt Affs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle In B. ULLSPERGER, DEWAYNE, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4440 AVONDALE			07 31 2019									
City MINNETONKA	State MN	Zip Code 55345-2754	Transaction ID : PR2444561354997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		769.22									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Actuary	Memo Item									
	Aggregate	Year-to-Date ▼	1									
Primary General Other (specify) ▼		769.22	P/R Deduction (\$384.61 Bi-Weekly)									
Full Name of Individual (Last, First, Middle II LANGER, DONALD, , ,	nitial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5110 OAK RAMBLING DRI	/E		07 31 2019									
City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015454997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			1538.42									
TOTAL This Period (last page this line numbe	r only)											

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ITEMIZED RECEIPTS					(check only one)						
			for each category of the Detailed Summary Page			111		11c		г	17
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements managements managements and a	I ay not be sold or used by any pe address of any political committee	erson for	3 the p t con	ourpose	e of a	soliciting	contr	ibutic	ns
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	IC)							
Α.	Full Name of Individual (Last, First, Middle Init ADLINGTONSHKABERIN, AMY, , ,	ial) or Full C	Organization Name	Da	te of	Receip	ot				
	Mailing Address 3890 SUNSET DRIVE			07 / D D / Y Y Y Y 2019							
	City SPRING PARK	State MN					PR24450 eceipt th				
	FEC ID number of contributing federal political committee.	С				-			3	84.60)
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital		Me	mo Ite	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R	Dedu	iction (\$192	2.30 Bi-W	/eekly))	
в.	Full Name of Individual (Last, First, Middle Init SIEGEL, DAVID, , ,	ial) or Full C	Organization Name	Da	te of	Receip	ot				
	Mailing Address 264 LAKEWOOD DRIVE				07 / D D / Y Y Y Y Y 2019						
	City BLOOMFIELD HILLS	State MI	Zip Code 48304-3531					PR24450			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Me		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$14.04 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	210.60								
С.	KRAJNOVICH, DANIEL, , ,			Da	te of	Receip	ot				
	Mailing Address 9958 BUTTONDOWN LANE	State	Zip Code	- L	07 31 2019 Transaction ID : PR2460167354997						
	City ZIONSVILLE	IN	46077-8135					eceipt th			
	FEC ID number of contributing federal political committee.				_	9		,		40.00)
			upation (for Individual) I Plan CEO		Memo Item						
Receipt For: Aggr Primary General Other (specify)		Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•••••			y		,	4	52.68	
Т	OTAL This Period (last page this line number of	only)		Γ		-				-	

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than using			person for the purpose of soliciting contributions be to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle RENFRO, LARRY, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 15 TREVINO CIRCLE			07 31 2019									
City ANDOVER	State MA	Zip Code 01810-2876	Transaction ID : PR2460168154997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Vice	upation (for Individual) Chairman UHG	Memo Item									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. ORBUCH, DAVID, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2220 CEDAR LAKE PKWY			07 / D D / Y Y Y Y 2019									
City MINNEAPOLIS	State MN	Zip Code 55416-3644	Transaction ID : PR2460168254997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) um Exec	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. WEXLER, ERIC, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7220 WILLOW OAK DR	1		07 / D D / Y Y Y Y 2019									
City WEST BLOOMFIELD	State MI	Zip Code 48324-3081	Transaction ID : PR2463723154997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			1153.80									
TOTAL This Period (last page this line numb	er only)											

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 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	PAC (l	JnitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initial WALKOWSKI, KAREN, , ,) or Full O	organization Name	Date of Receipt						
	Mailing Address 6359 COUNTRY ROAD			07 / D D / Y Y Y Y Y 07 31 2019						
		State MN	Zip Code	Transaction ID : PR2463723454997						
	EDEN PRAIRIE		55346-1342	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.08						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ector Data Analytics	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)						
В.	Full Name of Individual (Last, First, Middle Initial SCHICK, SUSAN, , ,) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1220 DENBIGH LANE			07 31 2019						
	City	State	Zip Code	Transaction ID : PR2480620554997						
	WAYNE	PA	19087-4644	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initial KNARR, KEVIN, , ,) or Full O	organization Name	Date of Receipt						
	Mailing Address 4806 HUTCHINS PLACE NW			07 31 2019						
	City	State	Zip Code	Transaction ID : PR2484542354997						
	WASHINGTON	DC	20007-1528	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 UnitedHIth Grp	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)						
	UBTOTAL of Receipts This Page (optional)		r							
	OTAL This Period (last page this line number on	·y)·····	•••••••							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				or each category of the Detailed Summary Page	×	11			11 14	1b 1		11c 15	12	17
	y information copied from such Reports and Statem for commercial purposes, other than using the nam					or t	he		pos	se of		oliciting	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	PAC (L	Jni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) o TROPEANO, DANIEL, , ,	or Full O	rgar	nization Name	[Date	e of	Re	ece	eipt				
	Mailing Address 606 BROOKSIDE AVE					07 31 2019								
	,	State		Zip Code		Transaction ID : PR2484542854997								
	WAYNE F	PA		19087-4826	_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	;			192.30									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Me	emo	b lt	em				
	Receipt For: Aci	areaate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼										5.15	5 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) o MANDERFELD, THOMAS, , ,	or Full O	rgar	nization Name		Date	e of	Re	ece	eipt				
	Mailing Address 3760 WEST CALHOUN PARKWAY	•					™)7	/	ľ	D 31	- 1	/ Y	y y 2019	Y
		State MN		Zip Code 55410-1118									9795499 is Period	
	FEC ID number of contributing federal political committee.	C							-			Ţ	695.	38
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SVP Investor Relations						Memo Item						
	Receipt For: Age Primary General Other (specify) ▼	gregate	Yea	r-to-Date ▼ 1215.38	P/	/R E	Dedu	uctic	on	(\$34	7.6	39 Bi-W	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) o	r Full O	rgar	nization Name		Date of Receipt								
	Mailing Address 60 WILDHURST ROAD)7	/	ľ	D 31		/ Y	2019	Y
	5	State MN		Zip Code 55331-8461					-				1570549 is Period	
	FEC ID number of contributing federal political committee.)							y			y	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) C CEO			M	emo	o It	tem				
	Receipt For: Age Primary General Other (specify) Image: Constraint of the second secon	Aggregate Year-to-Date ▼ 2884.50							on	(\$19)2.:	30 Bi-W	'eekly)	
s	UBTOTAL of Receipts This Page (optional)												1272.	28
T	OTAL This Period (last page this line number only).			·····	Í				-			-		

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(ch	(check only one)									
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia NATHAN, DONALD, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 275 GREENWICH STREET #30)			07 31 2019							
City NEW YORK		State NY	Zip Code 10007-2150		Transaction ID : PR2491457354997							
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) f of Staff - UHG CEO		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia SMITH, KARA, , ,	l) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 610 CRESTWOOD DRIVE						D D D 31	/ Y	2019	Y		
	City ALEXANDRIA	VA	Zip Code 22302-2533				-		7535499 is Period	7		
	FEC ID number of contributing federal political committee.	С				7	, see pr in	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Govt Affs		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 2884.50		P/R Dedu	uctio	on (\$192	2.30 Bi-W	eekly)			
<u></u> с.	Full Name of Individual (Last, First, Middle Initia PURDY, PATRICIA, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 7417 LYNNHURST STREET				07	/	31	/ Y	2019	Y		
	City CHEVY CHASE	State MD	Zip Code 20815-3101						30065499 is Period	7		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	y	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) External Affairs		Me	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50		P/R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)						, .	,	1153.	30		
т	OTAL This Period (last page this line number or	וy)	••••••	-			-	1. ap.	4			

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions be to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mide A. TIERNEY, JOELLE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5710 TAYCHOPERA RI)		07 31 Y Y Y Y Y 07 31 2019						
City MADISON	State WI	Zip Code 53705-1020	Transaction ID : PR2541300754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Govt Affs	Memo Item						
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mido B. HOSTETLER, BRENDAN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2309 W WINNEMAC AV			07 / D D / Y Y Y Y 2019						
City CHICAGO	State	Zip Code 60625-1817	Transaction ID : PR2542541954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mido C. RAMSAY, RICHARD, , ,	lle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 543 E LURAY AVE			07 / D D / Y Y Y Y 2019						
City ALEXANDRIA	State VA	Zip Code 22301-1605	Transaction ID : PR2542542254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 750.00	P/R Deduction (\$50.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		869.20						
TOTAL This Period (last page this line nu	mber only)								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporate	ted PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle II	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 9905 WOODLAND DRIVE			07 31 2019							
City SILVER SPRING	State MD	Zip Code 20902-4047	Transaction ID : PR2543582554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		482.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2331.83	P/R Deduction (\$241.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In B. DAVENPORT, ALLISON, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 141 PELHAM ROAD			07 / D D / Y Y Y Y Y 2019							
	State PA	Zip Code	Transaction ID : PR2552313654997							
PHILADELPHIA	FA	19119-2661	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. BRYANT, JEREMY, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 4534 MYSTIQUE WAY			07 31 2019							
City ROSWELL	State GA	Zip Code 30075-2087	Transaction ID : PR2552961354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		83.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Mgmt NA Accts	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.84	P/R Deduction (\$41.92 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			950.44							
TOTAL This Period (last page this line numbe	r only)									

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

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle II	nitial) or Full C	rganization Name							
COLEMAN, MICHAEL, , ,			Date of Receipt						
Mailing Address 3325 LACEBARK PINE STR	EEI		07 31 2019						
City	State	Zip Code	Transaction ID : PR2552961454997						
LAS VEGAS	NV	89129-8134	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual)	000	upation (for Individual)	Memo Item						
Optum Services, Inc		Gen Mgmt							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
			4						
Full Name of Individual (Last, First, Middle II	nitial) or Full C	rganization Name							
B. EHLMAN, MICHAEL, , , Mailing Address 10051 VALLEY RIDGE COU	IRT		Date of Receipt						
			07 31 2019						
City LAS VEGAS	State NV	Zip Code 89148-7602	Transaction ID : PR2552962254997						
FEC ID number of contributing	C	09140-7002	Amount of Each Receipt this Period						
federal political committee.	28.00								
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Director Technology	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II	hitial) or Full C	rganization Name							
C. FLANNERY, SCOTT, , ,			Date of Receipt						
Mailing Address 8508 TRELADY CT			07 31 2019						
City	State	Zip Code	Transaction ID : PR2552962354997						
PLANO	ТХ	75024-6827	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
United HealthCare Services Inc Receipt For:		Plan CEO							
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify)	Other (specify)								
SUBTOTAL of Receipts This Page (optional)			489.52						
TOTAL This Period (last page this line number	r only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	IZED RECEIPIS		Detailed Summary Page	×	11a		11b	>	11c	12		
					13		14		15	16		17
or for	formation copied from such Reports and Sta commercial purposes, other than using the r											
	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)								
	Name of Individual (Last, First, Middle Initia MES, GREGORY, , ,	al) or Full C	rganization Name	[Date of Receipt							
Mai	ling Address 2323 KINGS POINT DRIVE			07 31 2019								
City		State	Zip Code		Trans	acti	ion I	ID : P	R25529	63254	997	_
	RGO	FL	33774-1009	Amount of Each Receipt this Period								
	C ID number of contributing eral political committee.	С		76.92								
	ne of Employer (for Individual) um Services, Inc		upation (for Individual) Ned Dir		Me	emo	lter	m				
	ceipt For:		Year-to-Date ▼	-								
	Primary General Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)										
	Name of Individual (Last, First, Middle Initia DAMBI, NARASIMHAN, , ,	al) or Full C	rganization Name		Date of Receipt							
Mai	ling Address 18477 85TH AVE N				м м 07	/	D	31	/ Y	2019	(Y	1
City	,	State	Zip Code		Trans	acti	on I	D : P	R25529	63854	997	
MA	PLE GROVE	MN	55311-1663	A	Amount	of	Eac	h Re	ceipt th	is Peri	od	
	C ID number of contributing eral political committee.	С				,		-9	4	0.00)	
Nar Unit	Name of Employer (for Individual)Occupation (for Individual)United HealthCare Services IncAssc Dir Bus Anlys						ltei	m				
Rec	eipt For: Primary General Other (specify) ▼	ipt For: Primary General Aggregate Year-to-Date ▼								ekly)		
	Name of Individual (Last, First, Middle Initia DVELADY, JOHN, , ,	al) or Full C	rganization Name		Date of Receipt							
Mai	ling Address 5378 BUENA VISTA DR				07 31 2019							
City		State TX	Zip Code				-		R25529			
	ISCO		75034-2253	4	Amount	of	Eac	h Re	ceipt th	is Peri	od	
	C ID number of contributing eral political committee.	С					y		y	38	84.60)
	ne of Employer (for Individual) rum Services, Inc		upation (for Individual) 9 Bus Ops		Memo Item							
Rec	eipt For: Primary General Other (specify)	rimary General General							30 Bi-W	/eekly)		
	OTAL of Receipts This Page (optional)		F		-	_	9	-	9	50	1.52	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12						
	y information copied from such Reports and Stater for commercial purposes, other than using the name									
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F									
A.	Full Name of Individual (Last, First, Middle Initial) of MARTO, MICHELLE, , ,	or Full C	Drganization Name	Date of Receipt						
	Mailing Address 149 WILLIAMSBURG COURT			07 / D D / Y Y Y Y Y 2019						
	5	State NY	Zip Code 12203-5502	Transaction ID : PR2552964754997 Amount of Each Receipt this Period						
		C		28.00						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Govt Affs	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	e Year-to-Date ▼ 210.00	P/R Deduction (\$52.72 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initial) o	or Full C	Drganization Name	Date of Receipt						
	Mailing Address 70 RAILROAD PLACE	01-1-	7.0.4	07 / D D / Y Y Y Y Y 2019						
		State NY	Zip Code 12866-3057	Transaction ID : PR2552964854997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			92.30						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) CInt Svc Acct Mgt	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	gregate	e Year-to-Date ▼ 692.25	P/R Deduction (\$46.15 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) o	or Full C	Drganization Name	Date of Receipt						
	Mailing Address 2624 N HARTLAND COURT			07 / D D / Y Y Y Y Y 2019						
	5	State IL	Zip Code 60614-4955	Transaction ID : PR2552965054997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		30.76						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Acct Mgmt SB KA	Memo Item						
	Receipt For: Ag Primary General Other (specify)	ggregate	e Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	151.06						
Т	OTAL This Period (last page this line number only)		····· •							

SCHEDULE A (FEC Form 3X) DEAEIDTA

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	Use separate schedule(s)	(check only o	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a			12			
Any information copied from such Reports and or for commercial purposes, other than using t				irpose of soli					
NAME OF COMMITTEE (In Full)		active of any political commute			50011 00		<u>.</u>		
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	C)						
Full Name of Individual (Last, First, Middle A. PAULUS, LESLIE, , ,	Initial) or Full C	rganization Name	Date of F	Receipt					
Mailing Address 305 E TUCKEY LN			07 31 2019						
City PHOENIX	State AZ	Zip Code 85012-1048		tion ID : PR2					
FEC ID number of contributing federal political committee.	С			-	-y 1	28.00	0		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Dir	Mem	no Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduc	tion (\$14.00 I	Bi-Weekly	1)			
Full Name of Individual (Last, First, Middle B. PEKA, GARY, , ,	Initial) or Full C	rganization Name	Date of F	Receipt					
	Mailing Address 8650 SOUTH FAIRWAY POINT)19	ŕ		
City	State MN	Zip Code		tion ID : PR2					
VICTORIA	IVIIN	55386-9630	Amount o	of Each Rece	ipt this P	eriod			
FEC ID number of contributing federal political committee.	°						0		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Six Sigma	Mem	no Item					
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)						
Other (specify) ▼		210.00							
Full Name of Individual (Last, First, Middle POTTER, DONALD, , ,	Initial) or Full C	rganization Name	Date of F	Receipt					
Mailing Address 116 FULLER LANE			07	/ D D / 31	20)19			
City WINNETKA	State IL	Zip Code 60093-4213		ction ID : PR: f Each Rece					
FEC ID number of contributing federal political committee.	С			,	y .	80.76	6		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P Business Development	Men	no Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 455.81	P/R Deduc	tion (\$40.38 l	Bi-Weekl <u>y</u>	/)			
SUBTOTAL of Receipts This Page (optional).				,	, .	136.76	6		
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(check on	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	<u> </u>	
Any information copied from such Reports and				purp					
or for commercial purposes, other than using the	ne name and a	doress of any political committee	e to solicit co	סחזרוסנ	ations tr	om such	committe	ee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I SAMSEL, KRISTINE, , ,	nitial) or Full C	rganization Name	Date c	of Rec	ceipt				
Mailing Address 91 WAVERLY RD			M N 07	Л /	D D D 31	/ Y	ү ү 2019	Ŷ	
City HUNTINGTON	State CT	Zip Code 06484-5835					6575499 s Period	7	
FEC ID number of contributing federal political committee.	С				,		28.0	00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		/lemo	ltem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I STREIT, BARRY, , ,	nitial) or Full C	rganization Name	Date c	of Rec	ceipt				
Mailing Address 5421 KELLOGG AVENUE							y y 2019	Y	
City EDINA	State MN	Zip Code 55424-1604					66754997 s Period	7	
FEC ID number of contributing federal political committee.	FEC ID number of contributing						153.8	34	
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP		/lemo	ltem					
Receipt For:	Aggregate	Year-to-Date V		1					
Primary General Other (specify) ▼		1153.80	P/R Dec	P/R Deduction (\$76.92 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I TINKER, ANN, , ,	nitial) or Full C	rganization Name	Date c	of Rec	ceipt				
Mailing Address 530 HUNTER FLAT STREE	T State	Zip Code	07		31	L	2019 6685499		
LAS VEGAS	NV	89138-1110			-		s Period	<u> </u>	
FEC ID number of contributing federal political committee.	С				9	, ,	28.0	00	
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 ▼ 210.00	P/R Dee	ductio	n (\$14.0	00 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (optional)					y	. ,	209.8	34	
TOTAL This Period (last page this line numbe	er only)								

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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						
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	4C)						
Full Name of Individual (Last, First, Middle WACKER, AARON, , ,	Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 4704 CAVAN ROAD	a : :		07 / D D / Y Y Y Y Y 2019						
City MOUND	State MN	Zip Code 55364-1877	Transaction ID : PR2552967054997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Principal Engineer, TLCP	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle NAASZ, SCOTT, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 3311 WILDS RIDGE NW									
City PRIOR LAKE	State MN	Zip Code 55372-4540	Transaction ID : PR2553474754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle TUFTO , DARLA , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 221 1ST AVENUE NE UNIT 35 City	State	Zip Code	07 31 2019 Transaction ID : PR2553474954997						
MINNEAPOLIS	MN	55413-3205	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.50	P/R Deduction (\$62.50 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			229.92						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

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			Use separate schedule(s)	(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 Sta for commercial purposes, other than using the n									
$\overline{\ }$	NAME OF COMMITTEE (In Full)									
]	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	(C)						
A.	Full Name of Individual (Last, First, Middle Initia PROSKAUER, DANIEL, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 240 DERBY STREET			07 31 Y Y Y Y 2019						
	City NEWTON	State MA	Zip Code 02465-1006	Transaction ID : PR2553475054997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.46						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Technology	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)						
R	Full Name of Individual (Last, First, Middle Initia RAYBURN, MONICA, , ,	l) or Full O	rganization Name	Date of Receipt						
υ.	Mailing Address 5127 JACKSON PONDS CT			07 31 2019						
	City SUGAR LAND	State TX	Zip Code 77479-4656	Transaction ID : PR2553475154997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		78.00						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify) ▼		, 585.00	P/R Deduction (\$39.00 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia THOMAS, RICHARD, , ,	·	rganization Name	Date of Receipt						
	Mailing Address 5121 DUPONT AVENUE SOUT			07 / D D / Y Y Y Y 07 31 2019						
	City MINNEAPOLIS	State MN	Zip Code 55419-1151	Transaction ID : PR2553475454997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		194.00						
	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 ▼ 1455.00	P/R Deduction (\$97.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		••••••	310.46						
т	OTAL This Period (last page this line number or	nly)	•							

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	łC)						
Full Name of Individual (Last, First, Mide A. VOJTA, DENEEN, , ,	lle Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 125 WALKER AVE S	State	Zin Code	07 / ^D ^D / ^Y ^Y ^Y ^Y ^Y ^Y						
City WAYZATA	MN	Zip Code 55391-1724	Transaction ID : PR2553475554997						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Bus Initiv Clin Aff	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mido ZERAFA, DANIEL, , ,	Date of Receipt								
Mailing Address 61234 ADMIRAL DRIVE			07 31 2019						
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094-1242	Transaction ID : PR2553475754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	P/R Deduction (\$14.00 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00							
Full Name of Individual (Last, First, Mido C. FLAGSTAD, KARSTEN, , ,	lle Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1002 141ST LANE NE			07 / D D / Y Y Y Y 2019						
City HAM LAKE	State MN	Zip Code 55304-6770	Transaction ID : PR2554013054997						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nfo Tech	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		797.20						
TOTAL This Period (last page this line nur	mber only)	•••••							

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle MOORE, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 226 5TH AVENUE NORTH #805			07 / D D / Y Y Y Y Y 2019						
City ST PETERSBURG	State FL	Zip Code 33701-2959	Transaction ID : PR2554013254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle REIDY, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4836 W SUNSET BLVD			07 / D D / Y Y Y Y Y 2019						
City TAMPA	State FL	Zip Code 33629-6448	Transaction ID : PR2554013354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ALEXANDER, JOY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5116 NORTH TIOGA WAY			07 / D D / Y Y Y Y 07 31 2019						
City LAS VEGAS	State NV	Zip Code 89149-5830	Transaction ID : PR2560064154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) Health Plan of Nevada	Occ Dir I	upation (for Individual) Aktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			132.92						
TOTAL This Period (last page this line numb	per only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

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	-	Use separate schedule(s)	(check o	(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 or for commercial purposes, other than using											
	the name and a			ontrib	outions i	form Such	Commu	e.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle BENNETT, JIM, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 3724 PINE TIP ROAD			M 07	M = M / D = D / Y = Y = Y = Y							
City TALLAHASSEE	State FL	Zip Code 32312-1016				PR25600 eceipt thi	6425499	7			
FEC ID number of contributing federal political committee.	С						28.0	0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Memo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. CLUTE, DANIEL, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name E, DANIEL, , ,				eceipt						
Mailing Address 7756 N 85TH STREET			07 / D D / Y Y Y Y 2019								
City OMAHA	State NE	Zip Code 68122-1281					64454997	,			
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc					tem						
Receipt For:	Aggregate	Year-to-Date V		1							
Other (specify) ▼		576,90	P/R De	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle GAZELEY, PAULA, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 36 MAYFAIR ROAD			M 07	·	D D D 31		2019				
City WYNANTSKILL	State NY	Zip Code 12198-8018			-	PR25600 eceipt thi	06485499 is Period	7			
FEC ID number of contributing federal political committee.	С			28.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		Memo	o Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R De	ducti	on (\$14.	.00 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional)		•••••			, .	7	132.9	2			
TOTAL This Period (last page this line numb	er only)										

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

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IT.			Use separate schedule(s)	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12					
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group PA	.C)								
A.	Full Name of Individual (Last, First, Middle Initia GIANCURSIO, DONALD, , ,	al) or Full O	Organization Name	Date o	f Receipt							
LAS VEGAS				07 31 2019								
		State NV	Zip Code 89135-1680		saction ID : t of Each F			,				
	FEC ID number of contributing federal political committee.	C				-	384.6	0				
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO		lemo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia KUNEMUND, GREGG, , ,	al) or Full O	organization Name	Date o	f Receipt							
	Mailing Address 2409 COMMERCE STREET			07 / D D / Y Y Y Y Y 2019								
	City ALPHARETTA	State GA	Zip Code 30009-3803		saction ID : t of Each F							
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Hlth	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name	Date o	f Receipt							
	Mailing Address 55 CLIFFIELD ROAD	1.0		07	07 31 / Y Y Y Y 2019							
	City BEDFORD	State NY	Zip Code 10506-1210		saction ID : t of Each F			7				
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	upation (for Individual) I Dir	N	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1455.00	P/R Deduction (\$97.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)						963.2	:0				
т	OTAL This Period (last page this line number or	חly)	•									

Use separate schedule(s)

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	,	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group In		JnitedHealth Group PA	AC)							
Full Name of Individual (Last, Fin LOBERG, ANGELA, , ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2837 EAST PAR	RK PLACE		07 / D D / Y Y Y Y 2019							
City MILWAUKEE	State WI	Zip Code 53211-3845	Transaction ID : PR2560065554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individua United HealthCare Services Inc	,	upation (for Individual) KA VP SIs Acct Mgt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, Fil B. MARONEY, KEVIN, , ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5052 NORMAN			07 / D D / Y Y Y Y 2019							
City MINNETONKA	State MN	Zip Code 55345-4636	Transaction ID : PR2560065754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.00							
Name of Employer (for Individua United HealthCare Services Inc	,	upation (for Individual) c Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, Fin C. MILICH, DAVID, , ,	rst, Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2702 BIRCHME			07 / D D / Y Y Y Y Y 2019							
City KATY	State TX	Zip Code 77450-1303	Transaction ID : PR2560066054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individua United HealthCare Services Inc		ıpation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page	optional)		489.52							
TOTAL This Period (last page this	line number only)									

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle OBRYANT, WILLIAM, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 3425 CHICKASAW			07 31 Y Y Y Y Y 2019							
City SAN ANTONIO	State TX	Zip Code 78261-2139	Transaction ID : PR2560066154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc	Sr N	upation (for Individual) /led Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. VAIL, DENISE , , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 35 CLEVELAND AVENUE		7.0.	07 / D D / Y Y Y Y 2019							
City SAYVILLE	State NY	Zip Code 11782-1322	Transaction ID : PR2560066854997							
		11702-1322	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. BURDICK, STEVEN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 28961 SOMERS DRIVE			07 31 / Y Y Y Y 2019							
City NAPLES	State FL	Zip Code 34119-0915	Transaction ID : PR2560349854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.84							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CInt Mgmt Svc	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.36	P/R Deduction (\$62.92 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			181.84							
TOTAL This Period (last page this line numb	er only)									

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle DICKMAN, KRISTA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2533 ONYX DRIVE			07 31 Y Y Y Y Y 2019							
City SHAKOPEE	State MN	Zip Code 55379-2770	Transaction ID : PR2560398154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgr III	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. KOREAN, GEORGE, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name REAN, GEORGE, , ,									
Mailing Address 23426 VILLENA			M M M / D D / Y Y Y Y 07 31 2019 Transaction ID : PR2560398554997 Amount of Each Beceint this Period							
City MISSION VIEJO	State CA	Zip Code 92692-1861								
FEC ID number of contributing		32032-1001	Amount of Each Receipt this Period							
federal political committee.	C		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act CnsIt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle NOEL, TIMOTHY, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 4316 FREMONT AVENUE	SOUTH		07 / D D / Y Y Y Y 2019							
City MINNEAPOLIS	State MN	Zip Code 55409-1721	Transaction ID : PR2560398854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			440.60							
TOTAL This Period (last page this line number	er only)	······								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I M. WULF, ROBERT, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 622 N 11TH ST			07 / D D / Y Y Y Y Y 07 31 2019						
City WAUSAU	State WI	Zip Code 54403-5004	Transaction ID : PR2560398954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. CRONIN, JAMES, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 241 WALLACE RD			07 / D D / Y Y Y Y 2019						
City BEDFORD	State NH	Zip Code 03110-5144	Transaction ID : PR2560821154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment COO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I OBRIEN, PATRICK, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 33 BARRINGTON DRIVE	State	Zin Oode	07 / D D / Y Y Y Y 31 2019						
City BEDFORD	NH	Zip Code 03110-5601	Transaction ID : PR2560821454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			440.68						
TOTAL This Period (last page this line numbe	er only)								

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			Use separate schedule(s)	(ch	(check only one)										
	ZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12						
	prmation copied from such Reports and Stat ommercial purposes, other than using the n														
	e of COMMITTEE (In Full) itedHealth Group Incorporated	PAC (U	InitedHealth Group PA	AC)											
	Name of Individual (Last, First, Middle Initial RO, MARIE, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
Maili	ng Address 516 APPLE LANE				07 31 2019										
City S HARLEYSVILLE F			Zip Code 19438-2549					PR25608 Receipt th							
	ID number of contributing ral political committee.	С					т. т.		28	.00					
Unite	e of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Is Ops		Me	emc	tem								
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)											
	ame of Individual (Last, First, Middle Initial) or Full Organization Name				Date of	Re	eceipt								
Maili	ng Address 1200 BROOKWOOD DRIVE APARTMENT #260				07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /										
City LITT	LE ROCK	AR	State Zip Code AR 72202-1447				Transaction ID : PR2561358954997 Amount of Each Receipt this Period								
FEC	ID number of contributing al political committee.	Occupation (for Individual) VP Regl Affs			384.60										
Nam Unite	e of Employer (for Individual) d HealthCare Services Inc				Memo Item										
	eipt For: Primary General Other (specify) ▼	Aggregate \	P/R Deduction (\$192.30 Bi-Weekly)												
	Name of Individual (Last, First, Middle Initial ND, BRIAN, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	ng Address 11471 NORTH SHORE DRIVE	1.00			07 31 / Y Y Y Y 2019										
City GRA	ANTSBURG	State WI	Zip Code 54840-8059				-	PR2561		-					
	ID number of contributing al political committee.	С			78.00 Memo Item										
Unite	e of Employer (for Individual) ed HealthCare Services Inc	Occu Dir Ta	pation (for Individual) ax												
	Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)											
SUBTO	DTAL of Receipts This Page (optional)		••••••	•			, ,		490.	60					
TOTAL	. This Period (last page this line number on	ly)		•			, .								

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	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle CAVANAUGH, LARRY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 520 NE 20TH ST # 1010			M M / D D / Y Y Y Y Y 07 31 2019							
City WILTON MANORS	State FL	Zip Code 33305-2162	Transaction ID : PR2563211054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		78.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ben Govt Dntl Sls Mgr	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MACKENZIE, ANDREW, , ,	Initial) or Full C	Date of Receipt								
Mailing Address 1912 IRVING AVE S			07 31 / Y Y Y Y Y 2019							
City MINNEAPOLIS	State MN	Zip Code 55403-2823	Transaction ID : PR2564297154997							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	P/R Deduction (\$192.30 Bi-Weekly)							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50								
Full Name of Individual (Last, First, Middle DAMATO, ELLEN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1300 DALHART DRIVE			07 31 2019							
City ALLEN	State TX	Zip Code 75013-5339	Transaction ID : PR2564802254997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			490.60							
TOTAL This Period (last page this line numb	er only)									

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions to collicit contributions from such committee							
NAME OF COMMITTEE (In Full)	ig the name and a	duress of any political committee	ee to solicit contributions from such committee.							
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 201 ADAMS CT			07 31 2019							
City COLLEYVILLE	State TX	Zip Code 76034-6811	Transaction ID : PR2564802554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PSLS SB and Spec Ben	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. CARLSON, CHRISTOPHER, , ,		Date of Receipt								
Mailing Address 10618 WEST RIVER RC	DAD		M M / D J Y							
City BROOKLYN PARK	State MN	Zip Code								
FEC ID number of contributing federal political committee.	С	55443-1233	Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cnsmr & Cust Experience	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd Last, First, Midd HANSEN, PAUL, , ,	lle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 18430 62ND PLACE NC	1		07 / D D / Y Y Y Y 2019							
City MAPLE GROVE	State MN	Zip Code 55311-4585	Transaction ID : PR2564802754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		194.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Controller	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1455.00	P/R Deduction (\$97.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		655.52							
TOTAL This Period (last page this line nur	mber only)									

Use separate schedule(s)

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IT.	EMIZED RECEIPTS	Use separate schedule(s)		(ch	(check only one)							
11			for each category of the Detailed Summary Page		K 11a		11b	11c	12	,		
	y information copied from such Reports and S											
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to se	olicit cor	ntrib	outions f	rom such	committe	3 0.		
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	NC)								
Full Name of Individual (Last, First, Middle Initial) A. GOODWIN, MARYELLEN, , ,			rganization Name		Date of Receipt							
	Mailing Address 3216 PLAYERS VIEW CIRCL			07	1	D D D 31	/ Y	2019	Y			
	City LONGWOOD	State FL	Zip Code 32779-3154	_					80295499 is Period	7		
	FEC ID number of contributing federal political committee.	С			<u> </u>		т. т. т. т.		28.0	00		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt		M	emc) Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	F	P/R Ded	ucti	on (\$14.	00 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Init KENNY, KATHERINE, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 22408 FITZGERALD DRIVE			07 / D D / Y Y Y Y 2019								
	City LAYTONSVILLE	State MD	Zip Code 20882-2301				ion ID : PR2564803254997					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SB VP of Acct Mgmt			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	F	P/R Deduction (\$39.00 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Ini MARDEN, PAUL, , ,	itial) or Full Organization Name			Date of Respirt							
0.	Mailing Address 718 HICKORY HILL RD				Date of Receipt							
	City FRANKLIN LAKES	State NJ	Zip Code 07417-1707				-		30335499 is Period	7		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	9	384.6	30		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		P/R Deduction (\$192.30 Bi-Weekly)							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50									
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	9	490.6	30		
Т	OTAL This Period (last page this line number	only)		•								

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)
111			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P	AC)
Α.	Full Name of Individual (Last, First, Middle In MOQUIST, DARREN, , ,	iitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 5004 ARDEN AVE			07 / D D / Y Y Y Y 07 31 2019
	City EDINA	State MN	Zip Code 55424-1314	Transaction ID : PR2564803454997 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle In BELLMAN, MARK, , ,	nitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 10011 GLEN CANYON DR			07 / D D / Y Y Y Y 2019
	City	State TX	Zip Code	Transaction ID : PR2564803554997
	DALLAS		75243-4609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
	Full Name of Individual (Last, First, Middle In OHARE, TAMMY, , ,	iitial) or Full O	rganization Name	Date of Receipt
	Mailing Address 2420 SAINT GEORGE WAY			07 / D D / Y Y Y Y 2019
	City BROOKEVILLE	State MD	Zip Code 20833-3265	Transaction ID : PR2564803954997 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		78.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			490.60

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)				
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11				
			13 14 15 16 1 berson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Middle WICKS, TIMOTHY, , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 3227 CASCO CIRCLE POBOX 352			07 31 2019				
City WAYZATA	State MN	Zip Code 55391-9717	Transaction ID : PR2565448654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group CFO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. CARTER, WILLIAM, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address PO BOX 920679			07 31 2019				
City HOUSTON	State TX	Zip Code 77292-0679	Transaction ID : PR2565448754997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. CRAIG, DONNA, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 13138 SORRENTO WAY	0	The Oaste	07 / D D / Y Y Y Y Y 07 31 2019				
City BRADENTON	State FL	Zip Code 34211-2173	Transaction ID : PR2565448854997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)		489.52				
TOTAL This Period (last page this line numl	per only)						

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle KUNST, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4872 103RD STREET			07 / D D / Y Y Y Y Y 2019				
City PLEASANT PRAIRIE	State WI	Zip Code 53158-6516	Transaction ID : PR2566302154997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
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 ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. WEISS, BRUCE, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 7425 N BEACH COURT			07 / D D / Y Y Y Y Y 2019				
City	State WI	Zip Code	Transaction ID : PR2566302354997				
FOX POINT	VVI	53217-3656	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item				
Receipt For:	Aggregate	Year-to-Date 🔻					
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle MANSUKHANI, NEIL, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2681 N FLAMINGO RD # 1006S			07 / D D / Y Y Y Y 31 2019				
City PLANTATION	State FL	Zip Code 33323-1766	Transaction ID : PR2567129454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			133.00				
TOTAL This Period (last page this line numb	er only)						

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(chec	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	H	_	11b	11c	12	
Any information copied from such Reports and			erson fo		ourp				
or for commercial purposes, other than using t	ne name and a	ddress of any political committee	e to solic	it con	tridi	utions f	rom such	n commiti	ee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I A. ZAMORE, DENISE, , ,	nitial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 180 FELT ROAD				07	/	31) / Y	ү ү 2019	Y
City SOUTH WINDSOR	State CT	Zip Code 06074-3864						12955499 nis Period	7
FEC ID number of contributing federal political committee.	С					y		76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel		Me	mo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R	Dedu	ictio	n (\$38.	.46 Bi-We	eekly)	
Full Name of Individual (Last, First, Middle I ARNONE, WENDY, , ,	nitial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 5243 E DESERT PARK LAN				07	/	31	/ Y	2019	Y
City PARADISE VALLEY	State AZ	Zip Code 85253-3015						90055499 his Period	7
FEC ID number of contributing federal political committee.	С			nount				384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn CEO		Me	mo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R	Dedu	ctio	n (\$192	2.30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle I C. STEARNS, MATTHEW, , ,	nitial) or Full C	rganization Name	Da	ate of	Red	ceipt			
Mailing Address 5118 FAIRGLEN LANE				07 ^M	/	31) / Y	y y 2019	Y
City CHEVY CHASE	State MD	Zip Code 20815-6517						77795499 nis Period	7
FEC ID number of contributing federal political committee.	С			_		y .	, ,	588.	22
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP (Me	emo	ltem				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1764.66	P/F	2 Dedu	uctio	on (\$294	4.11 Bi-V	Veekly)	
SUBTOTAL of Receipts This Page (optional)						,	.,	1049.	74
TOTAL This Period (last page this line number	er only)					-	- 40-		

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			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a	11b	11c	12		
	on copied from such Reports and Sta prcial purposes, other than using the r								
	COMMITTEE (In Full)								
	Health Group Incorporated	d PAC (L	JnitedHealth Group PA	NC)					
	of Individual (Last, First, Middle Initia	al) or Full Or	rganization Name	Date o	f Receipt				
Mailing Ad	dress 9501 WEXCROFT DRIVE			м м 07	/ D 31	D / Y	ү ү 2019	Y	
City BRENTW	OOD	State TN	Zip Code 37027-3824		saction ID : It of Each F			7	
	umber of contributing litical committee.	С					154.0)0	
	Employer (for Individual) althCare Services Inc		upation (for Individual) Ntwk Contrctng	M	lemo Item				
Receipt Fo		Aggregate	Year-to-Date ▼ 1155.00	P/R Dec	duction (\$77	7.00 Bi-We	ekly)		
	of Individual (Last, First, Middle Initia R, BRUCE, , ,	al) or Full Or	rganization Name	Date o	f Receipt				
	ldress 4242 BROADWAY STREET #802	Ototo	Zin Oode	07	/ D 31		2019	Y	
City SAN ANT	ONIO	State TX	Zip Code 78209-6463		saction ID : It of Each F			,	
	umber of contributing litical committee.	С			78.00				
Name of E Optum Ser	Employer (for Individual) vices, Inc		upation (for Individual) Gen Mgmt	M	lemo Item				
Receipt Fo		Aggregate	Year-to-Date ▼ 585.00	P/R Ded	luction (\$39	.00 Bi-We	ekly)		
	of Individual (Last, First, Middle Initia N, DUSTIN, , ,	al) or Full Or	rganization Name	Date o	f Receipt				
	ldress W132N6475 MARACH RD			07	31		2019		
City MENOMO	DNEE FALLS	State WI	Zip Code 53051-6085		saction ID			<u> </u>	
	umber of contributing litical committee.	С			. , .		384.6	30	
Name of Employer (for Individual) United HealthCare Services Inc			ipation (for Individual) Plan CEO	N	lemo Item				
Receipt Fo		Aggregate	Year-to-Date ▼ 2884.50	P/R Dec	duction (\$19	92.30 Bi-W	/eekly)		
SUBTOTAL	of Receipts This Page (optional)		••••••				616.6	60	
TOTAL This	Period (last page this line number or	וy)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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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 to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle ROBINSON, MARCUS , , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 590 SPENDER TRACE			07 / D D / Y Y Y Y 2019
City DUNWOODY	State GA	Zip Code 30350-5018	Transaction ID : PR2572588954997
FEC ID number of contributing federal political committee.	С	30350-5018	Amount of Each Receipt this Period 28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. JACQUET, SHAUN, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4332 FOREST RIDGE DF	RIVE		07 31 / Y Y Y Y Y 2019
City SUAMICO	State WI	Zip Code 54313-8557	Transaction ID : PR2572589354997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
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 ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. CARLSON, KEVIN, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 4511 BROWNDALE AVE			07 / D D / Y Y Y Y 2019
City EDINA	State MN	Zip Code 55424-1142	Transaction ID : PR2572590054997
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	l)		. 248.30
TOTAL This Period (last page this line num	ber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	1a	11	b	11c	12	
	y information copied from such Reports and Sta			rson for			se of s			
or	for commercial purposes, other than using the r NAME OF COMMITTEE (In Full)	ame and a	address of any political committee	to solici	t cont	ributio	ons tro	m sucr	1 commit	tee.
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia WACKER, CHARLES, , ,	l) or Full O	Drganization Name	Da	te of I	Recei	ipt			
	Mailing Address 2747 WEST VIEW DRIVE				07 [™]	/	D D 31	/ Y	y y 2019	Y
	City NEW PRAGUE	State MN	Zip Code 56071-8989						5 9015499 iis Period	
	FEC ID number of contributing federal political committee.	С				-		-9-	28.	00
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Solution Sales Executive		Mer	no Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.00	P/R	Dedu	ction	(\$14.0	0 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia BECK, JOANNE, , ,	l) or Full O	Drganization Name	Da	te of I	Recei	ipt			
	Mailing Address 117 GLORIA LANE				07	1	D D D 31	/ Y	ү ү 2019	Y
	City CADIZ	State KY	Zip Code 42211-8824						59035499 is Period	
	FEC ID number of contributing federal political committee.	С				-			28	_
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Contrctng		Mer	no Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.60	P/R	Deduc	ction ((\$14.04	4 Bi-We	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia OBRIEN, CHRISTINE, , ,	l) or Full O	Drganization Name	Da	te of I	Recei	ipt			
	Mailing Address 931 FRENCH ST				07 ^M	/	31	/ Y	2019	Y
	City NEW ORLEANS	State LA	Zip Code 70124-3806					-	59065499 is Period	
	FEC ID number of contributing federal political committee.	С			_	9		y	28.	00
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) KA VP SIs Acct Mgmt				mo Ite	em			
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 210.00	P/R	Dedu	ction	(\$14.0	0 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)								84.	08
т	OTAL This Period (last page this line number or	lly)	••••••	Ē		-		-		

FOR LINE NUMBER:

PAGE 80 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)				
II EIVIIZED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle CHEEK, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 38065 N CAVE CREEK R VILLA 43	OAD		M M / D D / Y Y Y Y Y 07 31 2019				
City CAVE CREEK	State AZ	Zip Code 85331-8533	Transaction ID : PR2572590954997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		415.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 545.00	P/R Deduction (\$405.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. MILLER, KIMBERLEY, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 16 CELONOVA PLACE			07 31 2019				
City FOOTHILL RANCH	State CA	Zip Code 92610-1942	Transaction ID : PR2572591254997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. WIFFLER, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 1421 SOMERFIELD DRIV	Έ		07 31 / Y Y Y Y Y 07 31 2019				
City BOLINGBROOK	State IL	Zip Code 60490-3207	Transaction ID : PR2572992754997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional))		827.60				
TOTAL This Period (last page this line num	per only)						

FOR LINE NUMBER:

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			Use separate schedule(s)			(check only one)					
	EMIZED RECEIPTS			each category of the ailed Summary Page		× 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{\langle}$	NAME OF COMMITTEE (In Full)				10 0						
\rangle	UnitedHealth Group Incorporated	I PAC (l	Jnite	dHealth Group PA	<u>(C)</u>						
Α.	Full Name of Individual (Last, First, Middle Initia QUINN, PATRICK, , ,	l) or Full O	rganiza	ation Name		Date of	Re	ceipt			
	Mailing Address 16933 TODD EVAN TRAIL					м м 07	/	D D 31	/ Y	2019	Y
	City CHESTERFIELD	State MO		p Code 63005-4641						51875499 is Period	
	FEC ID number of contributing federal political committee.	С								192.	30
	Name of Employer (for Individual) United HealthCare Services Inc		upation Plan C	i (for Individual) CEO		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	o-Date ▼ 1442.25		P/R Dedu	uctic	on (\$96. ⁻	15 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia BENSON, MICHAEL, , ,	l) or Full O	rganiza	ation Name		Date of	Re	ceipt			
	Mailing Address 2206 EAGLE VALLEY LN					м м 07	/	D D D 31	/ Y	ү ү 2019	Y
	City WAUSAU	State WI		p Code 54403-8154				-		5 1895499 is Period	
	FEC ID number of contributing federal political committee.	С						7		28.	
	Name of Employer (for Individual) United HealthCare Services Inc		upation c Dir S	n (for Individual) Is Ops		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	D-Date ▼ 216.30	F	P/R Dedu	uctio	on (\$14.4	12 Bi-W€	ekly)	
C.	Full Name of Individual (Last, First, Middle Initia SHAW, AMY, , ,	l) or Full O	rganiza	ation Name	Ť	Date of	Re	ceipt			
	Mailing Address 11844 DUNHILL ROAD	1				07	1	31	/ Y	үүү 2019	Y
	City EDEN PRAIRIE	State MN		p Code 55344-3238						97135499 is Period	
	FEC ID number of contributing federal political committee.	С				<u> </u>		, .		28.	08
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Fin				Me	emo	Item			
	Receipt For:	Aggregate	Year-to	210.60		P/R Ded	uctio	on (\$14.)	04 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				9		249.	22
т	OTAL This Period (last page this line number or	ıly)						,			

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17 berson for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Midd BUCCHIANERI, STEVEN, , ,	lle Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 118 GOVERNORS			07 31 Y Y Y Y Y 2019				
City MEDFORD	State MA	Zip Code 02155-3018	Transaction ID : PR2574977154997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		38.46				
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 ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)				
Full Name of Individual (Last, First, Midd B. RICHARD, DARYL, , ,		rganization Name	Date of Receipt				
Mailing Address 24 WEST RIDGE DRIVE	State	Zip Code	07 / <u>31</u> / <u>2019</u>				
WEST HARTFORD	CT	06117-2065	Transaction ID : PR2574979054997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Midd C. KANE, BRIAN, , ,		rganization Name	Date of Receipt				
Mailing Address 4615 ROANOAKE ROA	D	Zip Code	07 31 2019				
GOLDEN VALLEY	MN	55422-5254	Transaction ID : PR2574979154997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		192.30				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional	al)		307.68				
TOTAL This Period (last page this line nur	mber only)						

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12				
Ar	y information copied from such Reports and Sta	tements ma	ay not be sold or used by any pe	13 14 15 16 17				
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	.C)				
A.	Full Name of Individual (Last, First, Middle Initia HARE, LESLIE, , ,	l) or Full O	rganization Name	Date of Receipt				
	Mailing Address 9029 SHEEP RANCH CT			07 31 2019				
	City LAS VEGAS	State NV	Zip Code 89143-5432	Transaction ID : PR2574979454997 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		28.00				
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Clms	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)				
в.	Full Name of Individual (Last, First, Middle Initia MASTERS, SCOTT, , ,	l) or Full O	rganization Name	Date of Receipt				
	Mailing Address 1894 VILLAGE GLEN DRIVE			07 31 2019				
	City SAINT JOHNS	State FL	Zip Code 32259-9215	Transaction ID : PR2574979654997 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		77.00				
	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 ▼ , 577.50	P/R Deduction (\$38.50 Bi-Weekly)				
с.	Full Name of Individual (Last, First, Middle Initia WOHNOUTKA, CHRISTOPHER, ,		rganization Name	Date of Receipt				
	Mailing Address 17597 HIBISCUS AVE			07 / D D / Y Y Y Y 2019				
	City LAKEVILLE	State MN	Zip Code 55044-3906	Transaction ID : PR2574981954997 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		124.34				
Name of Employer (for Individual) United HealthCare Services Inc		Occu Dir T	upation (for Individual) Fax	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 318.74	P/R Deduction (\$62.17 Bi-Weekly)				
s	UBTOTAL of Receipts This Page (optional)			229.34				
т	OTAL This Period (last page this line number or	ıly)						

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Middle SIMPSON, TRENT, , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 3111 NORCREST AVE N			07 31 Y Y Y Y 2019				
City STILLWATER	State MN	Zip Code 55082-1779	Transaction ID : PR2574985054997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle CIANFROCCO, HEATHER, , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 4478 MIDDLE ROAD	State	Zip Code	07 / D D / Y Y Y Y 2019				
ALLISON PARK	PA	15101-1110	Transaction ID : PR2574986254997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CEO	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. KAPLANLEWIS, DEBRA, , ,	e Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 41 WILDWOOD DR	Otata	Zin Onda	M M / D D / Y Y Y Y 31 2019				
City SOUTHBOROUGH	State MA	Zip Code 01772-1989	Transaction ID : PR2574986954997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)		▶ 846.12				
TOTAL This Period (last page this line num	ber only)						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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			Use separate schedule(s)	(ch	(check only one)					
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1 1a		11b	11c	12	1 47
	y information copied from such Reports and Stat for commercial purposes, other than using the n									
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)						
A.	Full Name of Individual (Last, First, Middle Initial BURNETT, JAMIE, , ,) or Full Or	ganization Name		Date of	Re	eceipt			
	Mailing Address 4625 EWING AVENUE SOUTH				м м 07	/	D D D 31) / Y	y y 2019	Y
	City MINNEAPOLIS	State MN	Zip Code 55410-1745					PR25749 Receipt th		7
	FEC ID number of contributing federal political committee.	С					т. I.		78.	00
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	pation (for Individual) F		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 585.00	F	P/R Dedi	ucti	on (\$39.	.00 Bi-We	eekly)	
В.	Full Name of Individual (Last, First, Middle Initial LANG, HEATHER, , ,) or Full Or	ganization Name		Date of	Re	eceipt			
	Mailing Address 11382 MOUNT CURVE RD	01-1-	7. 0.1.		м м 07	1	31		2019	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-2918					PR25749 leceipt th		7
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Deputy Gen Counsel Mgr			76.92					
	Name of Employer (for Individual) United HealthCare Services Inc				Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	F	P/R Dedu	uctio	on (\$38.	46 Bi-We	ekly)		
C.	Full Name of Individual (Last, First, Middle Initial NEWKIRK, MEGHAN, , ,) or Full Or	ganization Name		Date of	Re	eceipt			
	Mailing Address 10162 BEAVER CIR	1 -			м м 07	/	31		ү 2019	
	City CYPRESS	State CA	Zip Code 90630-4113				-	PR25750 leceipt th		7
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	28.	08
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SB KA VP SIs Acct Mgt			Me	emo	tem Item			
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 210.60		P/R Ded	ucti	on (\$14.	.04 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)		•••••				, .	. ,	183.	00
т	OTAL This Period (last page this line number on	ly)		•	_ .					

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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Use separate schedule		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							
or for commercial purposes, other than using th	e name and a	uuress or any political committee	to solicit contributions from	n such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	C)				
Full Name of Individual (Last, First, Middle Ir SJOBLAD, BETHANY, , ,	iitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 10730 PERRY DRIVE NORT			07 / D D 07 31	/ Y Y Y Y 2019			
City BROOKLYN PARK	State MN	Zip Code 55443-4700	Transaction ID : PR Amount of Each Rece				
FEC ID number of contributing federal political committee.	C			384.60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Quality	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.3	0 Bi-Weekly)			
Full Name of Individual (Last, First, Middle Ir KEMMER, HEIDI, , ,	nitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2211 WEST ROCKROSE PL			07 / D D D 07 31	2019			
City CHANDLER	State AZ	Zip Code 85248-4208	Transaction ID : PR Amount of Each Reco				
FEC ID number of contributing federal political committee.	С			28.28			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	1				
Primary General Other (specify) ▼		212.10	P/R Deduction (\$14.14	Bi-Weekly)			
Full Name of Individual (Last, First, Middle Ir C. FRIDELL, CATHERINE, , ,	iitial) or Full C	rganization Name	Date of Receipt				
Mailing Address 11 E STONEWALL DRIVE			07 / D D 31	2019			
City MIDDLETOWN	State DE	Zip Code 19709-3810	Transaction ID : PR Amount of Each Reco				
FEC ID number of contributing federal political committee.	С			76.92			
Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46	Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional)				489.80			
TOTAL This Period (last page this line number	only)			40.1.1.40.1			

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IT.				Jse separate schedule(s)	(cł	(check only one)					
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
<u>.</u>	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia DUNCAN, MICHELE, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt			
	Mailing Address 3038 FAIRWAY CIRCLE	1				^M 07	/	D D 31	/ Y	2019	Y
	City CHASKA	State MN		Zip Code 55318-3408						02965499 nis Period	
	FEC ID number of contributing federal political committee.	С						-		384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upati Com	ion (for Individual) pli		Me	emo	Item			
Receipt For: Aggre Primary General Other (specify) ▼			Yea	r-to-Date ▼ 2307.60		P/R Dedu	uctio	on (\$192	2.30 Bi-V	Veekly)	
в.	Full Name of Individual (Last, First, Middle Initia OBRIEN, JENNIFER, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt			
	Mailing Address 395 WOODLAWN AVE	1-				м м 07	/	D D D 31	/ Y	2019	Y
	City SAINT PAUL	State MN		Zip Code 55105-1339				-		03455499 his Period	
	FEC ID number of contributing federal political committee.	С						7		384.	_
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) ompli Off		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 2884.50					on (\$192	30 Bi-W	/eekly)	
C.	Full Name of Individual (Last, First, Middle Initia JONCZYK, MICHAEL, , ,	l) or Full O	rgar	ization Name		Date of	Re	ceipt			
	Mailing Address 6336 URBANDALE LANE NOR					07	/	31	JL	2019	
	City MAPLE GROVE	State MN		Zip Code 55311-1384				-		03875499	-
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	9	115.	_
Name of Employer (for Individual) United HealthCare Services Inc			Occupation (for Individual) VP Treasury				emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 615.36		P/R Ded	uctio	on (\$57.	69 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•				,	. ,	884.	58
т	OTAL This Period (last page this line number on	ly)		•	-			,			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	rporated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, MADDOX, JEFFREY, , ,	Middle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 5610 PURDUE AVE			07 31 Y Y Y Y Y 2019				
City	State	Zip Code	Transaction ID : PR2575039554997				
DALLAS	ТХ	75209-4431	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item				
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼		884.58	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, B. ALLENBURG, THOMAS, , ,	Middle Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 6620 IROQUOIS TR	AIL		07 31 2019				
City	State	Zip Code	Transaction ID : PR2575039854997				
EDINA	MN	55439-1016	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, C. HEATH, SEAN, , ,	Middle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1292 CASTLE CT			07 31 / Y Y Y Y Y 07 31 2019				
City	State	Zip Code	Transaction ID : PR2575048754997				
GOLDEN VALLEY	MN	55427-4453	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
SUBTOTAL of Receipts This Page (or	btional)		489.60				
TOTAL This Period (last page this line	e number only)						

FOR LINE NUMBER:

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ITEMIZED RECEIPTS for e		Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
\setminus	NAME OF COMMITTEE (In Full)							
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)				
Α.	Full Name of Individual (Last, First, Middle Ini JORDAN, GARELL, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 6104 S 64TH DRIVE			07 31 Y Y Y Y 2019				
	City LAVEEN	State AZ	Zip Code 85339-2917	Transaction ID : PR2575050254997 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		192.30				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)				
в.	Full Name of Individual (Last, First, Middle Ini LINDSAY, VIVIAN, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 14930 SW 39 ST	1-		07 / D D / Y Y Y Y 2019				
	City	State FL	Zip Code	Transaction ID : PR2575054954997				
	DAVIE	FL	33331-2767	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		384.60				
	Name of Employer (for Individual) United HealthCare Services Inc							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
с.	Full Name of Individual (Last, First, Middle Ini CLACKO, MARY ANN, , ,	tial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 6358 COTEAU TRAIL			07 / D D / Y Y Y Y 2019				
	City EDEN PRAIRIE	State MN	Zip Code 55344-5205	Transaction ID : PR2575057954997 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		153.84				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 653.82	P/R Deduction (\$76.92 Bi-Weekly)				
s	UBTOTAL of Receipts This Page (optional)			730.74				
Т	OTAL This Period (last page this line number	only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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			Detailed Summary Page	X 11a 11b 11c 12						
				13 14 15 16 17						
or fo	or commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporate	ed PAC (UnitedHealth Group P/	AC)						
	ull Name of Individual (Last, First, Middle Ini MCCARTY, CARY, , ,	itial) or Full C	Drganization Name	Date of Receipt						
_	lailing Address 8800 RUMFIELD RD									
	ity IORTH RICHLAND HILLS	State TX	Zip Code 76182-6131	Transaction ID : PR2575059454997						
F	EC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period 78.00						
N	ame of Employer (for Individual)		upation (for Individual)	Memo Item						
	Inited HealthCare Services Inc eceipt For: Primary General Other (specify) ▼		Gen Mgmt Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)						
3. <u>/</u>	ull Name of Individual (Last, First, Middle Ini ALLEN, MARK, , ,	tial) or Full C	Organization Name	Date of Receipt						
_	lailing Address 11359 ENTREVAUX DRIVE			07 / D D / Y Y Y Y 2019						
	ity :DEN PRAIRIE	State MN	Zip Code 55347-2862	Transaction ID : PR2575060254997 Amount of Each Receipt this Period						
	EC ID number of contributing deral political committee.	С		153.84						
	lame of Employer (for Individual) nited HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item						
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 653.82	P/R Deduction (\$76.92 Bi-Weekly)						
	ull Name of Individual (Last, First, Middle Ini MCEVOY, AMY, , ,	tial) or Full C	Drganization Name	Date of Receipt						
N	lailing Address 10551 GREENBRIER RD AP	T 132		07 31 2019						
	ity MINNETONKA	State MN	Zip Code 55305-3460	Transaction ID : PR2575062254997 Amount of Each Receipt this Period						
	EC ID number of contributing ederal political committee.	С		40.00						
	ame of Employer (for Individual) Inited HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item						
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)						

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle SWAN, RICK, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2554 CHRISTIAN PKWAY			M M / D D / Y Y Y Y 07 31 2019				
City CHASKA	State MN	Zip Code 55318-1986	Transaction ID : PR2575062654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	mary General Aggregate Teal-to-Date V						
Full Name of Individual (Last, First, Middle B. CURRIE, ULYSSES, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 3111 STILES WAY			M M / D D / Y Y Y Y 07 31 2019				
City WEST FRIENDSHIP	State MD	Zip Code 21794-9218	Transaction ID : PR2575064154997 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) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	P/R Deduction (\$30.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. ZAETTA, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 5840 RIDGE ROAD			07 / D D / Y Y Y Y 07 31 2019				
City EXCELSIOR	State MN	Zip Code 55331-8153	Transaction ID : PR2575068354997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			472.68				
TOTAL This Period (last page this line number	er only)						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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Use separate schedule			Use separate schedule(s)	(che	eck only	one	e)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					ourpo	ose of s			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P/	AC)						
A.	Full Name of Individual (Last, First, Middle Initia VERCHICK, TAMI, , ,	al) or Full O	rganization Name		Date of	Rec	eipt			
	Mailing Address 9916 DUSTY WINDS AVE				м м 07	/	D D 31	/ Y	2019	Y
	City LAS VEGAS	State NV	Zip Code 89117-5986						6895499 is Period	7
	FEC ID number of contributing federal political committee.	С						- 7	76.	92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ctor Technology		Me	emo l	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P	/R Dedu	uctior	n (\$38.4	6 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial ISMERT, JENNY, , ,	al) or Full O	rganization Name		Date of	Rec	eipt			
	Mailing Address 8494 E HAWAII LN	01-11-			м м 07	1	D D 31	/ Y	2019	Y
	City DENVER	State CO	Zip Code 80231-2732						7005499 is Period	7
	FEC ID number of contributing federal political committee.	C			Anount				76.9	92
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Govt Affs		Me	emo l	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90				iction	า (\$38.4	6 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initian ENLOW, MARGARET, , ,	al) or Full O	rganization Name		Date of	Rec	eipt			
	Mailing Address 103 LOCUST GROVE LANE				07 31 2019					
	City VERSAILLES	State KY	Zip Code 40383-8807						7105499 is Period	7
	FEC ID number of contributing federal political committee.	Occupation (for Individual) Dir Ntwk Contrctng						9	28.	08
	Name of Employer (for Individual) United HealthCare Services Inc					emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60] P	P/R Dedu	uctior	n (\$14.0)4 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•					181.9	92
т	OTAL This Period (last page this line number o	nly)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a │ 11b │ 11c │ 12
			Dotanou ourninary i ayo	13 14 15 16 17
	y information copied from such Reports and Staten for commercial purposes, other than using the nam			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	InitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) of CHRISTIAN, DENISE, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 5 WINGATE COURT			07 31 Y Y Y Y Y 2019
		State PA	Zip Code	Transaction ID : PR2575071454997
		FA	19031-1117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Clin Ops	Memo Item
	Receipt For: Ac	aregate `	lear-to-Date ▼	
	Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial) o	or Full Or	ganization Name	Date of Receipt
	Mailing Address 12706 YOUNG LANE			07 31 2019
	,	State	Zip Code	Transaction ID : PR2575074554997
	NORTH POTOMAC	MD	20878-6112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Natl Inptnt Care Mgmt	Memo Item
	Receipt For: Ag Primary General Other (specify) ▼	gregate `	/ear-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) of BECK, RALPH, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address W155 N5314 SHARPTAIL COURT	-		07 31 2019
	5	State	Zip Code	Transaction ID : PR2575074954997
	MENOMONEE FALLS	WI	53051-6771	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			28.08
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item
	United HealthCare Services Inc		lealth Plan Operations	
		gregate `	/ear-to-Date ▼	
	Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		····· •	797.28
Т	OTAL This Period (last page this line number only)		•	

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle BURNAM, DEBRA, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 377 CALABRIA BEACH ST			07 31 2019				
City HENDERSON	State NV	Zip Code 89015-2430	Transaction ID : PR2575076254997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Ops	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
Full Name of Individual (Last, First, Middle 3. CALAMIA, EDITH, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 22 ROYAL OAK DRIVE			07 31 Y Y Y Y Y 2019				
City FAR HILLS	State NJ	Zip Code 07931-2569	Transaction ID : PR2575076654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	1				
Primary General Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle UPCHURCH, KAREN, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 5023 OAKMONT PLACE			07 / D D / Y Y Y Y 2019				
City WESTERVILLE	State OH	Zip Code 43082-8781	Transaction ID : PR2575084454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			489.60				
TOTAL This Period (last page this line number	er only)						

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Use separate schedule			(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Middle A. ONEILL, AUDREY, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 71 CHESTNUT RIDGE RD			07 31 2019				
City QUEENSBURY	State NY	Zip Code 12804-7317	Transaction ID : PR2575089454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		38.46				
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 ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. HEROLD, STACI, , ,	Initial) or Full O	rganization Name	Date of Receipt				
Mailing Address 15008 GREEN OAKS TR S	E		07 31 Y Y Y Y 07 31 2019				
City PRIOR LAKE	State MN	Zip Code 55372-2159	Transaction ID : PR2575093054997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		76.92				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Technology	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. NABRITSTEPHENS, BARBARA		rganization Name	Date of Receipt				
Mailing Address 4704 DUNNIE DRIVE			07 / D D / Y Y Y Y Y 07 31 2019				
City TAMPA	State FL	Zip Code 33614-1496	Transaction ID : PR2575093454997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.08				
Name of Employer (for Individual) United HealthCare Services Inc	Occi Med	upation (for Individual) I Dir	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			143.46				
TOTAL This Period (last page this line number	er only)						

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		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Middle Ir A. JACOBY, CHARLES, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 3315 IRVING AVE			07 31 2019				
City	State	Zip Code	Transaction ID : PR2575099254997				
MINNEAPOLIS	MN	55408-3321	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		32.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Optum Services, Inc	Sr E	Dir Qlty Engineering	_				
Receipt For:	Aggregate	Year-to-Date ▼	D/P Doduction (#46.00 P: Marchite)				
Other (specify) ▼		240.00	P/R Deduction (\$16.00 Bi-Weekly)				
			·				
Full Name of Individual (Last, First, Middle Ir B. CHAMPION, PHEBE, , ,	nitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 34 REYBURN DRIVE			07 31 2019				
City	State NV	Zip Code	Transaction ID : PR2575108354997				
HENDERSON		89074-2760	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service	Memo Item				
Receipt For:	Aggregate	Year-to-Date 🔻	1				
Primary General Other (specify) ▼		375.00	P/R Deduction (\$25.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle Ir c. MADDIGAN, DANIEL, , ,	iitial) or Full O	rganization Name	Date of Receipt				
Mailing Address 25131 TERRACE LANTERN			07 31 / Y Y Y Y 07 31 2019				
	State CA	Zip Code	Transaction ID : PR2575114854997				
	CA	92629-2864	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ir Software Engineering	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			110.08				
TOTAL This Period (last page this line number	only)						

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	≭ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and Sta									
or	for commercial purposes, other than using the r	name and a	ddress of any political committee	to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	SC)						
A.	Full Name of Individual (Last, First, Middle Initia MORSCH, MARK, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 6344 GOLDEN LILY WAY			07 31 Y Y Y Y 07 31 2019						
	City SAN DIEGO	State CA	Zip Code 92130-6836	Transaction ID : PR2575115154997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		125.44						
	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 ▼ 325.38	P/R Deduction (\$62.72 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2 PLOWBOY PATH			07 31 2019						
	City	State NY	Zip Code	Transaction ID : PR2575122254997						
			11725-1410	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		28.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia PREISER, ANDREW, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 1107 A BEAVER DAM ROAD	Ototo	Zie Oode	07 / D D / Y Y Y Y 31 2019						
	City POINT PLEASANT BORO	State NJ	Zip Code 08742-4403	Transaction ID : PR2575122654997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		400.00						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ctor Technology	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$400.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			553.44						
т	OTAL This Period (last page this line number or	וy)								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mather name and a	I ay not be sold or used by any p Iddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle HUNT, ZOE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4030 SERANGO COURT			M M / D D / Y Y Y Y Y 07 31 2019						
City WEST LINN	State OR	Zip Code 97068-2840	Transaction ID : PR2575136254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
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 ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. MCDONNEL, LISA, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 9664 LAFORET DRIVE			07 / D D / Y Y Y Y Y 2019						
City EDEN PRAIRIE	State MN	Zip Code 55347-3538	Transaction ID : PR2575136354997						
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) P Ntwk	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CARTER, JOCELYN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1471 COOPER ROAD			07 31 Y Y Y Y Y 2019						
City SCOTCH PLAINS	State NJ	Zip Code 07076-2833	Transaction ID : PR2575141954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			440.68						
TOTAL This Period (last page this line numb	er only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7662 RIDGEVIEW WAY			07 31 2019						
City	State	Zip Code	Transaction ID : PR2575145354997						
CHANHASSEN	MN	55317-4507	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Optum Services, Inc	Dep	outy Gen Counsel Mgr							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) V		1442.25	P/R Deduction (\$96.15 Bi-Weekly)						
		Apr Apr An							
Full Name of Individual (Last, First, Middle I MCGANN, JEAN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4 VILLAGE ROAD			07 31 2019						
City	State NJ	Zip Code	Transaction ID : PR2575146954997						
	INJ	07932-2415	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		, 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 16413 BIRCH STREET			07 31 2019						
	State	Zip Code	Transaction ID : PR2575148354997						
OVERLAND PARK	KS	66085-7842	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of SIs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	<u> </u>		604.98						
TOTAL This Period (last page this line numbe	r only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	λC)						
Full Name of Individual (Last, First, Middle PELNER, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1200 WEST MINNEHAHA	PARKWAY		07 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55419-1163	Transaction ID : PR2575155954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		44.40						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Real Estate Svs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 241.25	P/R Deduction (\$22.20 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. THOMAS, DIANE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2701 KING JAMES AVE	1-		07 / D D / Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2575156454997						
ST CHARLES	IL	60174-7827	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		235.28						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Pres	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		705.84	P/R Deduction (\$117.64 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. RAZVI, NIGHET, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1015 S CLINTON AVENUE			07 / D D / Y Y Y Y 2019						
City OAK PARK	State IL	Zip Code 60304-1823	Transaction ID : PR2575168654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.46						
Name of Employer (for Individual) United HealthCare Services Inc	Occ Med	upation (for Individual) I Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 213.45	P/R Deduction (\$14.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			308.14						
TOTAL This Period (last page this line numb	er only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	<u> </u>					
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	C)						
Full Name of Individual (Last, First, Middle HAMANN, CHAD, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7638 RIDGEVIEW WAY			07 / D D / Y Y Y Y 07 31 2019	Y					
City CHANHASSEN	State MN	Zip Code 55317-4507	Transaction ID : PR25751701549 Amount of Each Receipt this Peric						
FEC ID number of contributing federal political committee.	С		38	4.60					
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Tax	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. WIELAND, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6741 EAST SHADOW LAK	E DRIVE		07 31 2019	Y					
City CIRCLE PINES	State MN	Zip Code 55014-1348	Transaction ID : PR25751816549						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Perio	8.08					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir I O Engineering	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MCGUIRE, THOMAS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 41 CUMBERLAND ROAD	1-		07 / D D / Y Y Y Y 31 2019						
City WEST HARTFORD	State CT	Zip Code 06119-1121	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		38	4.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) eputy Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			79	7.28					
TOTAL This Period (last page this line number	er only)	······		-					

Use separate schedule(s)

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			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	information copied from such Reports and Stat or commercial purposes, other than using the n			erson for the purpose of soliciting contributions						
	IAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	(C)						
	ull Name of Individual (Last, First, Middle Initial MELLO, STEPHANIE, , ,	l) or Full O	rganization Name	Date of Receipt						
_	Aailing Address 65 CLARK LANE	1		07 / D D / Y Y Y Y 2019						
	City SWANSEA	State MA	Zip Code 02777-4550	Transaction ID : PR2575191354997 Amount of Each Receipt this Period						
	EC ID number of contributing ederal political committee.	С		28.08						
C	lame of Employer (for Individual) Dptum Services, Inc		upation (for Individual) c Dir	Memo Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
	ull Name of Individual (Last, First, Middle Initial DEMARIS, PETER, , ,	l) or Full O	rganization Name	Date of Receipt						
Ν	Nailing Address 2301 OLIVER AVE S			07 31 2019						
	City MINNEAPOLIS	State MN	Zip Code 55405-2448	Transaction ID : PR2575191854997 Amount of Each Receipt this Period						
F	EC ID number of contributing ederal political committee.	С		384.60						
	Name of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Mktg eComm	Memo Item						
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
	- Full Name of Individual (Last, First, Middle Initial MUELLER, CYNTHIA, , ,	l) or Full O	rganization Name	Date of Receipt						
Ν	Nailing Address 6919 OLD WHISKEY CREEK D	R		07 / D D / Y Y Y Y 07 31 2019						
	City FORT MYERS	State FL	Zip Code 33919-1828	Transaction ID : PR2575192254997 Amount of Each Receipt this Period						
	EC ID number of contributing ederal political committee.	С		28.08						
ι	lame of Employer (for Individual) Jnited HealthCare Services Inc	Occu VP C	upation (for Individual) Clms	Memo Item						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
su	BTOTAL of Receipts This Page (optional)			440.76						
то	TAL This Period (last page this line number on	ly)	••••••							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle MOORE, KRISTIN, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3021 ROSEDALE AVENU	Ξ		M M / D D / Y Y Y Y 07 31 2019						
City DALLAS	State TX	Zip Code 75205-1451	Transaction ID : PR2575194454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle GRANBERG, MITCHELL, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6721 GALWAY DRIVE	State	Zip Code	07 / D D / Y Y Y Y 2019						
EDINA	MN	55439-1313	Transaction ID : PR2575196154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) puty Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CHAN, DERRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10 ASBURY			07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /						
City IRVINE	State CA	Zip Code 92602-1620	Transaction ID : PR2575200554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer (for Individual) Optum Services, Inc	Occu VP F	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			1412.60						

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle CONDON, CRAIG, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 268 OAK LANDING WAY			07 31 2019						
City SEVERNA PARK	State MD	Zip Code 21146-3116	Transaction ID : PR2575203154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FRANCIS, KEVIN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 15815 MINNETONKA BLV			07 31 2019						
	State MN	Zip Code 55345-1410	Transaction ID : PR2575203354997						
	_	55545-1410	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle DURKO, GEORGE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7029 KINGSBURY BLVD			07 / D D / Y Y Y Y 2019						
City UNIVERSITY CITY	State MO	Zip Code 63130-4305	Transaction ID : PR2575210854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			807.66						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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			for each category of Detailed Summary F			11a 13		11b 14		11c 15	12	17
or for commercial purp	from such Reports and Stones, other than using the				son fo	r the p	ourp	ose o		oliciting	contribu	tions
NAME OF COMMIT	TEE (In Full) Group Incorporate	d PAC (l	JnitedHealth Gro	oup PAC	C)							
A. CARRIS, DONN		al) or Full O	rganization Name		1 _	ate of	Rec	ceipt				
Mailing Address 5 F UN City	YARK PLACE IT # 130	State	Zip Code			07 Transa	/ actio	3 on ID	1	/ Y R25752	2019 2 125549 9	
ANNAPOLIS		MD	21401-3392		A	mount	of E	Each	Rec	eipt thi	is Period	
FEC ID number of of federal political com	0	С						,		-y	76.	92
Name of Employer United HealthCare S	,		upation (for Individual) Plan CEO		[Me	mo	Item				
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 57	6.90	P/F	R Dedu	ıctio	on (\$3	8.46	3 Bi-We	ekly)	
Full Name of Indivic B. STORDAHL, P	lual (Last, First, Middle Initi AUL, , ,	al) or Full O	rganization Name		D	ate of	Red	ceipt				
	01 W 175TH AVENUE					07	/	D 3		/ Y	y y 2019	Y
City EDEN PRAIRIE		State MN	Zip Code 55346-2161					-			1305499 is Period	7
FEC ID number of of federal political com	0	С				_		,		-y	384.	60
Name of Employer United HealthCare S			upation (for Individual) Chief Actuary			Me	mo	Item				
Receipt For: Primary Other (specify	General) ▼	Aggregate	Year-to-Date ▼ 288	34.50	P/R	R Dedu	ictio	n (\$1	92.3	80 Bi-W	eekly)	
Full Name of Indivic C. MARTIN, PET	lual (Last, First, Middle Initi ER, , ,	al) or Full O	rganization Name		D	ate of	Red	ceipt				
	91 HIGHOVER DRIVE					07 ^M	/	D 3	1		2019	
City CHANHASSEN		State MN	Zip Code 55317-7572					-			21365499 is Period	
FEC ID number of of federal political com	0	С						1	T IOC	,	30.	_
Name of Employer Optum360 Services			upation (for Individual) Gen Mgmt			Me	emo	ltem				
Receipt For: Primary Other (specify	General		Year-to-Date ▼	25.00	P/F	R Dedu	uctic	on (\$1	5.00) Bi-We	eekly)	
SUBTOTAL of Receip	ts This Page (optional)			····· ►				,		9	491.	52
TOTAL This Period (la	ast page this line number o	nly)		····· ►	Ē			,		-		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		for each category of the	×	🗶 11a 🔄 11b 🔄 11c 🔄 12									
		Detailed Summary Page		13		14	15	H	16	17			
Any information copied from such Reports or for commercial purposes, other than usi													
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mide MEYERHOFER, JEFFREY, , ,	dle Initial) or Full C	organization Name	C	Date of	Re	ceipt							
Mailing Address 6624 IROQUOIS TRAIL				м м 07	1	D 31		Y	y y 2019	Y			
City EDINA	State MN	Zip Code 55439-1065							465499				
		33439-1003	A	mount	: of	Each F	Receip	t this	Period				
FEC ID number of contributing federal political committee.	C		1 l	153.84									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bundled Payment Svs		Me	emo	Item							
Receipt For:		Year-to-Date ▼											
Other (specify) ▼		653.82	P/	R Ded	uctic	on (\$76	6.92 Bi	-Wee	ekly)				
Full Name of Individual (Last, First, Mide B. KOENIG, ERICA, , ,	dle Initial) or Full C	Prganization Name		Date of	Re	ceipt							
Mailing Address 5985 PRESTWICK COL	JRT			м м 07	1	D 31			y 2019	Y			
City	State	Zip Code				-			505499				
EXCELSIOR	MN	55331-4412	A	mount	of	Each F	Receip	t this	Period				
FEC ID number of contributing federal political committee.	C					7			384.	60			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Talent		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/I	R Dedi	uctic	on (\$19	2.30 B	i-We	ekly)				
Full Name of Individual (Last, First, Mide C. CARNISH, ERIN, , ,	dle Initial) or Full C	Prganization Name		Date of	Re	ceipt							
Mailing Address 7640 SOUTH BAY DR				м м 07	1	D 31			2019	Y			
City	State	Zip Code	_	Trans	acti	ion ID	: PR25	7521	1555499)7			
BLOOMINGTON	MN	55438-2900	A	mount	of	Each F	Receip	t this	Period				
FEC ID number of contributing federal political committee.	С		1	_	_	,		_	769.	22			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item							
Receipt For: Primary General Other (specify)	I	Year-to-Date ▼ 769.22	P/	'R Ded	uctio	on (\$38	34.61 E	3i-We	ekly)				
SUBTOTAL of Receipts This Page (option	nal)					, .			1307.	66			
TOTAL This Period (last page this line nu	mber only)												

SCHEDULE A (FEC Form 3X) DEOEIDTO

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		Use separate schedule(s)	(check o	(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										
or for commercial purposes, other than using t	me name and a	duress of any political committee	e to solicit c	ontrib	outions f	rom such		ee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle WILSON, ADAM, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 336 SALEM CHURCH ROA	AD		M 07		D D D 31) / Y	y y 2019	Y		
City SUNFISH LAKE	State MN	Zip Code 55118-4719					21865499 is Period	7		
FEC ID number of contributing federal political committee.	С			_			187.5	50		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Memo	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 468.75	P/R De	∍ducti	ion (\$93.	.75 Bi-We	eekly)			
Full Name of Individual (Last, First, Middle SHORS, MATTHEW, , ,		rganization Name	Date	of Re	eceipt					
Mailing Address 4649 EWING AVENUE SOL			07		31	/ Y	2019	Y		
City MINNEAPOLIS	State MN	Zip Code 55410-1745			-		22354997	7		
	IVIIN	33410-1743	Amou	int of	Each R	lecelpt th	is Period	_		
FEC ID number of contributing federal political committee.	C						384.6	50		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel		Memo	o Item					
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2884.50	P/R De	ducti	on (\$192	2.30 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle KRUTA, DARLENE , , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt					
Mailing Address 9243 GREEN BRIAR RD	01-1-	7. 0.4	07	7	31		2019			
City BLOOMINGTON	State MN	Zip Code 55437-1939					23255499 is Period	7		
FEC ID number of contributing federal political committee.	С				y	, y	76.9	92		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo	o Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R De	∍ducti	ion (\$38.	.46 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optional).					,	,	649.0)2		
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

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		Use separate schedule(s)		(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12			
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	ie name and a	ouress of any political committee	e to solicit co	JULLIO	outions f	IOTTI SUCP	i committe	.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In GRUNDHOEFER, BRYAN, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt					
Mailing Address 1500 STAG MEADOW				VI /) / Y	2019	Y		
City SAN ANTONIO	State TX	Zip Code 78248-1346						7		
FEC ID number of contributing federal political committee.	С						384.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn		/lemc	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2880.00	P/R De	ductio	on (\$192	2.00 Bi-W	/eekly)			
Full Name of Individual (Last, First, Middle In KIRKPATRICK, SUSAN, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt					
Mailing Address 417 STERLING STREET				VI /		/ Y	2019	Ŷ		
City LANCASTER	State MA	Zip Code 01523-1847						7		
FEC ID number of contributing federal political committee.	С						76.9	2		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt		/lemc	tem					
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		576.90	P/R Dee	ductio	on (\$38	46 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle In RUSSELL, THOMAS, , ,	nitial) or Full C	rganization Name	Date of	of Re	eceipt					
Mailing Address 10205 GROOMSBRIDGE R		Zie Oode	07		31		2019			
City JOHNS CREEK	State GA	Zip Code 30022-5645						1		
FEC ID number of contributing federal political committee.	С				,	, , , , , , , , , , , , , , , , , , ,	28.0	00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Empl Rel		Nemo	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R De	ducti	on (\$14.	.00 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optional)					,	,	488.9	12		
TOTAL This Period (last page this line numbe	r only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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ITEIWIZED RECEIFIS		Detailed Summary Page				11	b	11c		12			
		Detailed Summary Page		11a 13		14	-	15		16	1		
nation copied from such Reports and State imercial purposes, other than using the na											ions		
OF COMMITTEE (In Full)													
edHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)										
me of Individual (Last, First, Middle Initial) ATE, THOMAS, , ,	or Full Orga	anization Name		Date of Receipt									
Address 8222 STONE MASON CT		1	07 31 2019										
	State FL	Zip Code		Trans	acti	ion	ID : F	PR2575	2478	35499	7		
ERMERE	34786-5624	_	Amount	of	Ea	ich Re	eceipt t	his P	Period				
number of contributing political committee.				_	-				76.9	92			
of Employer (for Individual) HealthCare Services Inc	Occupa Regn C	ation (for Individual) CEO		Me	emc	o Ite	em						
t For: A	ggregate Ye	ar-to-Date ▼											
rrimary General Other (specify) ▼	y General							P/R Deduction (\$38.46 Bi-Weekly)					
me of Individual (Last, First, Middle Initial)		Date of	Re	ecei	ipt								
Address 49605 KEYCOVE ST	COVE ST						D D D 31	/ Y) 19	Y		
	State	Zip Code		Trans	acti	ion	ID : F	PR2575	2481	54997	,		
TERFIELD	MI	48047-2361		Amount	of	Ea	ch Re	eceipt tl	his P	Period			
number of contributing political committee.	С				-				97.8	88			
of Employer (for Individual) HealthCare Services Inc	Occupa SB KA		Memo Item										
t For: rimary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 461.52] P	P/R Deduction (\$48.94 Bi-Weekly)									
me of Individual (Last, First, Middle Initial) RAH, JACQUELINE, , ,	or Full Orga	nization Name		Date of	Re	ecei	ipt						
Address 16942 HUBBARD TRAIL				м м 07	1	Γ	D D D 31	/ Y)19 [°]	Y		
	State	Zip Code		Trans	act	ion	1D : I	PR2575	5248	55499	7		
/ILLE	MN	55044-5846		Amount	of	Ea	ch Re	eceipt t	his P	Period			
number of contributing political committee.	С			<u> </u>		y		, <u>,</u>		76.9	92		
of Employer (for Individual)	Occupa	ation (for Individual)		Me	emo	o Ite	em						
Services, Inc													
t For: A	aareaate Ye	ar-to-Date ▼											
rrimary General Other (specify)		576.90] 「	P/R Ded	ucti	on	(\$38.4	16 Bi-W	eekl	y)			
rimary General A	kggregate Ye	ar-to-Date ▼ 576.90		P/R Ded	ucti	on 5	(\$38.4	16 Bi-W	'eekly		51.7		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Use separate schedule(s	Use separate schedule(s)	(check	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12	□ 1 - 7			
Any information copied from such Reports and or for commercial purposes, other than using t				the pu							
NAME OF COMMITTEE (In Full)											
> UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle A. BRANT, PAUL, , ,	Initial) or Full C	rganization Name	Dat	e of F	leceipt						
Mailing Address 17 ROCKY BROOK ROAD				07 31 2019							
City WILTON	State CT	Zip Code 06897-1919				PR25752 Receipt th	2 5025499 is Period	7			
FEC ID number of contributing federal political committee.				-		76.9	92				
Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc SB KA VP SIs Acct Mgt				Merr	no Item						
Receipt For: Primary General Other (specify) ▼	rimary General ther (specify) ▼ 576.90				P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. MATTILA, LUCAS, , ,	Initial) or Full C	rganization Name	Dat	e of F	Receipt						
Mailing Address 22829 N 52ND ST				™ 07	/ D 1) / Y	2019	Y			
City PHOENIX	State AZ	Zip Code 85054-7202				PR25752 Receipt th	25065499	7			
FEC ID number of contributing federal political committee.	С	Occupation (for Individual) SB VP SIs Acct Mgmt			28.08						
Name of Employer (for Individual) United HealthCare Services Inc					no Item						
Receipt For:	Aggregate	Year-to-Date ▼		1							
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle KORF, GRETCHEN, , ,	Initial) or Full C	rganization Name	Dat	e of F	leceipt						
Mailing Address 3180 CYPRESS CIRCLE S				07 [™]	/ D 31		y y 2019	Y			
City MEDINA	State MN	Zip Code 55340-8807				PR25752 Receipt th	2 5225499 is Period	7			
FEC ID number of contributing federal political committee.					y 1	. ,	384.0	60			
Name of Employer (for Individual) United HealthCare Services Inc				Merr	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R	Deduc	tion (\$19	2.30 Bi-W	/eekly)				
SUBTOTAL of Receipts This Page (optional).					, .	.,	489.6	60			
TOTAL This Period (last page this line number	er only)										

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PAGE 111 OF

	Use separate schedule(s)		(check only one)								
11	EMIZED RECEIPTS			a category of the Summary Page		K 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{\langle}$	NAME OF COMMITTEE (In Full)				, 10 0						
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedH	ealth Group PA	NC)						
Α.	Full Name of Individual (Last, First, Middle Initia KUETER, DANIEL, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
	Mailing Address 1500 WINGATE DRIVE						/	D D D 31	/ Y	ү ү 2019	Y
	City DELAWARE	State OH	Zip Co 4301	ode 5-9200	_					25585499 iis Period	
	FEC ID number of contributing federal political committee.							y	-	625.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Network	Individual)		Me	emo	Item			
	Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1562.50				P/R Deduction (\$312.50 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia BACHMANN, ANITA, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
	Aailing Address 815 NORTHERN SHORES POINT					м м 07	/	D D D 31	/ Y	y y 2019	Y
	City GREENSBORO	State NC	Zip Co 2745							25845499	
	FEC ID number of contributing					Amount	OTI	Each Re	eceipt tr	iis Period	_
	federal political committee.	Occupation (for Individual) HIth Plan CEO				153.86					
	Name of Employer (for Individual) United HealthCare Services Inc					Me	emo	Item			
	Receipt For:	Aggregate	Year-to-Da	te 🔻							
	Other (specify) ▼		,	1153.95	F	P/R Deduction (\$76.93 Bi-Weekly)					
C.	Full Name of Individual (Last, First, Middle Initia REICHEL, RANDI, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
	Mailing Address 331 TUSCANY ROAD					м м 07	/	D D D 31	/ Y	2019	Y
	City BALTIMORE	State MD	Zip Co 2121	ode 0-2934						25995499 iis Period	
	FEC ID number of contributing federal political committee.	С				Ē	_	,	9	313.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Regl Affs	Individual)	ual)			ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Da	te ▼ 813.58		P/R Dedu	uctic	on (\$156	5.80 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)			•••••				,	,	1092.	46
т	OTAL This Period (last page this line number or	ıly)		•••••	-						

SCHEDULE A (FEC Form 3X) DEAEIDTA

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)						
			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	I ay not be sold or used by any p address of any political committe	erson t e to so	for the p	l purp ntrib	oose of	soliciting	g contribut	ions
	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group P	AC)						
Α.	Full Name of Individual (Last, First, Middle Init BROOMFIELD, ROBERT, , ,	ial) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 12501 WEST 156TH STREET				M M 07	1	31) / Y	ү ү 2019	Y
	OVERLAND PARK	State KS	Zip Code 66221-2662						26045499 nis Period	7
	FEC ID number of contributing federal political committee.		С				-		92.3	30
	Name of Employer (for Individual) United HealthCare Services Inc				Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.25	P	/R Dedu	uctio	on (\$46	.15 Bi-W	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZARN, MARY, , ,					Re	ceipt			
	Mailing Address 11192 BLUESTEM LANE				м м 07	/	31		2019	Y
		State MN	Zip Code						269154997	7
	EDEN PRAIRIE	IVIIN	55347-4731	- 1	Amount	of	Each F	Receipt th	nis Period	
	FEC ID number of contributing federal political committee.	C			153.84					34
	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 ▼ 653.82	P	/R Dedu	uctio	on (\$76.	.92 Bi-We	eekly)	
C.	Full Name of Individual (Last, First, Middle Init ZAFFIRIS, NICHOLAS, , ,	ial) or Full O	Organization Name		Date of	Re	ceipt			
	Mailing Address 9365 HUNTCLIFF TRCE				^M 07	1	31	_ L	2019	
	City SANDY SPRINGS	State GA	Zip Code 30350-1608				-		27065499 nis Period	7
	FEC ID number of contributing federal political committee.	С				_	,	- y	28.0	08
	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 ▼ 210.60		P/R Dedu	ucti	on (\$14	.04 Bi-W	eekly)	
\vdash	UBTOTAL of Receipts This Page (optional)						,		274.2	22

SCHEDULE A (FEC Form 3X) -

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, M A. JONES, TERRY, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 11856 NW 12TH MAI	1		07 / D D / Y Y Y Y 2019					
City CORAL SPRINGS	State FL	Zip Code 33071-5035	Transaction ID : PR2575279254997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Primary General Other (specify) ▼ 210.00							
Full Name of Individual (Last, First, M HAMBLIN, JILLIAN, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3103 BEACON GRO	1		07 / D D / Y Y Y Y 2019					
City SPRING	State TX	Zip Code 77389-4348	Transaction ID : PR2575290354997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, M C. SAUER, BRIAN, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 28 HILLARY FARM L	N State	Zip Code	07 31 2019					
City SAINT PAUL	MN	55110-5934	Transaction ID : PR2575290854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		125.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.50	P/R Deduction (\$62.50 Bi-Weekly)					
SUBTOTAL of Receipts This Page (opt	onal)		229.92					
TOTAL This Period (last page this line	number only)							

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 version for the purpose of soliciting contributions a to collicit contributions					
or for commercial purposes, other than using t	ine name and a	doress of any political committe	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle MUELLER, STEVEN, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 6895 LAKE HARRISON CI	RCLE		07 31 2019					
City CHANHASSEN	State MN	Zip Code 55317-4589	Transaction ID : PR2575294554997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		76.92					
Name of Employer (for Individual) Optum Services, Inc	Occ	upation (for Individual) Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. HEWITT, SCOTT, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1443 RAYMOND AVE								
City SAINT PAUL	State MN	Zip Code 55108-1430	Transaction ID : PR2575296754997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		135.40					
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 ▼ 1005.49	P/R Deduction (\$67.70 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. MONAGHAN, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1432 E AMBERWOOD DR			07 / D D / Y Y Y Y Y 2019					
City PHOENIX	State AZ	Zip Code 85048-4056	Transaction ID : PR2575296854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			240.40					
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	Use separate schedule(s)	(cheo	(check only one)							
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Any information copied from such Reports and										
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to soli	cit con	ntrib	utions f	from suc	h committ	ee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle A. HUGHES, ROBERT, , ,	Initial) or Full C	organization Name	D	ate of	Re	ceipt				
Mailing Address 68 OCEAN DRIVE				м м 07	/	31	D / Y	Y Y 2019	Y	
City SEABROOK	State NH	Zip Code 03874-4712						30425499 nis Period	7	
FEC ID number of contributing federal political committee.	C					,		28.	08	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		Me	emo	Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/F	R Dedu	uctio	on (\$14	.04 Bi-We	eekly)		
Full Name of Individual (Last, First, Middle CUEVAS, BRANDON, , ,	Initial) or Full C	organization Name	D	ate of	Re	ceipt				
Mailing Address 8 CLOISTER COURT				м м 07	/	31) / Y	2019	Y	
City LADERA RANCH	State CA	Zip Code 92694-1556				-		30565499	7	
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period					
Name of Employer (for Individual) United HealthCare Services Inc					emo	Item				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50	P/F	R Dedu	uctic	on (\$192	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle C. HUNT, BRADLEY, , ,	Initial) or Full C	organization Name	D	ate of	Re	ceipt				
Mailing Address 6636 W SHORE DR				м м 07	/	31		2019	Y	
City EDINA	State MN	Zip Code 55435-1529						31045499 nis Period	7	
FEC ID number of contributing federal political committee.	С		ļ			y .	9	384.	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO		Me	emo	Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/I	R Dedu	uctio	on (\$19	2.30 Bi-V	Veekly)		
SUBTOTAL of Receipts This Page (optional).						,	. ,	797.2	28	
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

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	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle GRIMM, JAN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3608 WEST 85TH STREE		Zip Code	07 31 2019						
City LEAWOOD	State KS	Transaction ID : PR2575314854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DRAWZ, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4848 SPARROW ROAD			07 / D D / Y Y Y Y Y 2019						
City MINNETONKA	State MN	Zip Code 55345-3219	Transaction ID : PR2575315954997						
		33343-3219	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev	Memo Item						
Receipt For:	Aggregate	Year-to-Date V	1						
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. GOLDBERG, JEFFREY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3410 BRADLEY LANE			07 31 / Y Y Y Y Y 2019						
City CHEVY CHASE	State MD	Zip Code 20815-3262	Transaction ID : PR2575326954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			183.00						
TOTAL This Period (last page this line numb	er only)								

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	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mane and a	I ay not be sold or used by any p uddress of any political committe	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
✓ UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle I A. PEEL, CHAD, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7185 GUNFLINT TRAIL			M M / D D / Y Y Y Y Y 07 31 2019					
City CHANHASSEN	State MN	Zip Code 55317-4743	Transaction ID : PR2575329854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		227.68					
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Prd	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$113.84 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I VANHAM, COLLEEN, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 727 N EVERGREEN AVE			07 / D D / Y Y Y Y Y 2019					
City ARLINGTON HEIGHTS	State IL	Zip Code 60004-5566	Transaction ID : PR2575341954997					
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I	nitial) or Full C	organization Name						
C. WHITE, WAYNE, , , Mailing Address 8727 W BUCKHORN TRL			Date of Receipt					
City PEORIA	State AZ	Zip Code 85383-4852	Transaction ID : PR2575342354997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			689.20					
TOTAL This Period (last page this line number	er only)							

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	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	NC)					
Full Name of Individual (Last, First, Middle Ir A. SIMONE, MICHAEL, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 12 SCALIA COURT			07 31 / Y Y Y Y Y 2019					
City HAMILTON	State NJ	Zip Code 08690-1363	Transaction ID : PR2575346754997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir IMDIEKE, PATRICK, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 15900 WHITE PINE DRIVE			07 / D D / Y Y Y Y Y 2019					
City	State MN	Zip Code	Transaction ID : PR2575347954997					
WAYZATA	IVIIN	55391-2125	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Anlys Cnslt	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	1					
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Ir TELESKY, MICHAEL, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 2602 PENNINGTON PLACE			07 / D D / Y Y Y Y Y 2019					
City VALPARAISO	State IN	Zip Code 46383-9163	Transaction ID : PR2575350954997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		78.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs SB KA	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			134.16					
TOTAL This Period (last page this line number	r only)							

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PAGE 119 OF

	Use separate schedule	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			13 14 15 16 17 berson 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	e Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 63 HERITAGE TRAIL			07 31 2019				
City SUFFIELD	State CT	Zip Code 06078-2376	Transaction ID : PR2575354054997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. PROSPECT, THEODORE, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 3440 BAYOU SOUND			07 / D D / Y Y Y Y 2019				
City LONGBOAT KEY	State FL	Zip Code 34228-3000	Transaction ID : PR2575356054997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		625.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1562.50	P/R Deduction (\$312.50 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. BROWN, SALLY, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 192 HOMEWOOD DRIVE	1	1	07 / D D / Y Y Y Y 31 2019				
City CLINTON	State NY	Zip Code 13323-1512	Transaction ID : PR2575363654997 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		28.08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)		681.16				
TOTAL This Period (last page this line numl	per only)						

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	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle II ADAM, MATTHEW, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 15607 SUMMIT DRIVE			M M / D D / Y Y Y Y 07 31 2019					
City EDEN PRAIRIE	State MN	Zip Code 55347-2328	Transaction ID : PR2575364054997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In B. COOK, JORDANA, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1016 GLISTENING WAY		07 / D D / Y Y Y Y Y 2019						
City BELMONT	State NC	Zip Code 28012-8883	Transaction ID : PR2575371654997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		312.60					
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 ▼ 781.50	P/R Deduction (\$156.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In C. CUNNINGHAM, BRIAN, , ,	nitial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1711 ROLLING HILLS RD			07 / D D / Y Y Y Y 2019					
City CHARLESTON	State WV	Zip Code 25314-2215	Transaction ID : PR2575375954997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			417.60					
TOTAL This Period (last page this line numbe	r only)							

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			Use separate schedule(s)	(chec	k only	one))						
	IZED RECEIPTS		for each category of the Detailed Summary Page	×	ŀ	_	1b	11c	12				
	formation copied from such Reports and Stat commercial purposes, other than using the na			erson for			se of s						
	ME OF COMMITTEE (In Full)												
∕ Ur	nitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	NC)									
	Name of Individual (Last, First, Middle Initial AVARELLA, TRACY, , ,) or Full Or	ganization Name	Date of Receipt									
Mai	ling Address 20 LORRAINE DRIVE			Γ	07 31 Y Y Y Y Y								
City BE	, ACON FALLS	State CT	Zip Code 06403-1256	Transaction ID : PR2575377954997 Amount of Each Receipt this Period									
	C ID number of contributing eral political committee.	С							28.0	08			
Opt	ne of Employer (for Individual) um Services, Inc		pation (for Individual) Compli		Me	mo li	tem						
	eeipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
	Name of Individual (Last, First, Middle Initial OLL, KATHLEEN, , ,) or Full Or	ganization Name	Da	ate of	Rece	eipt						
	ling Address 3184 MULLIGAN LANE				07	1	D D D	/ Y	2019	Y			
City CH	, ASKA	State Zip Code MN 55318-3226							8 8515499 is Period	7			
	C ID number of contributing eral political committee.	Occupation (for Individual) VP Clnt Svc Acct Mgt			20.66								
	ne of Employer (for Individual) um Services, Inc				Memo Item								
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		436.25	P/R	P/R Deduction (\$10.33 Bi-Weekly)								
	Name of Individual (Last, First, Middle Initial ROWE, ANGELA, , ,) or Full Or	ganization Name	Da	ate of	Rece	eipt						
	ling Address 14 GLENBROOK DR			- 6	07	1	31		2019 [°]				
City ME	, ENDHAM	State NJ	Zip Code 07945-2306						39175499 is Period	7			
	C ID number of contributing eral political committee.	С			_	y		9	28.0	08			
United HealthCare Services Inc			pation (for Individual) twk Prgms		Memo Item								
	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
SUB1	OTAL of Receipts This Page (optional)					,			76.8	32			
тота	L This Period (last page this line number on	ly)		Γ									

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	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports an or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions a to solicit contributions from such committee							
		uness of any pullical continue								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle FENLON, STEVEN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4925 DREW AVE S			07 31 2019							
City MINNEAPOLIS	State MN	Zip Code 55410-1743	Transaction ID : PR2575392054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)							
Full Name of Individual (Last, First, Middle POST, LINDA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 23415 FAIRMOUNT BLVD			07 / D D / Y Y Y Y Y 2019							
	State OH	Zip Code	Transaction ID : PR2575395254997							
SHAKER HEIGHTS		44122-2231	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ned Dir	Memo Item							
Receipt For:	Aggregate	Year-to-Date 🔻								
Other (specify) ▼		225.00	P/R Deduction (\$15.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle BRATTEBO, CRAIG, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10202 HARMONY CIRCLE			07 / D D / Y Y Y Y 2019							
City EDEN PRAIRIE	State MN	Zip Code 55347-5019	Transaction ID : PR2575397254997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		192.30							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			414.60							
TOTAL This Period (last page this line numb	er only)									

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			Use separate schedule(s)				(check only one)								
			for each category of the Detailed Summary Page		K 11a		11b	11c	12						
	ormation copied from such Reports and Stat commercial purposes, other than using the n														
	AE OF COMMITTEE (In Full)														
∕Un	itedHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)											
	Name of Individual (Last, First, Middle Initial IDERWOOD, JEFFREY, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
Mail	ing Address 14625 SW SUNRISE LN				м м 07	/	31	/ Y	2019	Y					
City	ARD	State OR	Zip Code 97224-1209	Transaction ID : PR2575403354997											
			97224-1209	_	Amount	of	Each R	eceipt th	is Period						
	CID number of contributing ral political committee.	С			Ľ.		-		153.	84					
Unit	ed HealthCare Services Inc		pation (for Individual) Plan CEO		Me	emc	ltem								
	eipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)											
	Name of Individual (Last, First, Middle Initial IDERSON, BRADLEY, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	ing Address 4613 W 56TH ST				м м 07	1	31	/ Y	2019	Y					
City		State MN	Zip Code 55424-1558				-		0525499	7					
EDI				Amount	of	Each R	eceipt th	is Period	_						
	D number of contributing ral political committee.	С	500.00												
	ne of Employer (for Individual) ed HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt			Memo Item										
Rec		Aggregate `	Year-to-Date ▼												
	Primary General Other (specify) ▼		, 500.00	F	P/R Dedu	uctio	on (\$500).00 Bi-W	'eekly)						
	Name of Individual (Last, First, Middle Initial				Date of	Re	eceipt								
	ing Address 17698 62ND COURT NORTH	1			м м 07	1	31	/ Y	ү 2019	Y					
City MA	PLE GROVE	State MN	Zip Code 55311-4619				-		1015499 is Period	7					
	D number of contributing ral political committee.	С					,		625.	00					
			pation (for Individual) Seg CIO		Me	emo	tem								
Reco	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1562.50	P/R Deduction (\$312.50 Bi-Weekly)											
SUBT	OTAL of Receipts This Page (optional)		•••••	<u> </u>			, .		1278.	34					
тота	L This Period (last page this line number on	ly)	••••••	-			-	1.45							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee								
NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	e to solicit contributions from such committee.								
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle MILLER, ALLISON, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 11671 45TH PLACE NE			07 / D D / Y Y Y Y Y 07 31 2019								
City SAINT MICHAEL	State MN	Zip Code 55376-4536	Transaction ID : PR2575418154997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Info Security Risk Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. GOTHARD, CAROL, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 16492 BROOKLANE BOL			07 31 / Y Y Y Y 07 31 2019								
City NORTHVILLE	State	Zip Code 48168-8417	Transaction ID : PR2575419154997								
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 572.70	P/R Deduction (\$38.18 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. MCGAVICK, KEVIN, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 705 NOTTINGHAM COU			07 / D D / Y Y Y Y Y 2019								
City CRANBERRY TOWNSHIP	State PA	Zip Code 16066-6527	Transaction ID : PR2575421954997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 3us Dvlp	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)		537.88								
TOTAL This Period (last page this line num	ber only)	······									

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	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle OHARA, KARIN, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1431 HENRY COURT			07 31 Y Y Y Y Y 07 31 2019								
City CHANHASSEN	State MN	Zip Code 55317-2200	Transaction ID : PR2575428754997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle CASTILLO, EFREM, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 307 JOLIET AVE			07 / D D / Y Y Y Y 2019								
	State TX	Zip Code	Transaction ID : PR2575441354997								
SAN ANTONIO		78209-5243	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) n Care Initiv	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. SPILKER, TIMOTHY, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 32 FITCH LANE			07 / D D / Y Y Y Y Y 2019								
City NEW CANAAN	State CT	Zip Code 06840-5051	Transaction ID : PR2575446354997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)		846.12								
TOTAL This Period (last page this line numl	per only)										

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IT.	EMIZED RECEIPTS	D RECEIPTS Use separate schedule(s) (check only one)											
11	EIVILLED RECEIPIS		for each category of the Detailed Summary Page	×	1 1a		1b	11c	12				
	y information copied from such Reports and S					purpo							
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ddress of any political committee	e to so	olicit cor	ntribut	tions fr	om such	committ	эе.			
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini BOOKER, ROBERT, , ,	itial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 16632 HANSON BLVD NW				07 ^D 07 ^Y 2019								
	City ANDOVER	State MN	Zip Code 55304-2089	_	Transaction ID : PR2575447254997 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			<u> </u>	-,			384.6	30			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo I	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50] [P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Ini FLOCCO, LOUIS, , ,	itial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 3281 S VINE STREET		Zip Code		м м 07	1	D D 31	/ Y	y y 2019	Y			
	City CHANDLER	State AZ						4865499	7				
	FEC ID number of contributing federal political committee.	С		Amount			eceipt th	is Period 200.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Underwriting			Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00] P	P/R Deduction (\$100.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Ini GEHLBACH, THOMAS, , ,	itial) or Full O	rganization Name		Date of	Rece	eipt						
	Mailing Address 5380 YELLOWSTONE TRAIL				07	/	D D D 31		2019				
	City MINNETRISTA	State MN	Zip Code 55331-9163						4885499 is Period	7			
	FEC ID number of contributing federal political committee.	С			<u> </u>	, y		, <u>,</u>	384.6	30			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting		M	emo l	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50]	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			<u> </u>		. ,		,	969.2	20			
Т	OTAL This Period (last page this line number	only)		_ ►									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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				or each category of the Detailed Summary Page		X 11a 13		11k		11c 15	12	17			
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements ma ame and a	ay n Iddro	ot be sold or used by any peess of any political committee	erson e to s	for the	purp pntrib	pose	e of s ns fro	soliciting	g contrib	utions			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jn	itedHealth Group PA	NC)										
Α.	Full Name of Individual (Last, First, Middle Initial RUNICE, PAUL, , ,) or Full O	rga	nization Name		Date of Receipt									
	Mailing Address 4622 BRUCE AVENUE					07 / D D / Y Y Y Y 07 31 2019									
	City EDINA	State MN		Zip Code 55424-1123				-			4515549	-			
	FEC ID number of contributing federal political committee.	C	Ì	33424-1123		Amount of Each Receipt this Period 369.00									
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) asury		N	1emo	o Ite	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1414.54	P/R Deduction (\$184.50 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initial MCGLINCH, THOMAS, , ,) or Full O	rga	nization Name		Date o	of Re	eceip	ot						
	Mailing Address 910 MIDWEST TRAIL NORTH				07 31 Y Y Y Y Y 2019										
	City LAKE ELMO	State MN		Zip Code 55042-9658	_			-			4516549 nis Perio				
	FEC ID number of contributing federal political committee.	С				-		-41-	576	6.92					
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Treasury					Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate		P/R Deduction (\$288.46 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial MURPHY, ERIC, , ,) or Full O	rga	nization Name		Date o	of Re	eceip	ot						
	Mailing Address 5201 BLAKE ROAD	1				07	/	D	31	/ Y	2019 [°]	Y			
	City EDINA	State MN		Zip Code 55436-1127							4537549				
	FEC ID number of contributing federal political committee.	C				Amour	nt of	Eac	h Re	ceipt th	nis Perio 384	d 4.60			
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) gment CEO		N	/lemc	o Ite	m						
	Receipt For: Primary General Other (specify)	ar-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)				<u> </u>						1330).52			
Т	OTAL This Period (last page this line number on	y)			-			-		-					

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check on	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12							
Any information copied from such Reports a													
or for commercial purposes, other than usin	g the name and a	ddress of any political committee	e to solicit co	ntributions 1	from such	o committe	90.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middl PEGG, JACK, , ,	le Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4917 KAMA LANE NE			07 31 Y Y Y Y Y 07 31 2019										
City ALBERTVILLE	State MN	Zip Code 55301-3536	Transaction ID : PR2575456054997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C					28.0	8						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting	M	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. SMITH, DAYNITA, , ,	le Initial) or Full C	rganization Name	Date o	f Receipt									
Mailing Address 4828 ISLAND VIEW DR			M M 07	/ D 1) / Y	y y 2019	Y						
City MOUND	State MN	Zip Code 55364-9391		action ID : t of Each F			,						
FEC ID number of contributing federal political committee.	С			28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		210.60	P/R Ded	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middl c. STUCKMAYER, SHARON, , ,	le Initial) or Full C	rganization Name	Date o	f Receipt									
Mailing Address 24005 RIVERS EDGE R			07	31		2019							
City ROGERS	State MN	Zip Code 55374-4781		saction ID : t of Each F									
FEC ID number of contributing federal political committee.	С					125.0	0						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		Memo Item									
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 312.50	P/R Dec	duction (\$62	.50 Bi-We	ekly)								
SUBTOTAL of Receipts This Page (optional	al)				. ,	181.1	6						
TOTAL This Period (last page this line nun	nber only)				1.40								

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle APHINNEY, ASHLEY, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5 GATEHOUSE ROAD			07 / D D / Y Y Y Y 2019									
City GRANBY	State CT	Zip Code 06035-1922	Transaction ID : PR2575468454997									
		00033-1922	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ector Technology	Memo Item									
Receipt For: Primary General	Aggregate	Year-to-Date 🔻	P/R Deduction (\$14.04 Bi-Weekly)									
Other (specify) ▼		210.60]									
Full Name of Individual (Last, First, Middle B. SADUSKE, NANETTE, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4276 NICOLET DRIVE			M M / D D / Y Y Y Y 07 31 2019									
City	State	Zip Code	Transaction ID : PR2575470254997									
GREEN BAY	WI	54311-9798	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.52									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	_									
Primary General Other (specify) ▼		573.90	P/R Deduction (\$38.26 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. BARTHEL, THOMAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9713 HEMLOCK LANE N	ORTH		07 31 2019									
City MAPLE GROVE	State MN	Zip Code 55369-3665	Transaction ID : PR2575484354997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ir Software Engineering	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)		132.68									
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using t			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 Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle MACLAUCHLAN, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1833 HILLTOP RD			07 / D D / Y Y Y Y 2019							
City JENKINTOWN	State PA	Zip Code 19046-1538	Transaction ID : PR2575492754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
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 ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. STARMANN, LYNN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 11701 WEMBLEY RD			07 31 / Y Y Y Y Y							
City LOS ALAMITOS	State CA	Zip Code 90720-4235	Transaction ID : PR2575494554997							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle DITTBERNER, LINDSAY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 962 WOODVIEW CIRCLE	01-1-	7. 0.4	07 / D D / Y Y Y Y 2019							
City CARVER	State MN	Zip Code 55315-4519	Transaction ID : PR2575496954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		200.00							
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 ▼ 900.00	P/R Deduction (\$100.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			305.00							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

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	•	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)		Inited Health Group R/								
			(C)							
Full Name of Individual (Last, First, Middle RAMIREZ, MICHELE, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2569 HALL-JOHNSON RO APT 1428	AD		07 31 Y Y Y Y Y 2019							
City GRAPEVINE	State TX	Zip Code 76051-8707	Transaction ID : PR2575502454997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		46.16							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nan Capital Partner	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 346.20	P/R Deduction (\$23.08 Bi-Weekly)							
Full Name of Individual (Last, First, Middle SUNDAL, DEBORAH, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 5109 WEST 66TH ST	04-4-	7. 0.1	07 / 01 / 2019 2019							
City EDINA	State MN	Zip Code 55439-1429	Transaction ID : PR2575502954997 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) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle DELREAL, MAGDALENA, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 31 E OGDEN AVE UNIT 412	State	Zin Oode	07 / D D / Y Y Y Y 07							
City LA GRANGE	IL	Zip Code 60525-2136	Transaction ID : PR2575507754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			102.24							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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		Detailed Summary Page	×	11a		11b		11c	12	<u> </u>		
Any information copied from such Reports a												
or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middl A. JONES, RICHARD, , ,	e Initial) or Full C	rganization Name	[Date of	Re	ceipt						
Mailing Address 7597 S OLD FARM LAN	<u> </u>			07 31 2019								
City	State	Zip Code		Trans	acti	ion ID) : P	R25755	50965499	7		
MERIDIAN	ID	83642-7132	/	Amount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C				_	-			28.0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir		Me	emo	ltem	1					
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼	210.60	P/	'R Ded	uctio	on (\$1	14.0	4 Bi-We	ekly)				
Full Name of Individual (Last, First, Middl B. HOWELL, NICHOLAS, , ,	e Initial) or Full C	rganization Name	[Date of	Re	ceipt						
Mailing Address 300 ORANGE GROVE A	VENUE			Mon / D / Y								
City	State	Zip Code	-									
SOUTH PASADENA	CA	91030-1616	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C			Memo Item								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middl C. TSENG, LISA, , ,	e Initial) or Full C	rganization Name		Date of	Re	eceipt						
Mailing Address 55 TEMPLE PLACE UNIT 5				^M 07	/	D	^р 31	/ Y	2019	Y		
City BOSTON	State MA	Zip Code 02111-1300	-						51145499	7		
		02111-1300	/	Amount	of	Each	Re	ceipt th	is Period			
FEC ID number of contributing federal political committee.	C				_	y		y	76.9	92		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		M	emc	ltem	I					
Receipt For:	I	Year-to-Date ▼	_									
Primary General Other (specify)		423.06	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)		.						489.6	50		
TOTAL This Period (last page this line num	nber only)		•			-		-				

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1' erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle A. SHAPIRO, SHEILA, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 1727 EAST MYRTLE AVEN	IUE		07 31 2019					
City PHOENIX	State AZ	Zip Code 85020-5529	Transaction ID : PR2575512054997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		76.92					
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. MUNSON, RICHARD, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 4707 HAZELTINE LANE			07 31 Y Y Y Y Y 2019					
City EAGAN	State MN	Zip Code 55123-2172	Transaction ID : PR2575512454997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		384.60	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. KELLY, MARGARET, , ,	Initial) or Full O	organization Name	Date of Receipt					
Mailing Address 23420 COVELLO STREET			07 / D D / Y Y Y Y 2019					
City WEST HILLS	State CA	Zip Code 91304-5333	Transaction ID : PR2575518054997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		92.30					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 692.25	P/R Deduction (\$46.15 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			553.82					
TOTAL This Period (last page this line number	er only)							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora									
Full Name of Individual (Last, First, Middle A. JOSEPH, MOLLY, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 9209 GRAND SUMMIT BLV	/D		07 31 2019						
City DRIPPING SPRINGS	State TX	Zip Code 78620-2882	Transaction ID : PR2575521754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.00						
Name of Employer (for Individual) United HealthCare Services Inc									
Receipt For: Primary General Other (specify) $ earrow$	Aggregate	Year-to-Date ▼ 2880.00	P/R Deduction (\$192.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DIRE, BERNADETTE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1 NORFOLK LANE	Ototo	Zin Oode	07 / 07 / Y Y Y Y 2019						
City HOLLISTON	State MA	Zip Code 01746-2362	Transaction ID : PR2575522554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	P/R Deduction (\$38.46 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90							
Full Name of Individual (Last, First, Middle C. KAPLAN, ERIC, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 193 PARTRIDGE LANDING		7. 0.1	07 / D D / Y Y Y Y 2019						
City GLASTONBURY	State CT	Zip Code 06033-2849	Transaction ID : PR2575524054997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		543.00						
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) SIs SVP OptumI	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2012.50	P/R Deduction (\$271.50 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			1003.92						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 verson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, M A. CROCKETT, DOUGLAS, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2837 SERENE PAR	(DR		07 31 / Y Y Y Y Y						
City RIVERTON	State UT	Zip Code 84065-3139	Transaction ID : PR2575526054997 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) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, M B. COHEN, SANFORD, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 28 CRESCENT LANE			07 / D D / Y Y Y Y 2019						
City LEVITTOWN	State NY	Zip Code 11756-2506	Transaction ID : PR2575526154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) O, Clinical Policy	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, M JETER, WILLIAM, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 21 PLAINFIELD STR UNIT 3 City	EET	Zip Code	07 31 2019 Transaction ID : PR2575528154997						
JAMAICA PLAIN	MA	02130-3632	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
Name of Employer (for Individual) Optum Services, Inc	Occi VP I	upation (for Individual) T	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (opt	ional)		527.98						
TOTAL This Period (last page this line	number only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12					
	Otatana		13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	.C)					
Full Name of Individual (Last, First, Middle I HUNTER, ROBERT, , ,	nitial) or Full C	Organization Name	Date of Receipt					
Mailing Address 9236 PRESTON PLACE			07 / D D / Y Y Y Y 07 31 2019					
	State MN	Zip Code	Transaction ID : PR2575528354997					
EDEN PRAIRIE		55347-3396	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item					
Receipt For:								
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I B. BASS, JOHN, , ,	nitial) or Full C	Organization Name	Date of Receipt					
Mailing Address 265 CAVE LN			07 31 2019					
City	State	Zip Code	Transaction ID : PR2575528554997					
SAN ANTONIO	ТХ	78209-2242	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) RVP SIs	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I C. HERNANDEZ, MAYRENE, , ,	nitial) or Full C	Organization Name	Date of Receipt					
Mailing Address 850 SW 189TH AVENUE			07 31 2019					
	State	Zip Code	Transaction ID : PR2575529254997					
PEMBROKE PINES	FL	33029-6047	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄led Dir	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify)		576.90	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			181.92					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 137 OF

				or each category Detailed Summary		×	11a	a [11 14		11	ŀ	12 16	17
or	y information copied from such Reports and State for commercial purposes, other than using the na	ments ma me and a	nay n addr	not be sold or use ess of any politica	ed by any per al committee	rson f to so	or th	ne p con	ourp trib	oos	e of	solici	ting	contrib	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	Un	itedHealth G	Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) HOLOVNIA, KRISTEN, , ,	or Full C	Orga	nization Name			Date	of	Re	cei	pt				
	Mailing Address 4610 LAKEVIEW DRIVE			Zip Code			м 0		/	ſ	31	/	Y	y y 2019	Ŷ
	City EDINA	State MN			-			-				330549	-		
		MN 55424-1518						unt	of	Ea	ch Re	eceip	t this	s Perio 384	d I.60
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Deputy Gen Counsel Aggregate Year-to-Date ▼ 2884.50							mo	lte	em				
	Receipt For: A Primary General Other (specify) ▼								P/R Deduction (\$192.30 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) HILL, JANE, , ,	or Full C	Orga	nization Name			Date	of	Re	cei	pt				
	Mailing Address 34301 299TH PLACE						07 / D D / Y Y Y Y 07 31 2019								
	City AITKIN	StateZip CodeMN56431-5914						Transaction ID : PR2575533154997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	ů (76.92							
	Name of Employer (for Individual) United HealthCare Services Inc	tion (for Individua npli	l)			Me	mo	lte	em						
	Receipt For: A Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼						edu	ctio	on (\$38.4	46 Bi	Wee	ekly)	
	Full Name of Individual (Last, First, Middle Initial) BAHL, ALISA, , ,	or Full C	Orga	nization Name			Date	of	Re	cei	pt				
	Mailing Address 414 W RIVO ALTO						M 0		/	ľ	31	/	Y	y y 2019	Ŷ
	City MIAMI BEACH	State FL		Zip Code 33139-1262										344549	
		С]	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Sales Aggregate Year-to-Date ▼ 288.45						Me	emo	lte	əm				
	Receipt For: A Primary General Other (specify)							edu	uctio	on	(\$19.:	23 Bi	-Wee	ekly)	
S	JBTOTAL of Receipts This Page (optional)													499	.98
т	OTAL This Period (last page this line number only	/)			•••••	ĺ									

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 138 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle In MULLANEY, SUSAN, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 169 HUNNEWELL STREET			07 31 Y Y Y Y Y						
City NEEDHAM	State MA	Zip Code 02494-1421	Transaction ID : PR2575535154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) United HealthCare Services Inc	Dir	upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II HAMLIN, THOMAS, , ,	nitial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2800 NEWMAN			07 31 2019						
City	State TX	Zip Code	Transaction ID : PR2575536254997						
	_	77098-1408	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
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) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II C. SULLIVAN, EILEEN, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 9675 WATERWAY PASSAG			07 31 / Y Y Y Y 2019						
City WINTER GARDEN	State FL	Zip Code 34787-4957	Transaction ID : PR2575537254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ssc Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			181.92						
TOTAL This Period (last page this line numbe	r only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 139 OF

			Use separate schedule(s)	(ch	(check only one)						
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a 13		11b 14	11c	12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		oose of	soliciting	contribu	tions	
\setminus	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		InitedHealth Group PA								
				,							
Α.	Full Name of Individual (Last, First, Middle Initia LUQUE, JOY, , ,	ll) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 11700 PRESTON RD #660				м м 07	/	D D D 31	/ Y	үүү 2019	Y	
	City DALLAS	State TX	Zip Code 75230-2739						5 3925499 is Period	7	
	FEC ID number of contributing federal political committee.	С						-	30.	00	
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Med Clin Ops		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	P/R Deduction (\$15.00 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia SUN, TONY, , ,	ll) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 8408 ENSLEY PLACE		07 / D D / Y Y Y Y 2019								
	City LEAWOOD	State KS						4025499	7		
	FEC ID number of contributing	C		Amount of Each Receipt this Period					92		
	federal political committee.		un aller (fan la divide al)		Memo Item						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1ed Dir			51110	nem -				
	Receipt For:	Aggregate	Year-to-Date V	_ ,							
	Other (specify) ▼		, 576.90		P/R Dedu	JCTIC	on (\$38.	46 Bi-We	ekiy)		
с.	Full Name of Individual (Last, First, Middle Initia ROSENZWEIG, MARTIN, , ,	ll) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 116 DAVID RD				м м 07	/	31	/ Y	2019	Y	
	City BALA CYNWYD	State PA	Zip Code 19004-2315	_					54065499 is Period	7	
	FEC ID number of contributing federal political committee.	С					,	,	173.9	90	
	Name of Employer (for Individual) Optum Services, Inc	Occu Behv		Me	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1043.40		P/R Ded	uctio	on (\$86.	.95 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)			•			, .		280.8	32	
т	OTAL This Period (last page this line number or	וy)	••••••	•				1.45			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)	(ch	(check only one)						
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
<u> </u>	Full Name of Individual (Last, First, Middle Initia WENTZIEN, MICHAEL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 6350 SUMMIT CIRCLE				м м 07	/	31) / Y	2019	Y	
	City CHANHASSEN	State MN	Zip Code 55317-9138					PR2575			
	FEC ID number of contributing federal political committee.	С							28.	08	
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Health Mgmt		Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 210.60		P/R Dedi	ucti	on (\$14	.04 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Initia STEINBRECHER, HOLLY, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 2101 LILAC LANE		07 / D D / Y Y Y Y Y 2019								
	City FRISCO	State TX	Transaction ID : PR2575544554997 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C				01			384.		
	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 ▼ 2884.50	F	P/R Dedu	uctio	on (\$192	2.30 Bi-W	/eekly)		
С.	Full Name of Individual (Last, First, Middle Initia BALCK, AMY, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address N3681 VINE RD				07 31 2019						
	City FREEDOM	State WI	Zip Code 54913-6928					PR2575			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	. ,	28	.00	
	Name of Employer (for Individual) United HealthCare Services Inc	I) Occupation (for Individual) KA Dir Acct Mgmt					tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00		P/R Ded	ucti	on (\$14	.00 Bi-We	eekly)		
s	UBTOTAL of Receipts This Page (optional)		•••••	•			, .	.,	440.	68	
т	OTAL This Period (last page this line number on	ly)	•	•			,				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 141 OF

		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Midd A. DAIKEN, LAURIE, , ,	le Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 5002 ONEIDA ST			07 31 2019					
City DULUTH	State MN	Zip Code 55804-1642	Transaction ID : PR2575549654997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		38.46					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Midd B. MORGAN, MARY, , ,	lle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 9900 WILBUR MAY PAR APT 705 City	KWAY	Zip Code	07 / 31 / 2019					
RENO	NV	89521-4007	Transaction ID : PR2575550854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Midd C. STAFFORD, JEFF, , ,	le Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 9413 W 131ST STREET	1	1	07 / D D / Y Y Y Y Y 2019					
City OVERLAND PARK	State KS	Zip Code 66213-3079	Transaction ID : PR2575561254997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		115.40					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 865.50	P/R Deduction (\$57.70 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional	al)		181.94					
TOTAL This Period (last page this line nur	nber only)							

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P	4C)					
Full Name of Individual (Last, First, Middl A. CHERRYHOMES, DAVID, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5921 CREEK POINT			07 31 2019					
City MINNETONKA	State MN	Zip Code 55345-6224	Transaction ID : PR2575573554997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Software Engineering	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middl B. MOCK, CURTIS, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 23 KELTON STREET			07 / D D / Y Y Y Y 2019					
City REHOBOTH	State MA	Zip Code 02769-2530	Transaction ID : PR2575579254997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		192.30					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)					
Full Name of Individual (Last, First, Middl C. WINSOR, ELIZABETH, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 57 WILDERS PASS			07 / D D / Y Y Y Y 2019					
City CANTON	State CT	Zip Code 06019-2259	Transaction ID : PR2575582854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona			604.98					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 143 OF

			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a ☐ 11b ☐ 11c ☐ 12					
An	y information copied from such Reports and Sta	tements ma	ay not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions to collicit contributions from such committee					
or	for commercial purposes, other than using the n	ame and a	ddress of any political committee	to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)					
A.	Full Name of Individual (Last, First, Middle Initia EULL, MARY ANN, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 11204 BEDFORDSHIRE AVE			07 31 2019					
	City POTOMAC	State MD	Zip Code 20854-2003	Transaction ID : PR2575583754997 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		28.08					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia HARRIS, EUGENE, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2832 HARBORSIDE WAY			07 / D D / Y Y Y Y Y 2019					
	City SOUTHPORT	State NC	Zip Code 28461-8373	Transaction ID : PR2575585454997 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Brkr Sls	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia LYON, JAMIE, , ,	l) or Full O	rganization Name	Date of Receipt					
	Mailing Address 2069 CIRCLE DRIVE	-		07 / D D / Y Y Y Y 2019					
	City KRONENWETTER	State WI	Zip Code 54455-9062	Transaction ID : PR2575585954997 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		28.08					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			133.08					
т	OTAL This Period (last page this line number or	ıly)	•						

Use separate schedule(s)

FOR LINE NUMBER:

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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					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	NC)					
Full Name of Individual (Last, First, Middle FINCH, ANNE, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 208 STATION CIR NO			07 / D D / Y Y Y Y Y 2019					
City HUDSON	State WI	Zip Code 54016-9555	Transaction ID : PR2575586654997					
		34010-9333	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
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) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. SOLLER, BRIAN, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 17210 62ND AVE NORTH			07 31 2019					
City	State	Zip Code	Transaction ID : PR2575586754997					
MAPLE GROVE	MN	55311-6406	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. GISCH, SHAWNA, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 320 PRESERVE COURT			07 / D D / Y Y Y Y 2019					
City	State	Zip Code	Transaction ID : PR2575592154997					
CHANHASSEN	MN	55317-8717	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item					
Receipt For:		Year-to-Date ▼	-					
Primary General Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			797.28					
TOTAL This Period (last page this line numb								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b 11c	12				
Any information copied from such Reports and									
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committe	e to solicit contri	butions from suc	ch committe) e.			
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	NC)						
Full Name of Individual (Last, First, Middle JORGE, DEBORAH, , ,	Initial) or Full C	organization Name	Date of R	eceipt					
Mailing Address 45 DELPHI ROAD			07	31	2019	Y			
City STAFFORD SPRINGS	State CT	Zip Code 06076-3405		tion ID : PR257		,			
FEC ID number of contributing federal political committee.	С				28.0	0			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduct	ion (\$14.00 Bi-W	/eekly)				
Full Name of Individual (Last, First, Middle B. MILLER, MICHAEL, , ,	Initial) or Full C	organization Name	Date of R	eceipt					
Mailing Address 1 CANAL STREET 410 City	State	Zip Code	07	31	2019	Y			
BOSTON	MA	02114-2019		tion ID : PR2575 Each Receipt t		,			
FEC ID number of contributing federal political committee.	С				384.6	50			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduct	ion (\$192.30 Bi-\	Weekly)				
Full Name of Individual (Last, First, Middle C. IVERSON, LISA, , ,	Initial) or Full C	organization Name	Date of R	eceipt					
Mailing Address 13341 CARRACH AVENU			07	31	2019				
City ROSEMOUNT	State MN	Zip Code 55068-4774		tion ID : PR257		7			
FEC ID number of contributing federal political committee.	C			, , , ,	384.6	i0			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Mem	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduct	ion (\$192.30 Bi-	Weekly)				
SUBTOTAL of Receipts This Page (optional).				, , ,	797.2	:0			
TOTAL This Period (last page this line number	er only)								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports	and Statements ma	ay not be sold or used by any p	13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
	ng the name and a		e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	orated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mid GOODMAN, BENJAMIN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 13828 EVERGREEN C			07 31 Y Y Y Y Y 07 31 2019						
City APPLE VALLEY	State MN	Zip Code 55124-9257	Transaction ID : PR2575603854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer (for Individual) Optum360 Services Inc	Occ VP	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid MCNUTT, DIANE, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 90 CLAY CLIFFE DRIV			07 / D D / Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2575604554997						
EXCELSIOR	MN	55331-9509	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mid COSTA, JOEL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 775 WESTCHESTER A	VENUE	Zip Code	07 31 2019						
City SHAKOPEE	MN	55379-4557	Transaction ID : PR2575605854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		230.76						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	ed HealthCare Services Inc VP Fin		Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1730.70	P/R Deduction (\$115.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	nal)		1615.36						
TOTAL This Period (last page this line nu	mber only)	,							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports an or for commercial purposes, other than using	d Statements ma	l ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorport	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle A. KING, SARAH, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 116 CUTLER ROAD			07 31 2019						
City GREENWICH	State CT	Zip Code 06831-2511	Transaction ID : PR2575612854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle S. STOCKHOWE, MARK, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2108 MANOR DRIVE			07 / D D / Y Y Y Y Y 2019						
City BURNSVILLE	State MN	Zip Code 55337-2036	Transaction ID : PR2575619954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director, Advisory Svcs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle . WAULTERS, SCOTT, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4 HEMLOCK COURT			07 31 2019						
City MANALAPAN	State NJ	Zip Code 07726-4254	Transaction ID : PR2575622154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional))		846.12						
TOTAL This Period (last page this line numb	per only)								

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle KELLEYBURNS, SUSAN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2279 STEARNLEE AVE			07 31 Y Y Y Y Y					
City LONG BEACH	State CA	Zip Code 90815-1934	Transaction ID : PR2575623054997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /anager Data Analytics	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. THOMPSON, BRIAN, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 17829 63RD AVE N			07 / D D / Y Y Y Y Y 2019					
City MAPLE GROVE	State MN	Zip Code 55311-4650	Transaction ID : PR2575634654997					
FEC ID number of contributing	C	33311-4030	Amount of Each Receipt this Period 384.60					
federal political committee.	U							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) O UHC Govt Prgms	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle WILSON, STEPHEN, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2420 DURHAM MANOR D			07 31 / Y Y Y Y					
City FRANKLIN	State TN	Zip Code 37064-5266	Transaction ID : PR2575636154997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		153.84					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			566.52					
TOTAL This Period (last page this line numb	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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				or each calegory of the	X	11a		11b	11c		12		
			^L	Detailed Summary Page		13		14	15		16	17	
	formation copied from such Reports and S commercial purposes, other than using the					for the		pose of	f solicitir		ontribut	tions	
	ME OF COMMITTEE (In Full)				5 10 30								
	nitedHealth Group Incorporate	ed PAC (l	Uni	tedHealth Group PA	AC)								
	Name of Individual (Last, First, Middle In	tial) or Full O)rgar	nization Name		Date o	f Re	ceipt					
Mai	ling Address 8 COOPER AVENUE					07 31 2019							
City	1	State		Zip Code		Trans	acti	ion ID :	PR257	5636	95499	7	
ED	NNA	MN		55436-1315		Amoun	t of	Each F	Receipt	his F	Period		
	C ID number of contributing eral political committee.	С	_								384.	60	
	ne of Employer (for Individual) ted HealthCare Services Inc		•	ion (for Individual) arketing Officer		М	emc	Item					
Rec	ceipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) V		-	2884.50] [*	P/R Ded	uctio	on (\$19	2.30 Bi-	Weel	kly)		
	Name of Individual (Last, First, Middle In	itial) or Full O)rgar	nization Name		Date o	f Re	ceipt					
Mai	ling Address 2411 WORDSWORTH ST					07	/	31			019	Y	
City	/	State		Zip Code		Trans	acti	on ID :	PR257	637	35499 ⁻	7	
HO	DUSTON	TX		77030-1833		Amoun	t of	Each F	Receipt	his F	Period		
	C ID number of contributing eral political committee.	С			384.60								
	me of Employer (for Individual) ted HealthCare Services Inc		•	tion (for Individual) In CEO		М	emc	Item					
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1634.55] F	/R Ded	uctio	on (\$19	2.30 Bi-'	Neel	<ly)< td=""><td></td></ly)<>		
	Name of Individual (Last, First, Middle In	itial) or Full O)rgar	nization Name		Date o	f Re	ceipt					
Mai	iling Address 8465 MISSION HILLS LANE					м м 07	/	D 31			019 [°]	Y	
City		State		Zip Code		Trans	sact	ion ID :	PR257	5637	65499	7	
	IANHASSEN	MN		55317-7712	_	Amoun	t of	Each F	Receipt	his F	Period		
	C ID number of contributing eral political committee.	С	_			<u> </u>	_	,	. ,		28.	00	
	me of Employer (for Individual)		•	ion (for Individual)		М	emo	ltem					
	tum Services, Inc	VP (Gen	Mgmt	_								
Rec	ceipt For: Primary General	Aggregate	Yea	r-to-Date ▼ 210.00	I F	P/R Dec	lucti	on (\$14	l.00 Bi-V	/eek	ly)		

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)					
TEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committer	erson f e to so	or the	pur pur	14 pose of outions	15 soliciting from suc	16 g contribu h commit	17 tions tee.
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Init DAVIS, BENTON, , ,	ial) or Full O	rganization Name		Date of	Re	eceipt			
	Mailing Address 9825 NORTH 53RD PLACE				^M 07	1	D 1		ү ү 2019	Y
	City PARADISE VALLEY	State AZ	Zip Code 85253-1634						63925499 his Period	
	FEC ID number of contributing federal political committee.	С							384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) GM Clin Comnty Ntwk		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90] P/	/R Ded	ucti	on (\$19	2.30 Bi-V	Veekly)	
в.	Full Name of Individual (Last, First, Middle Init NICOLL, DEREK, , ,	ial) or Full O	rganization Name	[Date of	F Re	eceipt			
	Mailing Address 155 MEADOWVIEW LANE				м м 07	1	31		2019	Y
	City	State MN	Zip Code						64865499	
	MEDINA FEC ID number of contributing federal political committee.	C	55340-4510		Amount	tof	Each F	leceipt th	nis Period 115.	_
	Name of Employer (for Individual) United HealthCare Services Inc	Occi	upation (for Individual)		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼		Mktg Year-to-Date ▼ 865.50] P/	/R Ded	ucti	on (\$57.	.70 Bi-We	eekly)	
С.	Full Name of Individual (Last, First, Middle Init HERMAN, CRAIG, , ,	ial) or Full O	rganization Name		Date of	f Re	eceipt			
	Mailing Address 9609 WYOMING CIRCLE				07 ^M	1	31		2019	
	City BLOOMINGTON	State MN	Zip Code 55438-1628						65025499 his Period	
	FEC ID number of contributing federal political committee.	С					, .	9	384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc		M	emo	tem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50] P.	/R Ded	ucti	on (\$19	2.30 Bi-V	Veekly)	
⊢	UBTOTAL of Receipts This Page (optional)						y		884.	60

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	× 11a	11		11c	12	
Any information copied from such Reports and or for commercial purposes, other than using the					se of so			
				minoulle		1 SUCH	committe	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle I A. VANERT, MARK, , ,	nitial) or Full C	organization Name	Date o	of Recei	ipt			
Mailing Address 221 OAKWOOD RD			м м 07	1	D D 31	/ Y	y 2019	Y
City HOPKINS	State MN	Zip Code 55343-8532					5055499 s Period	7
FEC ID number of contributing federal political committee.	С					-ŋ-	28.0)8
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		lemo Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Dec	duction	(\$14.04	Bi-We	ekly)	
Full Name of Individual (Last, First, Middle I HAYHURST, JENNY, , ,	nitial) or Full C	organization Name	Date o	of Recei	ipt			
Mailing Address 23A MOUNT HYGEIA ROAI			07	1	31	/ Y	2019	Y
City FOSTER	State RI	Zip Code 02825-1434					51854997	7
		02023-1434	Amoun	it of Ea	ach Rece	eipt thi	s Period	
FEC ID number of contributing federal political committee.	С					-	28.0	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		lemo Ite	em			
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		210.00	P/R Dec	luction	(\$14.00	Bi-Wee	ekly)	
Full Name of Individual (Last, First, Middle I SJODIN, CARA, , ,	,	organization Name	Date o	of Recei	ipt			
Mailing Address 1751 HAMPSHIRE AVENU		7. 0.4	07	JL	31		y y 2019	
City SAINT PAUL	State MN	Zip Code 55116-2457					5245499 s Period	/
FEC ID number of contributing federal political committee.	С			,		9	192.3	30
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VPI	upation (for Individual) Product		1emo It	em			
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1442.25	P/R Dec	duction	(\$96.15	Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)				. ,		9	248.3	8
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)						COMMIT		
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle I MCFANN, ELENA, , ,	nitial) or Full C	rganization Name	Date o	f Receipt				
Mailing Address 18925 24TH AVENUE NOR	TH		M M 07	/ D D) / Y	ү ү 2019	Ŷ	
City PLYMOUTH	State MN	Zip Code 55447-2072		saction ID : t of Each R			7	
FEC ID number of contributing federal political committee.	С					384.6	50	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	М	emo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Ded	luction (\$19	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle I KANE, HEATHER, , ,	nitial) or Full C	rganization Name	Date o	f Receipt				
Mailing Address 2625 E CAMELBACK ROAD			07	/ D D 31	/ Y	2019	Y	
City PHOENIX	State AZ	Zip Code 85016-4380		action ID : t of Each R				
FEC ID number of contributing federal political committee.	С					538.0	0	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	М	emo Item				
Receipt For:	Aggregate	Year-to-Date ▼	_					
Other (specify) ▼		2036.84	P/R Deduction (\$269.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I C. PIZZANO, KATHRYN, , ,	nitial) or Full C	rganization Name	Date o	f Receipt				
Mailing Address 387 DEPOT HILL ROAD			07	31		у у 2019		
City POUGHQUAG	State NY	Zip Code 12570-5763		saction ID : t of Each R			7	
FEC ID number of contributing federal political committee.	С				9	153.8	34	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	M	emo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	P/R Dec	luction (\$76	.92 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (optional)						1076.4	4	
TOTAL This Period (last page this line numbe	r only)							

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
> UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle I HUXLEY, JEFFREY, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2465 EDGERTON ST			07 31 Y Y Y Y Y					
City LITTLE CANADA	State MN	Zip Code 55117-1674	Transaction ID : PR2575664254997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I B. WARSHAW, ROBERT, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 94 CARLSON DRIVE			07 31 Y Y Y Y Y 2019					
	State CT	Zip Code	Transaction ID : PR2575665554997					
PORTLAND		06480-1699	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻	-					
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I ZIGLER, JANICE, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 21 TREVINO CIRCLE			07 / D D / Y Y Y Y 07 31 2019					
City ANGEL FIRE	State NM	Zip Code 87710	Transaction ID : PR2575665654997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			440.76					
TOTAL This Period (last page this line numbe	r only)							

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle A. ALLEN, CARL, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 8675 AZURE SKY DRIVE			07 31 2019					
City LAS VEGAS	State NV	Zip Code 89129-2227	Transaction ID : PR2575669354997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		78.00					
Name of Employer (for Individual) Southwest Medical Assoc. Inc.		upation (for Individual) <i>I</i> led Dir	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. BOGATYRENKO, VICTORIA, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1 FRANKLIN STREET APT 2C City	State	Zip Code	07 31 2019					
EXETER	NH	03833-2816	Transaction ID : PR2575675454997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		115.18					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 863.85	P/R Deduction (\$57.59 Bi-Weekly)					
Full Name of Individual (Last, First, Middle . MITCHELL, JILL, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 11499 ASHLEY COURT			07 / D D / Y Y Y Y 2019					
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5251	Transaction ID : PR2575678354997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			270.10					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	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			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle A. SIMONSON, KELLY, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6284 CLOVIS POINT ST			M M / D D / Y Y Y Y 07 31 2019					
City LAS VEGAS	State NV	Zip Code 89135-1496	Transaction ID : PR2575682354997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		92.30					
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.25	P/R Deduction (\$46.15 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. STIDMAN, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6504 CHEROKEE TRAIL			07 31 Y Y Y Y Y					
City EDINA	State MN	Zip Code 55439-1109	Transaction ID : PR2575683854997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) gn Pres Ntwk Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. OCHIPINTI, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2751 MEETING PLACE	Ototo	7.0.4	07 / D D / Y Y Y Y Y 2019					
City ORLANDO	State FL	Zip Code 32814-6136	Transaction ID : PR2575685754997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			861.50					
TOTAL This Period (last page this line number	er only)							

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle In A. FINE, BRETT, , ,	itial) or Full O	rganization Name	Date of Receipt					
Mailing Address 707 STONINGTON ROAD			M M / D D / Y Y Y Y Y 07 31 2019					
	State MD	Zip Code	Transaction ID : PR2575692854997					
SILVER SPRING		20902-1549	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Corp Strat	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General		2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify)		7	1					
Full Name of Individual (Last, First, Middle In B. FARRELL, STEPHEN, , ,	itial) or Full O	rganization Name	Date of Receipt					
Mailing Address 50 MAJOR DOANE RD			07 31 2019					
City	State	Zip Code	Transaction ID : PR2575696254997					
WELLFLEET	MA	02667-7836	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In C. MOORE, EDWARD, , ,	itial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4354 GINGER DRIVE			07 31 2019					
City	State	Zip Code	Transaction ID : PR2575702754997					
MINNETRISTA	MN	55331-2172	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		356.60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Security Risk Mgmt	Memo Item					
Receipt For:		Year-to-Date V						
Other (specify)		539.12	P/R Deduction (\$178.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			818.12					
TOTAL This Period (last page this line number	only)	······						

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Middle I PROKOCKI, ELIZABETH, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9091 KORNBRUST DR			07 31 Y Y Y Y Y 2019							
City LONE TREE	State CO	Zip Code 80124-5333	Transaction ID : PR2575705854997							
		00124-0000	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I WILSON, D ELLEN, , ,	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 400 STUART STREET 25D			07 31 Y Y Y Y Y Y 2019							
City	State	Zip Code	Transaction ID : PR2575708854997							
BOSTON	MA	02116-5011	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Human Capital	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	-							
Other (specify) ▼		, 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date of Receipt							
Mailing Address 7647 MARKER ROAD			07 31 2019							
City SAN DIEGO	State CA	Zip Code 92130-5616	Transaction ID : PR2575719854997							
		92130-3010	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) S Dir Client Mngt	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General Other (specify)		865.35	P/R Deduction (\$57.69 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)	<u> </u>		884.58							
TOTAL This Period (last page this line numbe	r only)									

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			Use separate schedule(s)	(che	(check only one)							
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12			
	y information copied from such Reports and Sta											
or	for commercial purposes, other than using the n	ame and a	address of any political committee	to so	licit con	tribu	utions f	rom such	n committ	ee.		
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	UnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia CREED, JOHN, , ,	l) or Full O	organization Name		Date of	Ree	ceipt					
	Mailing Address 6813 67TH STREET NE				м м 07	/	D D D 31	/ Y	y y 2019	Y		
	City ALBERTVILLE	State MN	Zip Code 55301-4643						2055499 is Period	7		
	FEC ID number of contributing federal political committee.	С					y	-	28.0	08		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology		Me	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P	/R Dedu	ictic	on (\$14.	04 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initia CRANDALL, KIM, , ,	l) or Full O	Organization Name		Date of	Ree	ceipt					
	Mailing Address 6016 BRIGIDS CLOSE DRIVE	1			м м 07	/	D D D 31	/ Y	2019	Y		
	City DUBLIN	State OH	Zip Code 43017-3428						3125499 is Period	7		
	FEC ID number of contributing federal political committee.	С	28.08									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Ме	mo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P	/R Dedu	ctio	n (\$14.)	04 Bi-We	ekly)			
C.	Full Name of Individual (Last, First, Middle Initia HELLAND, ROBYN, , ,	l) or Full O	Organization Name		Date of	Ree	ceipt					
	Mailing Address 9089 PARTRIDGE RD				м м 07	/	D D D 31	JL	2019	_		
	City MINNETRISTA	State MN	Zip Code 55375-4513				-		73385499 is Period	7		
	FEC ID number of contributing federal political committee.	С					, .		28.0	08		
Name of Employer (for Individual) United HealthCare Services Inc		Occu Dir G		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P	P/R Dedu	uctic	on (\$14.	04 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)		•				, .	9	84.2	24		
т	OTAL This Period (last page this line number or	ıly)	▶				, .	-				

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group P/	ΨC)						
Full Name of Individual (Last, First, Middle Ir A. OLSON, KRISTIN, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 5901 TRACY AVENUE			M M / D D / Y Y Y Y 07 31 2019						
City EDINA	State MN	Zip Code 55436-2516	Transaction ID : PR2575734454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
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 ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir B. GROSKLAGS, JEFFREY, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 3233 TIMBERWOLF CIRCLE	Ε		07 31 2019						
City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir C. KRAL, JESSICA, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 4358 COOLIDGE AVE			07 / D D / Y Y Y Y 2019						
City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction ID : PR2575736154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Gen Mgmt	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			604.98						
TOTAL This Period (last page this line number	r only)								

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 person for the purpose of soliciting contributions per to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd A. MURRAY, THOMAS, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10 CIRCLE WEST			07 31 Y Y Y Y 2019							
City EDINA	State MN	Zip Code 55436-1313	Transaction ID : PR2575736554997Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd B. CESARETTI, GINA, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5020 CIRCLE DOWN			07 / D D / Y Y Y Y Y 2019							
City GOLDEN VALLEY	State MN	Zip Code 55416-1304	Transaction ID : PR2575739054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) buty Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Midd C. STRICKLAND, JULIE, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3207 SUNNYWOOD DR	1		M M / D D / Y Y Y Y 07 31 2019							
City FULLERTON	State CA	Zip Code 92835-1858	Transaction ID : PR2575740954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Product	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)		797.20							
TOTAL This Period (last page this line nur	mber only)									

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17							
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P/	4C)							
Full Name of Individual (Last, First, Middle A. WAITE, STEPHANIE, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2501 S HORIZON DR			07 31 2019							
City APPLETON	State WI	Zip Code 54915-5851	Transaction ID : PR2575743254997 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) Capability Manager	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. PORTZ, THOMAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2119 SHERIDAN HILLS F			07 / D D / Y Y Y Y Y 2019							
City WAYZATA	State MN	Zip Code 55391-2327	Transaction ID : PR2575744554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc	Occ	upation (for Individual) Fin	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	-							
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle BALLARD, RALPH, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6000 GALPIN LAKE ROA	ND		07 31 / Y Y Y Y Y 07 31 2019							
City EXCELSIOR	State MN	Zip Code 55331-3108	Transaction ID : PR2575750954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		300.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pharm	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$300.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona	I)		356.16							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) DEAEIDTA

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions							
· · ·	sing the name and a	ddress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	orated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Mic PINERSKI, JENNIFER, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4424 GAINES RANCH	LOOP		07 31 Y Y Y Y Y 2019							
City AUSTIN	State TX	Zip Code 78735-6500	Transaction ID : PR2575752854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mid LAMOINE, DAVID, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 6075 LINCOLN DR AP	T 110		07 31 Y Y Y Y 2019							
City EDINA	State MN	Zip Code 55436-1649	Transaction ID : PR2575755154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Mid FULTON, RYAN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 805 LANEWOOD LAN	1		07 31 2019							
City PLYMOUTH	State MN	Zip Code 55447-4347	Transaction ID : PR2575756954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
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 ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optic	nal)		181.92							
TOTAL This Period (last page this line n	umber only)									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	111		12					
Any information copied from such Reports and					e of soliciti						
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	e to solicit co	ntributio	ons from su	ICN COMMI	.tee.				
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle A. JOHNSON, KURT, , ,	Initial) or Full C	rganization Name	Date o	of Receip	pt						
Mailing Address 8351 E REDFIELD RD			м м 07	/ D	31	y y y 2019	Y				
City SCOTTSDALE	State AZ	Zip Code 85260-3535			ID: PR257 ch Receipt						
FEC ID number of contributing federal political committee.	C				1 1 7	42	50				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Director Data Science	M	lemo Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 543.00	P/R Dec	luction (\$4.00 Bi-W	/eekly)					
Full Name of Individual (Last, First, Middle EKLO, BENJAMIN, , ,	Initial) or Full C	rganization Name	Date o	of Receip	pt						
Mailing Address 3942 CAMPELLO CURVE			07		31	2019	Y				
City CHASKA	State MN	Zip Code 55318-4639		Transaction ID : PR2575761854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	- M	lemo Ite	em						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50	P/R Ded	luction (S	\$192.30 Bi	-Weekly)					
Full Name of Individual (Last, First, Middle C. HOWARTH, CRAIG, , ,	Initial) or Full C	rganization Name	Date o	of Receip	pt						
Mailing Address 1820 NAPOLI DRIVE			07	M M / D D / Y Y Y Y Y							
City APEX	State NC	Zip Code 27502-9659			ID:PR257		-				
FEC ID number of contributing federal political committee.	С			. ,	,	125	.00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svcs		1emo Ite	em						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.50	P/R Dec	Juction ((\$62.50 Bi-'	Weekly)					
SUBTOTAL of Receipts This Page (optional)				. ,	,	552	.10				
TOTAL This Period (last page this line numb	er only)										

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle A. NEESE, LARRY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 309 DUNLEIGH COURT			M = M / D = D / Y = Y = Y							
City	State	Zip Code	07 31 2019 Transaction ID : PR2575766154997							
MADISON	MS	39110-6806	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs & AM-Producing	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. CUNNINGHAM, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 50 SOUTH 16TH STREET UNIT 4706		7. 0.1	07 / D D / Y Y Y Y Y 2019							
City PHILADELPHIA	State PA	Zip Code 19102-2534	Transaction ID : PR2575767854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) O NA Acct	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle MONTOYA, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 12370 BRADFORD DR	01-1-	7. 0.4	07 / D D / Y Y Y Y Y 07 31 2019							
City PARKER	State CO	Zip Code 80134-3609	Transaction ID : PR2575777654997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			440.68							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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(check only one)

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				or each category of the Detailed Summary Page	×	11] 1 [,]	1b 4		11c 15	12	17
or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments mane and a	ay n addre	ot be sold or used by any pe ess of any political committee	erson for to sol	or t	the	pur ntrib	po	se of	so fro	oliciting	contrib	utions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (I	Uni	tedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial) PAIK, JESSICA, , ,	or Full C	Orgai	nization Name	[Date	e of	Re	ece	eipt				
	Mailing Address 18 BUTTONWOOD LANE EAST						м)7	/	ſ	D 31	D	/ Y	2019	Y
	5	State		Zip Code		Tra	ans	acti	ior	n ID :	P	R25757	831549	97
	RUMSON	NJ		07760-1010	_ /	Amc	ount	of	Ea	ach F	Rec	eipt thi	s Perio	ł
	FEC ID number of contributing federal political committee.	0							,			-	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) nt Mgmt Svc			Me	emo	o It	tem				
	Receipt For:													
	Primary General Other (specify) ▼	2884.50	P/	/R [Ded	uctio	on	(\$19	2.3	30 Bi-W	eekly)			
	Full Name of Individual (Last, First, Middle Initial) MADDUX, SUSAN, , ,	or Full C	Orgai	nization Name		Date	e of	Re	ece	eipt				
	Mailing Address 16426 FARMERS MILL LANE			07 / D D / Y Y Y Y 2019										
	City CHESTERFIELD	StateZip CodeMO63005-4549						Transaction ID : PR2575783854997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	s (-			Ţ	28	.08
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Clin Pharm						Memo Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 210.60	P/	/R C	Dedu	uctio	on	(\$14	.04	Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) BERGDOLL, JENNIFER, , ,	or Full C	Orgai	nization Name		Date	e of	Re	ece	eipt				
	Mailing Address 523 LOS DOLCES ST)7	1	l	D 31		/ Y	2019 [°]	Y
	City LAS VEGAS	State NV		Zip Code 89138-4559	-								'937549 s Period	-
	FEC ID number of contributing federal political committee.	0							,			y	76	.92
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Human Capital Partner							o li	tem				
	Receipt For: A Primary General Other (specify)	ggregate	Yea	r-to-Date ▼ 576.90	P	/R [Ded	ucti	ion	(\$38	.46	6 Bi-We	ekly)	
S	UBTOTAL of Receipts This Page (optional)			••••••					1			9	489	.60
т	OTAL This Period (last page this line number only)		····· •					-					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(cł	(check only one)							
			for each category of the Detailed Summary Page		X 11a		11b	11c	12			
	y information copied from such Reports and S											
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	solicit coi	ntrib	outions t	rom such	n committ	96.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Ini JELINEK, TROY, , ,		rganization Name		Date of	f Re	eceipt					
	Mailing Address 16601 S MOUNTAIN STONE				м м 07	1	31) / Y	2019	Y		
	City PHOENIX	State AZ	Zip Code 85048-2080						79565499 is Period	7		
	FEC ID number of contributing federal political committee.							і. 1 тр.	76.9	92		
	Name of Employer (for Individual) Optum Services, Inc		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90]	P/R Ded	ucti	on (\$38.	.46 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Ini SANKEN, SARA, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 3018 ASPEN LAKE DRIVE				м м 07	1	31) / Y	2019	Y		
	City BLAINE	State MN	Zip Code 55449-7517						'9855499 ' is Period	7		
	FEC ID number of contributing federal political committee.	ŝ.						28.08				
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) nan Capital Partner Mgr		Memo Item								
	Receipt For: Primary General Other (specify) ▼]	P/R Ded	uctio	on (\$14.	.04 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Ini WIX, LACOSTA, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 910 MANILA ST	State	Zin Code		07 31 2019							
	City NASHVILLE	TN	Zip Code 37206-3437	_					30005499 is Period	/		
	FEC ID number of contributing federal political committee.	С			<u> </u>		76.9	92				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F		M	emo	ttem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	1	P/R Ded	lucti	on (\$38	.46 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			•			, ,	.,	181.9	92		
т	OTAL This Period (last page this line number	only)		•								

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t			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 Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle GALIAN, SANDRA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 120 SEQUAMS LANE WES	Т		07 31 / Y Y Y Y						
City WEST ISLIP	State NY	Zip Code 11795-4549	Transaction ID : PR2575803254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle LEVINE, CAROL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9100 LARKSPUR LANE			07 / D D / Y Y Y Y 2019						
City EDEN PRAIRIE	State MN	Zip Code 55347-2004	Transaction ID : PR2575803354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle HJERPE, ADAM, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 13932 UTAH AVE S	Chata	Zip Code	07 31 2019						
City SAVAGE	State MN	Zip Code 55378-2159	Transaction ID : PR2575806254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			846.12						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle LUKENBILL, JAMES, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1608 SIENNA DR			07 31 Y Y Y Y Y						
City CEDAR PARK	State TX	Zip Code 78613-4061	Transaction ID : PR2575808154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Tech Proj-Prgm Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. PRICCO, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9441 RIVER ROCK DRIVE	SOUTH		07 31 Y Y Y Y Y						
City CHANHASSEN	State MN	Zip Code 55317-2304	Transaction ID : PR2575808454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle RUSSELL, LAURIE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3108 SONIA DRIVE	01-1-	7: 0.4	07 / D D / Y Y Y Y 31 2019						
City LAS VEGAS	State NV	Zip Code 89107-3246	Transaction ID : PR2575812154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Deduction (\$39.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			490.68						
TOTAL This Period (last page this line numb	er only)								

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116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) SCHENEMAN, STEPHEN, , ,	or Full O	Organization Name	Date of Receipt								
	Mailing Address 428 8TH ST			07 31 Y Y Y Y Y 2019								
	City HUNTINGTON BEACH	State CA	Zip Code 92648-4629	Transaction ID : PR2575813454997								
			92040-4029	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item								
	United HealthCare Services Inc	VP (Clin Affordability									
		Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) SHAPIRO, DAVID, , ,	or Full O	Organization Name	Date of Receipt								
	Mailing Address 5215 MORGAN AVENUE SOUTH	4		07 31 2019								
	City	State	Zip Code	Transaction ID : PR2575814254997								
	MINNEAPOLIS	MN	55419-1026	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial)	or Full O	Organization Name	Date of Receipt								
	Mailing Address 8 HUMBLE LANE			07 31 2019								
	City	State	Zip Code	Transaction ID : PR2575821754997								
	WESTON	СТ	06883-2509	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		125.06								
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item								
	Optum Services, Inc		ng Dir Optuml Cons									
		Aggregate	Year-to-Date V									
	Other (specify)		312.52	P/R Deduction (\$62.53 Bi-Weekly)								
SI	JBTOTAL of Receipts This Page (optional)			586.58								
	OTAL This Period (last page this line number only											

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic mathematical statements and a	I ay not be sold or used by any p Iddress of any political committe	person for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle SEXTON, ELLEN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 14750 CRESTWOOD COU			07 31 / Y Y Y Y 07											
City ELM GROVE	State WI	Zip Code 53122-1603	Transaction ID : PR2575823254997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. MCNATT, RICHARD, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 1120 KENSINGTON COUR	RT		07 / D D / Y FY FY Y 2019											
City ALPHARETTA	State GA	Zip Code 30022-6274	Transaction ID : PR2575824954997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		76.92											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Telesales & Bus Dev	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middle BRADLEY, JOEL, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 360 TWIN OAKS CT			07 / D D / Y Y Y Y Y 07 31 2019											
City KINGSTON SPRINGS	State TN	Zip Code 37082-8906	Transaction ID : PR2575825854997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		36.92											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) led Dir	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 276.90	P/R Deduction (\$18.46 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional).			498.44											
TOTAL This Period (last page this line numb	er only)													

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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											
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle A. KAUFMAN, PHILIP, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 1580 BOHNS POINT ROA			More / 2019 Transaction ID : PR2575829854997 Amount of Each Receipt this Period											
City WAYZATA	State MN	Zip Code 55391-9309												
FEC ID number of contributing federal political committee.	С		384.60											
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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle VERITY, CLAIRE, , ,	Initial) or Full C	Prganization Name	Date of Receipt											
Mailing Address 3220 NE 94TH STREET			07 / ^D D / Y Y Y Y 31 2019											
City SEATTLE	State WA	Zip Code 98115-3656	Transaction ID : PR2575830254997											
FEC ID number of contributing		50115-5050	Amount of Each Receipt this Period											
federal political committee.	C		434.78											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		2608.68	P/R Deduction (\$217.39 Bi-Weekly)											
Full Name of Individual (Last, First, Middle . HELLER, ALYSIA, , ,	Initial) or Full C	organization Name	Date of Receipt											
Mailing Address 22331 W 44TH TER			07 / D D / Y Y Y Y 2019											
City SHAWNEE	State KS	Zip Code 66226-2511	Transaction ID : PR2575830554997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		80.00											
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 ▼ 560.00	P/R Deduction (\$40.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional))		899.38											
TOTAL This Period (last page this line num	per only)													

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	D RECEIPTS			or each category of the Detailed Summary Page		× 11a 13		11b		11c 15	12	17
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	F COMMITTEE (In Full) dHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	C)							
	e of Individual (Last, First, Middle Initia Y, STEPHANIE, , ,	al) or Full O	Drgar	ization Name		Date o	f Re	ceipt				
	Address 8970 VINCENT CIRCLE					07	/		^р 31	/ Y	ү ү 2019	Y
City	INCTON	State MN		Zip Code		Trans	sacti	ion IC) : P	R25758	3105499)7
BLOOM	INGTON			55431-1900	_	Amoun	it of	Each	Re	ceipt thi	s Period	
	number of contributing olitical committee.	С						-		-9-	125.	00
	Employer (for Individual) ervices, Inc		•	ion (for Individual) tor Technology		M	lemo	Item	ו			
Receipt I	For:	Aggregate	Yea	r-to-Date ▼								
	mary General ner (specify) ▼		-	312.50		P/R Dec	ductio	on (\$6	62.5	0 Bi-We	ekly)	
	e of Individual (Last, First, Middle Initia LEY, MICHELLE, , ,	al) or Full O	Drgar	ization Name		Date o	f Re	ceipt				
Mailing A	ddress 19503 HARMONY AVE					м м 07	/		р 31	/ Y	y y 2019	Y
City		State		Zip Code		Trans	sacti	on ID) : P	R25758	3205499	7
ROGER	S	MN		55374-4843	_	Amoun	t of	Each	Re	ceipt thi	s Period	
	number of contributing olitical committee.	С						- J -		-	384.	60
	Employer (for Individual) ealthCare Services Inc		•	ion (for Individual) Gen Counsel		Μ	lemo	Item	ı			
	For: mary General ner (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50		P/R Ded	luctic	on (\$1	192.	30 Bi-W	eekly)	
	e of Individual (Last, First, Middle Initia PER, JENNIFER, , ,	al) or Full O	Drgar	nization Name		Date o	f Re	ceipt				
	Address 8206 WEST 16TH STREET					07	/		д 31	/ Y	ү ү 2019	Y
City		State		Zip Code		Trans	sacti	ion IE) : F	R25758	3555499	97
SAINT L	OUIS PARK	MN		55426-1904		Amoun	t of	Each	Re	ceipt thi	s Period	
	number of contributing olitical committee.	С						y		9	28.	08
	Employer (for Individual) ervices, Inc		•	ion (for Individual) Gen Counsel Mgr		N	lemo	ltem	ſ			
	For: mary General ner (specify)	Aggregate	Yea	r-to-Date ▼ 210.60		P/R Dec	ductio	on (\$´	14.0	4 Bi-We	ekly)	
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TOTAL Th	is Period (last page this line number of	nly)		····· •				_				

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)		·····										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. MADDRON, GLENDA, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 119 WEST RIDGE WAY			07 / D D / Y Y Y Y 2019									
City ROSWELL	State GA	Zip Code 30076-6422	Transaction ID : PR2575837354997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		1000.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$1000.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. JERDE, MARY, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 304 EAST VERA LANE			07 / D D / Y Y Y Y Y 2019									
City	State AZ	Zip Code	Transaction ID : PR2575837454997									
TEMPE	AZ	85284-4036	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		153.84									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For: Primary General	Aggregate	Year-to-Date ▼										
Other (specify) ▼		653.82	P/R Deduction (\$76.92 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. MANDELL, WILLIAM, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 720 MISSION HILL WAY			07 31 / Y Y Y Y 07 31 2019									
City COLORADO SPRINGS	State CO	Zip Code 80921-2672	Transaction ID : PR2575837854997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc	Occ Mec	upation (for Individual) I Dir	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			1181.92									
TOTAL This Period (last page this line numb	er only)											

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171			Use separate schedule(s)	(ch												
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a		11b	11c	12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r															
$\overline{)}$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)												
A.	Full Name of Individual (Last, First, Middle Initia BEESON, MARY JANE, , ,	ll) or Full O	rganization Name	Date of Receipt												
	Mailing Address 204 BLUE INDIGO CT			07 31 2019												
	City	State	Zip Code		Trans	acti	ion ID :	PR25758	3955499	7						
	PONTE VEDRA BEACH	FL	32082-6543	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С		192.30												
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		Me	emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	'	P/R Dedu	uctio	on (\$96.	.15 Bi-We	ekly)							
В.	Full Name of Individual (Last, First, Middle Initia HARRISON, CHARLES, , ,	ll) or Full Oi	rganization Name		Date of	Re	ceipt									
	Mailing Address 10603 MILLET SEED HILL			07 / 31 / 2019 Transaction ID : PR2575840354997												
	City COLUMBIA	State MD	Zip Code 21044-4150						4035499 is Period	7						
	FEC ID number of contributing federal political committee.	С				U	1		28.	08						
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Med	upation (for Individual) I Dir		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Other (specify) ▼		210.60		P/R Dedu	uctio	on (\$14.	04 Bi-We	ekly)							
С.	Full Name of Individual (Last, First, Middle Initia WILLIAMS, DALE, , ,	ll) or Full Oi	rganization Name	Date of Receipt												
	Mailing Address 8559 ALISA CT				м м 07	1	31		2019							
	City CHANHASSEN	State MN	Zip Code 55317-9371				-		84925499 is Period	7						
	FEC ID number of contributing federal political committee.	С					,	,	28.	08						
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Proj Mgmt		Me	emc	tem									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)		•••••	•			,	. ,	248.	46						
т	OTAL This Period (last page this line number or	וy)	••••••	-												

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	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)										
116			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11										
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Ini BOROCH, BLAIR, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 800 BELFRY DRIVE			07 / D D / Y Y Y Y 2019										
	City BLUE BELL	State PA	Zip Code 19422-1210	Transaction ID : PR2575849954997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		80.00										
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Health Plan Operations	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$40.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Ini GOLDEN, WILLIAM, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 106 SOUND COURT			07 / D D / Y Y Y Y 2019										
	City	State	Zip Code	Transaction ID : PR2575859354997										
	NORTHPORT	NY	11768-3527	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		192.30										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3942.25	P/R Deduction (\$96.15 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Ini COTTINGTON, NYLE BRENT, , ,	tial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 15050 47TH STREET NE			07 / D D / Y Y Y Y 07 31 2019										
	City SAINT MICHAEL	State MN	Zip Code 55376-1613	Transaction ID : PR2575865354997 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		ipation (for Individual) acctng	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)										
	JBTOTAL of Receipts This Page (optional)			387.68										

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
or	y information copied from such Reports and State for commercial purposes, other than using the na													
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	.C)										
Α.	Full Name of Individual (Last, First, Middle Initial) ADAMO, BRENT, , ,) or Full C	organization Name	Date of Receipt										
	Mailing Address 3109 E DESERT LN	State	Zip Code	07 / D D / Y Y Y Y 31 2019										
	City PHOENIX	AZ	85042-7198	Transaction ID : PR2575867854997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С												
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Software Engineering	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 214.26	P/R Deduction (\$71.42 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Name	Date of Receipt										
	Mailing Address 211 JIM CANNON RD			07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /										
	City VAN ALSTYNE	State TX	Zip Code 75495-2803	Transaction ID : PR2575873354997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		77.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 577.50	P/R Deduction (\$38.50 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) PEZHMAN, PAYMAN, , ,) or Full C	organization Name	Date of Receipt										
	Mailing Address 3016 GROVELAND SCHOOL R	1		07 / ^D D / ^Y Y Y Y 2019										
	City WAYZATA	State MN	Zip Code 55391-2816	Transaction ID : PR2575883554997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			604.44										
т	OTAL This Period (last page this line number onl	y)	•••••	· · · · · · · · · · · · · · · · · · ·										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				etailed Summary Page	×	11a		11	b	11c		12					
				etalleu Summary Page		13		14		15		16	17				
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	Jni	tedHealth Group PA	C)												
A.	Full Name of Individual (Last, First, Middle Initial) LANGAN, PATRICK, , ,	or Full Or	rgan	ization Name	[Date of Receipt											
	Mailing Address 405 MEADOW LANE				Model Model Model Model Yester Yester												
	,	State MN		Zip Code													
				56215-1033													
	FEC ID number of contributing federal political committee.		_		194.00												
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	•	on (for Individual)	Memo Item												
	Receipt For: A	ggregate	Yea	r-to-Date ▼													
	Primary General Other (specify) ▼		- j -	1455.00	P	/R Ded	uctio	on	(\$97.0	00 Bi-W	eekly	()					
в.	Full Name of Individual (Last, First, Middle Initial) RANDALL, RHONDA, , ,	or Full Or	rgan	ization Name		Date of	f Re	ecei	ipt								
	Mailing Address 48 INTERLAKEN ROAD					м м 07	/	Г	31	/ Y)19	Y				
	City	State		Zip Code	Transaction ID : PR2575889654997 Amount of Each Receipt this Period												
	ORLANDO	FL		32804-3418													
	FEC ID number of contributing federal political committee.	0			28.08												
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) Chief Med Off	P/R Deduction (\$14.04 Bi-Weekly)												
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 210.60													
с.	Full Name of Individual (Last, First, Middle Initial)	or Full Or	rgan	ization Name		Date of	f Re	ecei	ipt								
	Mailing Address 2575 TALL TIMBER COURT SE					м м 07	/	Ľ	31	/ Y)19 [°]	Y				
		State		Zip Code						PR2575			7				
	GRAND RAPIDS	MI		49546-6787	/	Amoun	t of	Ea	ch Re	eceipt tl	nis P	eriod					
	FEC ID number of contributing federal political committee.	0						9		y	_	38.4	6				
	Name of Employer (for Individual)	Осси	upati	on (for Individual)		Μ	emo	o Ite	em								
	Optum Services, Inc	VP G	Gen	Mgmt													
		ggregate	Yea	r-to-Date ▼													
	Other (specify)		-	288.45	P.	/R Ded	luctio	on	(\$19.2	23 Bi-W	eekly	¥)					
s	UBTOTAL of Receipts This Page (optional)			••••••	_			,		,		260.5	4				
т	OTAL This Period (last page this line number only))						7		- 7-							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)												
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17												
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions												
NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)												
Full Name of Individual (Last, First, Middle Ir A. ALT, ROBERT, , ,	nitial) or Full O	rganization Name	Date of Receipt												
Mailing Address 133 PHEASANT FIELDS LA	NE		07 31 2019												
City	State	Zip Code	Transaction ID : PR2575907354997												
MOORESTOWN	NJ	08057-1431	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		28.08												
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item												
United HealthCare Services Inc	Ass	c Dir Prov Svc	—												
Receipt For:	Aggregate	Year-to-Date V													
Primary General		210.60	P/R Deduction (\$14.04 Bi-Weekly)												
Other (specify) v		210.00	1												
Full Name of Individual (Last, First, Middle Ir B. MARGHERIO, MICHAEL, , ,	nitial) or Full O	rganization Name	Date of Receipt												
Mailing Address 6412 JEFFERSON STREET			07 31 2019												
City	State	Zip Code	Transaction ID : PR2575916354997												
KANSAS CITY	MO	64113-1542	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		76.92												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item												
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			P/R Deduction (\$38.46 Bi-Weekly)												
Other (specify) v		576.90	1												
Full Name of Individual (Last, First, Middle Ir c. JENSENPFIEFFER, KIM, , ,	nitial) or Full O	rganization Name	Date of Receipt												
Mailing Address 9449 ASPEN RD			07 31 2019												
City	State	Zip Code	Transaction ID : PR2575929754997												
	MN	55044-8148	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	С		28.08												
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item												
United HealthCare Services Inc	Dir A	Acctng													
Receipt For:	Aggregate	Year-to-Date 🔻													
Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional)			133.08												
TOTAL This Period (last page this line number	r only)														

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a	\square	11		-	11c	12					
	y information copied from such Reports and State								se of a								
<u> </u>	for commercial purposes, other than using the na	ame and a	addres	ess of any political committee	to sol	icit cor	ntrib	outic	ons fr	ron	n such	committ	ee.				
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Unit	tedHealth Group PA	C)												
Α.	Full Name of Individual (Last, First, Middle Initial) MCGOLDRICK, CHRISTOPHER, , ,	or Full O	Organi	ization Name	Date of Receipt												
	Mailing Address 48 MOUNTAIN TERRACE ROAD					м м 07	/	Γ	D D 31]	/ Y	y y 2019	Y				
	City WEST HARTFORD	State CT		Zip Code 06107-1533				-				3045499 s Period	7				
	FEC ID number of contributing federal political committee.	С	_		543.00												
	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) er & Consulting	Memo Item												
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2012.82	P/R Deduction (\$271.50 Bi-Weekly)												
в.	Full Name of Individual (Last, First, Middle Initial)	or Full O	Drgani	ization Name		Date of	Re	cei	ipt								
	Mailing Address 2848 FRANCE AVE S			7.0.1	07 31 2019												
	City ST LOUIS PARK	State MN		Zip Code 55416-4204		Transaction ID : PR2575933354997 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С	-		648.00												
	Name of Employer (for Individual) United HealthCare Services Inc		cupatio Com	ion (for Individual) Ipli		Me	emo) Ite	em								
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1433.52	P/I	P/R Deduction (\$324.00 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial) CHO, JEFFREY, , ,) or Full O	Organi	ization Name		Date of	Re	cei	ipt								
	Mailing Address 15812 VIA MONTENERO			7		07	1	L	31	J		2019					
	City SAN DIEGO	State CA		Zip Code 92127-4195	A							3515499 s Period	7				
	FEC ID number of contributing federal political committee.	С			ļ		_	y			9	2168.	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Rsch	on (for Individual)		Me	emo	o Ite	em								
	Receipt For: A Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 2501.32	P/	R Dedi	uctic	on	(\$216	68.	.00 Bi-\	Weekly)					
s	UBTOTAL of Receipts This Page (optional)			•••••	[,		Ì	,	3359.0	00				
Т	OTAL This Period (last page this line number only	y)		••••••	Ī	_		,			7						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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				or each category of the Detailed Summary Page		11a 13	a		11 14		11c	;	12		17	
	y information copied from such Reports and State for commercial purposes, other than using the na					for th			pos	e of s	solicit		contri	buti	ons	
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initial) MATTERA, RICHARD, , ,	or Full O	rgan	ization Name		Date	of	Re	cei	pt						
	Mailing Address 640 LOCUST HILLS DRIVE					07 31 2019										
	City WAYZATA	State MN		Zip Code 55391-1973							PR25					
		C				Amo	unt	of	Ea	ch Re	eceipt	this		od 34.6	0	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) up Gen Counsel			Me	mo) Ite	эm						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2884.50	F	9/R D	edu	uctic	on ((\$192	2.30 B	i-We	ekly)			
В.	Full Name of Individual (Last, First, Middle Initial) RILEY, FELICITY, , ,	or Full O	rgan	ization Name		Date	of	Re	cei	pt						
	Mailing Address 3330 EDMUND BLVD					[™] 0'		/	ſ	31	/	Y	2019		Ý	
	City MINNEAPOLIS	State MN	Zip Code 55406-2348					-		PR257 eceipt						
	FEC ID number of contributing federal political committee.	С			192.30											
	Name of Employer (for Individual) United HealthCare Services Inc		upati Tax	ion (for Individual)		Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial) NEFF, WAYNE, , ,	or Full O	rgan	ization Name		Date	of	Re	cei	pt						
	Mailing Address 1158 DESERT ROCK DRIVE					M 0.	7	/	L	31	/		2019			
	City REXBURG	State ID		Zip Code 83440-3697		-			-		PR25					
	FFO ID sumber of contributing	С				Amo	unt	OT	Ea	on Re	eceipt	this		oa 76.9:	2	
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	•	on (for Individual) es			Me	emo	o Ite	эm						
	Receipt For: A Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 576.90	F	P/R D	edu	uctio	on	(\$38.4	46 Bi-	Wee	∗kly)			
s	UBTOTAL of Receipts This Page (optional)				<u> </u>				,				65	53.82	2	
Т	OTAL This Period (last page this line number only	/)		••••••	•				-					-		

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	Use separate schedule(s)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	ated PAC (I	InitedHealth Group PA									
			10 <i>)</i>								
Full Name of Individual (Last, First, Middle SALVO, GIANCARLO, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1027 SW 149 LANE			07 31 2019								
City SUNRISE	State FL	Zip Code 33326-1957	Transaction ID : PR2575964954997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg Sls Dir	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. KISCH, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 7715 GIBRALTER TERRA			07 31 2019								
City APPLE VALLEY	State MN	Zip Code 55124-6124	Transaction ID : PR2575966054997								
FEC ID number of contributing federal political committee.	С	33124-0124	Amount of Each Receipt this Period								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)	Memo Item								
Receipt For:		Gen Mgmt Year-to-Date ▼	_								
Other (specify) ▼		, 225.00	P/R Deduction (\$15.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle DICELLO, MARK, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 619 SAND CRANE CT			07 / D D / Y Y Y Y 07 31 2019								
City BRADENTON	State FL	Zip Code 34212-5226	Transaction ID : PR2575977954997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional))		134.92								
TOTAL This Period (last page this line numb	per only)										

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and									
or for commercial purposes, other than using t	ne name and a	uuress or any political committee							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle SIEBERT, GREGORY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 46 VIA BELLEZA			07 31 / Y Y Y Y 2019						
City SAN CLEMENTE	State CA	Zip Code 92673-6910	Transaction ID : PR2575979654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
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 ▼ 1500.00	P/R Deduction (\$100.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle RICHARDS, ALISON, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 257 WEST GRANTLEY			07 / D D / Y Y Y Y 2019						
City ELMHURST	State	Zip Code 60126-2237	Transaction ID : PR2575987954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P NA Strat Initiv	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. GOLD, PAMELA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2821 E SWISS OAKS DR	State	Zin Code	07 31 2019						
City SANDY	UT	Zip Code 84093-6587	Transaction ID : PR2575988654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
Receipt For: Primary General Other (specify)	eral Aggregate Year-to-Date ▼ P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).		,	612.60						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12							
			Detailed Summary Page							
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group P	AC)						
Α.	Full Name of Individual (Last, First, Middle Initia SCHULTZ, STACY, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 4012 S XERXES AVENUE			M M / D D / Y Y Y Y 07 31 2019						
	City	State	Zip Code	Transaction ID : PR2575990954997						
	MINNEAPOLIS	MN	55410-1146	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	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) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia CHAMBUNDABONGSE, KUNJORN,	Date of Receipt								
	Mailing Address 9128 WOODLAND DRIVE			07 31 2019						
	City	State	Zip Code	Transaction ID : PR2576000254997						
	MINNETRISTA	MN	55375-4515	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia BRIGGS, MARC, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 13534 TUSCALEE HILL CIR			07 31 / Y Y Y Y 2019						
	City	State	Zip Code	Transaction ID : PR2576001654997						
	DRAPER	UT	84020-5653	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
	United HealthCare Services Inc	Hlth	Plan CEO							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify)		2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			538.44						
т	OTAL This Period (last page this line number or	וy)								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle A. SANN, DAVID, , ,	e Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 8326 ELKO DRIVE			M = M / D = D / Y = Y = Y							
City	State	Zip Code	07 31 2019 Transaction ID : PR2576026454997							
ELLICOTT CITY	MD	21043-6913	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		92.30							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 692.25	P/R Deduction (\$46.15 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. SONERHOLM, KIMBERLY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 7210 HEGGIE AVE			07 / D D / Y Y Y Y 2019							
City LAS VEGAS	State NV	Zip Code 89131-3233	Transaction ID : PR2576033254997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify) ▼		210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle HOLZERSPARR, CYNTHIA, ,		rganization Name	Date of Receipt							
Mailing Address 30 BRIDGHAM FARM RC			07 / D D / Y Y Y Y 31 2019							
City RUMFORD	State RI	Zip Code 02916-1304	Transaction ID : PR2576034854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) led Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		148.38							
TOTAL This Period (last page this line num	per only)									

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									
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	y information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporate	d PAC (UnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Init ADAMS, GAYLE, , ,	ial) or Full C	Drganization Name		Date of	f Re	eceipt							
	Mailing Address 39 CANYON RIDGE DRIVE				07 31 2019									
	City	State	Zip Code		Transaction ID : PR2576040354997									
	SANDIA PARK	NM	87047-8509		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С								192.3	80			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		M	emo	tem							
	United HealthCare Services Inc	SV	P Strategic Acct Mgmt											
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General		1442.25	P	P/R Deduction (\$96.15 Bi-Weekly)									
	Other (specify) V		1442.23											
в.	Full Name of Individual (Last, First, Middle Init BYRNES, CHRISTOPHER, , ,	ial) or Full C	Organization Name		Date of Receipt									
	Mailing Address 3920 GLENWOOD STREET				07 / D D / Y Y Y Y Y 2019									
	City	State	Zip Code		Trans	acti	ion ID :	PR2576	042	85499	7			
	DULUTH	MN	55804-1403	·	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P Ops		Memo Item									
	Receipt For:	Aggregate	Year-to-Date V		1									
	Primary General Other (specify) ▼		, 2884.50	P	/R Ded	uctio	on (\$19	2.30 Bi-V	Veeł	(ly)				
С.	Full Name of Individual (Last, First, Middle Init KANDALAFT, KEVIN, , ,	ial) or Full C	Drganization Name		Date of	f Re	eceipt							
	Mailing Address 4189 WINDSOR POINT PLAC				м м 07	J.	D 31	J L	2	019 [°]				
		State CA	Zip Code				-	PR2576			7			
	EL DORADO HILLS		95762-3797	- :	Amount	t of	Each F	Receipt t	his F	Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y			446.	76			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		М	emo	o Item							
	United HealthCare Services Inc	Hlth	Plan CEO											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Other (specify)		1696.71							kly)				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			•		-	, . , .		-	1023.6	6			

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and s or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle In A. STONE, LAURA, , ,	itial) or Full C	rganization Name	Data of Descipt							
A. STONE, LAURA, , , Mailing Address 4644 VENETO DRIVE			Date of Receipt							
			07 31 2019							
City FRISCO	State TX	Zip Code 75033-7135	Transaction ID : PR2576045154997							
		10000 1100	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual)		upation (for Individual)	Memo Item							
United HealthCare Services Inc Receipt For:		k Contract Dir								
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)							
Other (specify) V		210.00								
Full Name of Individual (Last, First, Middle In	itial) or Full C	reanization Namo								
B. GROENENDAAL, MICHAEL, , ,		nganization Name	Date of Receipt							
Mailing Address 1017 N EUCLID			07 / D D / Y Y Y Y 2019							
City OAK PARK	State	Zip Code 60302-1321	Transaction ID : PR2576046254997							
FEC ID number of contributing		00302-1321	Amount of Each Receipt this Period							
federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Executive Compensation	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify)		210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. VINCENT, BRYAN, , ,	itial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5025 YVONNE TERRACE			M = M / D = D / Y = Y = Y							
City	State	Zip Code	07 31 2019							
EDINA	MN	55436-2423	Transaction ID : PR2576049154997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item							
Receipt For:		Year-to-Date ▼								
Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		>	84.08							
TOTAL This Period (last page this line number										

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle Ir A. MONICAL, KENT, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 9795 E PIEDRA DRIVE			07 31 2019							
City SCOTTSDALE	State AZ	Zip Code 85255-9231	Transaction ID : PR2576051354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Medicare STARS	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle Ir B. REED, BARTON, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 16716 MAYFIELD DRIVE			07 / D D / Y Y Y Y Y 2019							
City	State MN	Zip Code	Transaction ID : PR2576059254997							
EDEN PRAIRIE	IVIIN	55347-2242	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item							
Receipt For:	Aggregate	Year-to-Date V	1							
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir C. HUANG, JAMES, , ,	nitial) or Full C	organization Name	Date of Receipt							
Mailing Address 6838 IDLEWOOD WAY			07 / D D / Y Y Y Y Y 2019							
City EDEN PRAIRIE	State MN	Zip Code 55346-3519	Transaction ID : PR2576059954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			489.60							
TOTAL This Period (last page this line number	r only)									

Use separate schedule(s)

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			for each category of the Detailed Summary Page		X 11a 13		11b	11c		2	17	
	r information copied from such Reports and Sta or commercial purposes, other than using the n				for the		pose of	soliciting	g cont	ributio	ons	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initia REX, JOHN, , ,	l) or Full Or	ganization Name		Date of Receipt							
١	Mailing Address 503 HARRINGTON ROAD				07 31 2019							
	Dity WAYZATA	State MN	Zip Code 55391-1512	_	Transaction ID : PR2576060054997 Amount of Each Receipt this Period							
	FEC ID number of contributing ederal political committee.					т. т. ар. т.	-	3	384.6	0		
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) CFO		M	emc	tem					
F	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 2884.50		P/R Ded	luctio	on (\$192	2.30 Bi-W	/eekly	')		
	Full Name of Individual (Last, First, Middle Initia MCEWAN, JOSHUA, , ,	l) or Full Or	ganization Name		Date of	f Re	eceipt					
-	Mailing Address 4711 WEST 28TH STREET				07 / D D / Y Y Y Y 07 31 2019							
	City SAINT LOUIS PARK	State MN	Zip Code 55416-1927					PR25760				
F	FEC ID number of contributing ederal political committee.	С			Amount of Each Receipt this Period 384.60							
Ī	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu VP 1	pation (for Individual)		M	emc	tem					
Ē	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Initia GRANT, AMY, , ,	l) or Full Or	ganization Name		Date of	f Re	eceipt					
-	Mailing Address 34 FAIRLAWN DR				07		31		201	9		
	City WALLINGFORD	State CT	Zip Code 06492-2588	_				PR2576				
	FEC ID number of contributing ederal political committee.	С			Ľ.		,	. <u>,</u>	_	28.0	8	
I	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) en Mgmt		M	emo	o Item					
r	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.60 P/R Deduction (\$14.04 Bi-Weekly)										
su	BTOTAL of Receipts This Page (optional)		•••••	•			, .	,	7	797.28	3	
тс	TAL This Period (last page this line number or	ıly)	b	-	<u> </u>					-		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page	× 11a 11b 11c 12					<u> </u>					
	y information copied from such Reports and Si									con				
	for commercial purposes, other than using the	name and a	address of any political committe	e to s	olicit cor	ntrib	outions	; frc	om such	n cor	nmitte	e.		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (UnitedHealth Group P	AC)										
۹.	Full Name of Individual (Last, First, Middle Init DUDA, MICHAEL, , ,	ial) or Full C	Organization Name		Date of Receipt									
	Mailing Address 5208 RICHWOOD DRIVE				07 31 2019									
	City EDINA	State MN	Zip Code 55436-2322		Transaction ID : PR2576089954997 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			192.30									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Fin		Me	emc) Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1442.25]	P/R Ded	ucti	on (\$9	6.1	5 Bi-We	ekly)			
	Full Name of Individual (Last, First, Middle Init OLUJIC, TAMMY, , ,	ial) or Full C	Organization Name		Date of Receipt									
	Mailing Address 14908 SE 66TH STREET			м м 07	1	D 3	D 51	/ Y	20	ү 19	Y			
City BELLE	City BELLEVUE	State WA	Zip Code 98006-5022		Trans Amount				R25760 ceipt th			,		
	FEC ID number of contributing federal political committee.	С			30.76									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) 9 Gen Mgmt		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 230.70	J F	P/R Dedu	uctio	on (\$1	5.3	8 Bi-We	ekly)			
.	Full Name of Individual (Last, First, Middle Init HARBISON, CECILIA, , ,	ial) or Full C	Organization Name		Date of	Re	eceipt							
	Mailing Address 233 MAGNOLIA STREET	1			07 31 2019									
	City DRESHER	State PA	Zip Code 19025-2012		Trans Amount				R2576			7		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		y		28.0	8		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		M	emo	b Item							
	Receipt For: Primary General Other (specify)	Aggregate]	P/R Deduction (\$14.04 Bi-Weekly)										
	JBTOTAL of Receipts This Page (optional)					-	9		9		251.1	4		

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	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	Statements manual and a	I ay not be sold or used by any p uddress of any political committe	person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. DAHL, KEVIN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 21 HOEFER ST			M M / D D / Y Y Y Y Y 07 31 2019						
City LATHAM	State NY	Zip Code 12110-4742	Transaction ID : PR2576100254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. JOHNSON, DARRIN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 417 ROSENBERGER DRIV	Έ		07 31 Y Y Y Y Y 2019						
City MIDDLETOWN	State DE	Zip Code 19709-9916	Transaction ID : PR2576103754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. DIAMOND, TIFFANY, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 5 HARVEY DRIVE			07 / D D / Y Y Y Y Y 2019						
City GOFFSTOWN	State NH	Zip Code 03045-2315	Transaction ID : PR2576105554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			489.60						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I CASEY, TAMMY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 45 STEELE ROAD			M M / D D / Y Y Y Y Y 07 31 2019						
City NEW HARTFORD	State CT	Zip Code 06057-2621	Transaction ID : PR2576107354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I MELNICK, BRADLEY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5185 KELSEY TERRACE			07 / D D / Y Y Y Y Y 2019						
City EDINA	State MN	Zip Code 55436-1174	Transaction ID : PR2576111954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I KIEWEL, NATHAN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1137 PRAIRIE VIEW DR S			07 / D D / Y Y Y Y 31 2019						
City HUTCHINSON	State MN	Zip Code 55350-6725	Transaction ID : PR2576117554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) Optum Services, Inc Receipt For:	Sr N	upation (for Individual) Igr, Software Engineering	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			440.68						
TOTAL This Period (last page this line numbe	er only)								

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171			Use separate schedule(s)	(ch	eck only							
111			for each category of the Detailed Summary Page		1 12		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initia WEDIN, JEFF, , ,	l) or Full Or	ganization Name		Date of Receipt							
	Mailing Address 115 EAGLE COVE											
	City MADISON	State MS	Zip Code 39110-6629					PR2576' Receipt th				
	FEC ID number of contributing federal political committee.	С							153	.84		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1153.80	P/R Deduction (\$76.92 Bi-Weekly)					eekly)			
в.	Full Name of Individual (Last, First, Middle Initia SANCHEZ, VINCENT, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address 5025 BRANFORD COURT				07 31 Y Y Y Y 2019							
	City DUBLIN	State CA	Zip Code 94568-7241					PR25761 Receipt th				
	FEC ID number of contributing federal political committee.	С			28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	F	P/R Dedu	uctio	on (\$14.	.04 Bi-We	eekly)			
С.	Full Name of Individual (Last, First, Middle Initia STINE, KARL, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt					
	Mailing Address PO BOX 265				07	1	31		ү ү 2019			
	City CRESSON	State PA	Zip Code 16630-0265					PR2576				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	28	08		
United HealthCare Services Inc S			pation (for Individual) ed Dir		Me	emo	tem Item					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 210.60	F	P/R Ded	ucti	on (\$14	.04 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)		•				, .	. ,	210.	00		
т	OTAL This Period (last page this line number on	ly)	•••••	-								

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12									
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	ig the name and a	deress of any pointed commute										
UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mide KERAN, PATRICK, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6631 108TH CT			07 31 Y Y Y Y Y 2019									
City BROOKLYN PARK	State MN	Zip Code 55445-6503	Transaction ID : PR2576137854997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Product	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Mide B. LIRETTE, KARL, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9 WEST WOODLAWN I			07 31 / Y Y Y Y Y Y 2019									
City	State LA	Zip Code	Transaction ID : PR2576138954997									
DESTREHAN		70047-2535	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		P/R Deduction (\$14.04 Bi-Weekly)									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60										
Full Name of Individual (Last, First, Mide BOADO, ANDREA, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 14924 PONDVIEW CIR			07 / D D / Y Y Y Y Y 2019									
City WAYZATA	State MN	Zip Code 55391-2249	Transaction ID : PR2576144654997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) eputy Gen Counsel	P/R Deduction (\$192.30 Bi-Weekly)									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50										
SUBTOTAL of Receipts This Page (option	al)		440.76									
TOTAL This Period (last page this line nu	mber only)											

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or for commercial purposes, other than using t	me name and a	uuress of any political committee	U SUIICIT CO	JUULIDU	MOUS IN	un such	committe	.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle NELSON, STEVEN, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 640 LOCUST HILLS DRIVE	=										
City WAYZATA	State MN	Zip Code 55391-1973					4485499 s Period	7			
FEC ID number of contributing federal political committee.	C			1.4	,		384.6	50			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHlth Grp		1emo	ltem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle GROSSMAN, MICHAEL, , ,	Initial) or Full C	rganization Name	Date c	of Rec	ceipt						
Mailing Address 15725 56TH AVE N	1		M N 07	07 / D D / Y Y Y Y 07 31 2019							
City PLYMOUTH	State MN	Zip Code 55446-2984					45854997 s Period	7			
FEC ID number of contributing federal political committee.	С	C Occupation (for Individual) VP Fin			111.10						
Name of Employer (for Individual) United HealthCare Services Inc					ltem						
Receipt For:	Aggregate	Year-to-Date ▼		-							
Other (specify) ▼		388.85	P/R Dec	P/R Deduction (\$55.55 Bi-Weekly)							
Full Name of Individual (Last, First, Middle FRIDNER , JOHN, , ,	Initial) or Full C	rganization Name	Date c	of Rec	ceipt						
Mailing Address 782 PENFIELD DR	Ototo	Zip Code	07 Troop		31		2019				
City CAROL STREAM	State IL	Zip Code 60188-4738					4755499 s Period	1			
FEC ID number of contributing federal political committee.	С				7	y	78.0	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen		/lemo	ltem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 585.00	P/R Dec	ductio	n (\$39.0)0 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional).					,	,	573.7	0			
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	MIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12						
	r information copied from such Reports and Stat or commercial purposes, other than using the n														
1	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	NC)											
	Full Name of Individual (Last, First, Middle Initia PAUNOVICH, VUKASIN, , ,) or Full Or	Full Organization Name				Date of Receipt								
1	Mailing Address 1209 KEITH RD				07 31 Y Y Y Y Y 2019										
	City WAKE FOREST	State NC	Zip Code 27587-7301	Transaction ID : PR2576306754997 Amount of Each Receipt this Period											
	FEC ID number of contributing rederal political committee.	С			[.			-	384.						
(Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) f Tech Off		Me	emc	tem								
ł	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initia BENSON, JEAN, , ,) or Full Or	rganization Name		Date of	Re	eceipt								
-	Mailing Address 14951 HIGHLAND COURT NE				07 31 2019 Transaction ID : PR2576310954997										
	City PRIOR LAKE	State MN													
F	FEC ID number of contributing ederal political committee.	MN 55372-4109 C Occupation (for Individual) VP Fin			Amount of Each Receipt this Period 384.60										
Ī	Name of Employer (for Individual) Jnited HealthCare Services Inc				Memo Item										
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2884.50				P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia COMBSMORGAN, LAURIE, , ,) or Full Or	rganization Name		Date of	Re	eceipt								
I	Mailing Address 513 RIVERVIEW DRIVE				07	1	31	/ Y	ү 2019	Y					
	City FRANKLIN	State TN	Zip Code 37064-5512						7 1985499 is Period						
United HealthCare Services Inc					<u> </u>		y :		38.	40					
			ipation (for Individual) Itwk Contrctng		Memo Item										
ł	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.00	P/R Deduction (\$19.20 Bi-Weekly)											
รเ	BTOTAL of Receipts This Page (optional)			•			7		807.	60					
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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	IZED RECEIPTS	for each category of the Detailed Summary Page			K 11a		11b	11c	12						
Any in	formation copied from such Reports and Sta	atements ma	av not be sold or used by any pe	erson	13 for the	puri	14 Dose of	15 soliciting	16 contribu	17 tions					
or for	commercial purposes, other than using the	name and a	ddress of any political committee	to s	olicit co	htrib	utions 1	from such	n commit	ee.					
				\sim											
	nitedHealth Group Incorporated		United Health Group PA	C)											
	Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name												
	DMARSH, BRIAN, , ,						Date of Receipt								
Mai	ling Address 14425 NORTH 15TH STREET				07 / 07 / 2019 Transaction ID : PR2578724254997										
City		State	Zip Code												
PH	OENIX	AZ	85022-4454	_	Amount	of	Each F	Receipt th	is Period						
	D number of contributing	С													
fede	eral political committee.	U			<u></u>	-	7								
Nan	ne of Employer (for Individual)	Осси	upation (for Individual)		M	emo	Item								
	ed HealthCare Services Inc	SCE	E 2 NA Accts												
Rec	eipt For: Primary General	Aggregate					00 D' M	1.1. 3							
	Other (specify) V		210.30		P/R Dea	uctio	on (\$14	.02 Bi-We	екіу)						
	Name of Individual (Last, First, Middle Initia DNG, PAUL, , ,	al) or Full O	rganization Name		Data of	Do	opint								
	ling Address 12352 PRINCETON AVE			-	Date of Receipt										
					07 31 2019										
City		State		Trans	acti	on ID :	PR25787	73495499	7						
	EN PRAIRIE	MN	Amount of Each Receipt this Period												
	CID number of contributing eral political committee.	С		264.42											
	ne of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	Item								
Rec	eipt For:	Aggregate	Year-to-Date ▼		-										
	Primary General		104E 6E	F	P/R Ded	uctio	on (\$132	2.21 Bi-W	/eekly)						
	Other (specify)	L	, 1045.65												
	Name of Individual (Last, First, Middle Initia GELAND, DANIEL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt								
	ling Address 2659 E LAKE OF THE ISLES F	PKWY			M M	/	D) / Y	Y Y	Y					
					07		31		2019						
City MI	NNEAPOLIS	State MN	Zip Code 55408-1052						74105499						
	D number of contributing				Amoun	Of	Each F	receipt tr	iis Period	_					
	eral political committee.	С			L.		y		384.	60					
Nan	ne of Employer (for Individual)	Occi	upation (for Individual)	_	М	emc	Item								
	um Services, Inc		Bus Dev												
Rec	eipt For:	Aggregate	Year-to-Date 🔻												
_	Primary General Other (specify)		2884.50		P/R Ded	ucti	on (\$19	2.30 Bi-V	Veekly)						
					_	-									
SUBT	OTAL of Receipts This Page (optional)		······ •		<u> </u>		9	J J	677.	06					
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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle In STRODE, KURT, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 15 MIRA SEGURA			07 31 / Y Y Y Y Y 2019						
City RANCHO SANTA MARGARITA	State CA	Zip Code 92688-4113	Transaction ID : PR2578819254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.84						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 216.30	P/R Deduction (\$14.42 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II ASNER, BARTLEY, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 25 OFFSHORE			07 31 2019						
City NEWPORT BEACH	State CA	Zip Code 92657-2162	Transaction ID : PR2578819454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In C. HALTIWANGER, RACHEL, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3011 GRUNION LANE			07 / D D / Y Y Y Y 07 31 2019						
City SPRING HILL	State TN	Zip Code 37174-1551	Transaction ID : PR2578820254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.02						
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 ▼ 210.15	P/R Deduction (\$14.01 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			441.46						
TOTAL This Period (last page this line numbe	r only)								

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)		51								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle DUFFEY, KRISTY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 42095 N 109TH PLACE			07 31 2019 Transaction ID : PR2578823254997 Amount of Each Receipt this Period							
City SCOTTSDALE	State AZ	Zip Code 85262-3293								
FEC ID number of contributing federal political committee.	С		384.60							
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 ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. CIAVOLA, LAURA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6958 DELOACH COURT			07 / <u>31</u> / <u>2019</u>							
City FRISCO	State TX	Zip Code 75034-7436	Transaction ID : PR2578824354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. BUSBEE, NATHANAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 611 ORPINGTON RD			07 / D D / Y Y Y Y 2019							
City BALTIMORE	State MD	Zip Code 21229-2128	Transaction ID : PR2578826754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			846.12							
TOTAL This Period (last page this line numb	per only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page						
or for commercial purposes, other than using		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (UnitedHealth Group	PAC)					
Full Name of Individual (Last, First, Middl A. MILLER, TRACI, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 729 PINE TRAIL		07 / D D / Y Y Y Y 2019					
City ARNOLD	State Zip Code MD 21012-1628	Transaction ID : PR2578829954997 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	Occupation (for Individual) VP Med Clin Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)					
Full Name of Individual (Last, First, Middl B. FARMER, RACHEL, , ,	ne of Individual (Last, First, Middle Initial) or Full Organization Name IER, RACHEL, , ,						
Mailing Address 1846 SOUTH COLUMBIN		07 / D D / Y Y Y Y Y 2019					
City BATON ROUGE	StateZip CodeLA70808-5227	Transaction ID : PR2595208354997 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	Occupation (for Individual) Dir Govt Affs	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)					
Full Name of Individual (Last, First, Middl C. ELLIS, DENNIS, , ,	e Initial) or Full Organization Name	Date of Receipt					
Mailing Address 6001 DRIPPING SPRING		07 / D D / Y Y Y Y 2019					
City FRISCO	State Zip Code TX 75034-4039	Transaction ID : PR2595209154997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	32.76					
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) KA Dir SIs	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 245.70	P/R Deduction (\$16.38 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	ber only)						

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ITEMIZED RE			for each category of the Detailed Summary Page	X 11a	11b	11c	12	1 -7				
			y not be sold or used by any pe ddress of any political committee									
		I PAC (L	InitedHealth Group PA	C)								
Full Name of Ind A. BOWES, DOU	lividual (Last, First, Middle Initia JGLAS, , ,	l) or Full Or	ganization Name	Date of	f Receipt							
Mailing Address	583 BATTERY STREET 908N	1		07 / D D / Y Y Y Y Y 2019								
City SEATTLE		State WA	Zip Code 98121-1682	Transaction ID : PR2595226954997 Amount of Each Receipt this Period								
FEC ID number federal political c	0	С			-		38.4	6				
United HealthCar	er (for Individual) e Services Inc		pation (for Individual) Plan CEO	M	emo Item							
Receipt For: Primary Other (spe	General cify) ▼	Aggregate Y	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Ind B. SNYDER, M	lividual (Last, First, Middle Initia ARY, , ,	l) or Full Or	ganization Name	Date of	f Receipt							
	156 HIGH WINDS DRIVE				07 / 31 / 2019 Transaction ID : PR2595229354997							
City YARMOUTH		State ME	Zip Code 04096-5958									
FEC ID number federal political c	0	С		Amount of Each Receipt this Period 384.60								
Name of Employ United HealthCar	rer (for Individual) e Services Inc		ipation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary Other (spe	General cify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Ind	lividual (Last, First, Middle Initia ESTON, , ,	l) or Full Or	ganization Name	Date of	f Receipt							
	16333 VANCE JACKSON APT 1215	Otata	7. 0.1.	07	31		2019					
City SAN ANTONIO		State TX	Zip Code 78257-5090		saction ID : I t of Each Re			<u></u>				
FEC ID number federal political c	5	С			, y ,	9	61.5	4				
Optum Services, Inc			pation (for Individual) Dir	M	emo Item							
Receipt For: Primary Other (spe	General cify)	Aggregate	Year-to-Date ▼ 461.55	P/R Ded	luction (\$30.7	77 Bi-We	ekly)					
SUBTOTAL of Rec	ceipts This Page (optional)		•••••			.,	484.6	0				
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 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			rson for the purpose of soliciting contributions							
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia SHORT, MARIANNE, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2215 SUMMIT AVENUE										
	City SAINT PAUL	State MN	Zip Code 55105-1002	Transaction ID : PR2601133554997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Gen Counsel	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initia PATRICK, ALLEN, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 225 W ESCALONES			07 / D D / Y Y Y Y 07 31 2019							
		State CA	Zip Code	Transaction ID : PR2601136854997							
	SAN CLEMENTE		92672-5102	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item							
	Receipt For:	Aggregate	Year-to-Date 🔻	1							
	Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia MCBRIEN, ROBERT, , ,	al) or Full O	rganization Name	Date of Receipt							
	Mailing Address 305 HONEYBEE DRIVE			07 / D D / Y Y Y Y 07 31 2019							
	City WEXFORD	State PA	Zip Code 15090-8699	Transaction ID : PR2601148954997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
			upation (for Individual) /Iktg	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•••••	440.76							
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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee								
NAME OF COMMITTEE (In Full)	and mante allu a										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle MOORE, DOUGLAS, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3900 BLACKJACK OAK LA	ANE .										
City PLANO	State TX	Zip Code 75074-7790	Transaction ID : PR2601149654997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Hlthcare Econ	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle WILLIAMS, DAVID, , ,	Initial) or Full C	Date of Receipt									
Mailing Address 10 SOUTHERN OAKS DR			07 / D D / Y Y Y Y 07 31 2019								
City CLINTON	State MS	Zip Code	Transaction ID : PR2601151154997								
		39056-9772	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		125.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		312.50	P/R Deduction (\$62.50 Bi-Weekly)								
Full Name of Individual (Last, First, Middle LESTER, SHAUNA, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 24246 NE 15TH WAY			07 / D D / Y Y Y Y Y 31 / 2019								
City SAMMAMISH	State WA	Zip Code 98074-5031	Transaction ID : PR2601154754997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			181.16								
TOTAL This Period (last page this line numb	er only)										

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mide PERERA, SUSAN, , ,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1201 UNITY AVE N			07 31 Y Y Y Y Y 2019								
City GOLDEN VALLEY	State MN	Zip Code 55422-4735	Transaction ID : PR2601168854997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Mide B. RODRIGUEZ, ROGER, , ,											
Mailing Address 4825 DAVIS ROAD			07 / 07 / 2019								
City MIAMI	State FL	Zip Code 33143-6141	Transaction ID : PR2601176854997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mide C. HUDSON, JEFFREY, , ,	lle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1536 BREWSTER DRIV			07 / D D / Y Y Y Y 07 31 2019								
City CARROLLTON	State TX	Zip Code 75010-6444	Transaction ID : PR2605703054997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp	P/R Deduction (\$14.00 Bi-Weekly)								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00									
SUBTOTAL of Receipts This Page (option	al)		489.52								
TOTAL This Period (last page this line nu	mber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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	TEMIZED RECEIPTS		Detailed Summary Page	×	11a		11b		11c	12				
					13		14		15	16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	.C)										
A.	Full Name of Individual (Last, First, Middle Initial) MCBEATH, ROBERT, , ,) or Full O	rganization Name		Date of Receipt									
	Mailing Address 2537 RED ARROW DRIVE			07 / D D / Y Y Y Y 07 31 2019										
	City LAS VEGAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708954997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn		Me	emo	Item	ı						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/	R Dedu	uctic	on (\$´	192.	30 Bi-V	Veekly)				
В.	Full Name of Individual (Last, First, Middle Initial) HUTCHINS, LEIGH, , ,) or Full O	rganization Name	Date of Receipt										
	Mailing Address 16786 RAINY VALE AVE						07 / D D / Y Y Y Y 2019							
	City RIVERSIDE	State CA	Zip Code 92503-6535							71785499 nis Period				
	FEC ID number of contributing federal political committee.	С			76.92									
	Name of Employer (for Individual) Primecare Medical Network, Inc	Occu CEC		Memo Item										
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 5084 JERICHO ROAD				м м 07	/	3	31 31	/ Y	2019 [°]				
	City COLUMBIA	State MD	Zip Code 21044-5409	A						73345499				
	FEC ID number of contributing federal political committee.	С				_	,		y	30.	76			
	Name of Employer (for Individual) United HealthCare Services Inc	Dir N	-		Me	əmo) Item	ו						
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			[1	Ē	,		,	492.	28			
Т	OTAL This Period (last page this line number only	y)			_		-							

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PAGE 205 OF

		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. DAVIS, KELLY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 905 N LEBANON ST			07 31 2019						
City ARLINGTON	State VA	Zip Code 22205-1433	Transaction ID : PR2605734254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FINLAY, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3221 COLFAX AVE S			07 / D D / Y Y Y Y 2019						
City MINNEAPOLIS	State MN	Zip Code 55408-3555	Transaction ID : PR2605735154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. LEIGHPITSTICK, EMILY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 17307 97TH DR SE			07 / D D / Y Y Y Y 2019						
City SNOHOMISH	State WA	Zip Code 98296-8168	Transaction ID : PR2605735254997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		117.64						
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 ▼ 352.92	P/R Deduction (\$58.82 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			338.02						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 206 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1 erson for the purpose of soliciting contributions a to solicit contributions from such committee						
NAME OF COMMITTEE (In Full)	ne name and a	doress of any political committee							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I A. MALONE, TRACY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 900 S 22ND ST			07 31 2019						
City ARLINGTON	State VA	Zip Code 22202-2625	Transaction ID : PR2605736954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P External Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. JAEGER, MICHELLE, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 14506 MCGINTY ROAD WE	ST		07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City WAYZATA	State MN	Zip Code 55391-2541	Transaction ID : PR2605753954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Enterprise Growth	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I SMITH, LARRY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1164 RUE CHINON			07 / D D / Y Y Y Y Y 2019						
City MANDEVILLE	State LA	Zip Code 70471-1213	Transaction ID : PR2605760654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Compli	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			451.14						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

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IT.	EMIZED RECEIPTS				(check only one)							
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12			
	y information copied from such Reports and S											
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit coi	ntrib	utions f	rom such	n committe	ee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
<u>к</u>	Full Name of Individual (Last, First, Middle Ini HECKERT, EDWARD, , ,	tial) or Full O	rganization Name		Date of	f Re	ceipt					
	Mailing Address 1555 BARRINGTON DRIVE				07	ү ү 2019	Y					
	City WEXFORD	State PA	Zip Code 15090-9378	_					76305499 is Period	7		
	FEC ID number of contributing federal political committee.	С			116.0					00		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	P/R Deduction (\$58.00 Bi-Weekly)								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 348.00						ekly)			
в.	Full Name of Individual (Last, First, Middle Ini SONSTEGARD, NATHAN, , ,	tial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 4216 ZENITH AVE S				07 31 Y Y Y Y 2019							
	City MINNEAPOLIS	State MN	Zip Code 55410-1413						4445499	7		
	FEC ID number of contributing federal political committee.	C	33410-1413		Amount of Each Receipt this Period							
	Name of Employer (for Individual) UHC International Services Inc	Occ	upation (for Individual) Fin	_	M	emc	Item					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 210.60]	P/R Ded	uctio	on (\$14.)	04 Bi-We	ekly)			
C.	Full Name of Individual (Last, First, Middle Ini RAWLINSON, DORIEN, , ,	tial) or Full O	ial) or Full Organization Name			f Re	ceipt					
	Mailing Address 4795 W RED ROCK DRIVE	Chata	Zin Onde		07		31		2019			
	City LARKSPUR	State CO	Zip Code 80118-8413						35465499 is Period	/		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, , , , , , , , , , , , , , , , , , ,	28.0)8		
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) Ntwk Contrctng	Memo Item								
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60] '	P/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•••••	<u> </u>			y .	9	172.1	6		
т	OTAL This Period (last page this line number	only)		•								

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11			for each category of the Detailed Summary Page	X 11	-	11b 14	11c	12	Г	17		
Ar	y information copied from such Reports and Si for commercial purposes, other than using the	tatements managements mane and a	I ay not be sold or used by any p ddress of any political committed	erson for	the pu	urpose of	f soliciting	g contrit	oution hittee.	าร		
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init EYER, JAN, , ,	ial) or Full C	rganization Name	Dat	e of F	Receipt						
	Mailing Address 6241 CRESTBROOK DRIVE				07 31 2019							
	City MORRISON	State CO	Zip Code 80465-2225				PR2606 Receipt th					
	FEC ID number of contributing federal political committee.	С				-	-	2	8.08			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) In Exec Dir		Men	no Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Wee								
в.	Full Name of Individual (Last, First, Middle Init FICKER, MARK, , ,	ial) or Full C	rganization Name	Date of Receipt								
	Mailing Address 173 LAURELWOOD DRIVE					07 ^D D D ['] Y Y Y Y 2019						
	City NOVATO	State CA	Zip Code				PR26078					
			94949-8427	Amo	mount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						7	6.92	_		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ops		Men	no Item						
	Receipt For: Primary General	Aggregate	regate Year-to-Date V									
	Other (specify) ▼		, , 576.90		Deduc	tion (\$38	.46 Bi-We	eekly)				
с.	Full Name of Individual (Last, First, Middle Init SCHWARTZ, SHAWN, , ,	ial) or Full C	rganization Name	Dat	e of F	Receipt						
	Mailing Address 338 SNELLING AVE S	State	Zin Code		07 ^M	/ 31		2019]		
	City SAINT PAUL	MN	Zip Code 55105-2048				Receipt th					
	FEC ID number of contributing federal political committee.	С			_	, ,		2	8.08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Ntwk Contrctng		Men	no Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R	P/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)					,		13	3.08			
T	OTAL This Period (last page this line number of	only)	b			45.1			-	Π		

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							
		Detailed Summary Page								
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	rated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle LANDO, LISA, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 60 PINEAPPLE STREET APT 3J			07 / D D / Y Y Y Y Y 2019							
City BROOKLYN	State NY	Zip Code 11201-6839	Transaction ID : PR2608059554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle FLYNN, VIRGINIA, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 30 VAN TERRACE			07 / D D / Y Y Y Y 07 31 2019							
City SPARKILL	State NY	Zip Code 10976-1406	Transaction ID : PR2608061254997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92 Memo Item							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle). FERGUSON, SANDRA, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 710 SOUTH SHERATON			07 / D D / Y Y Y Y 07 31 2019							
City AKRON	State OH	Zip Code 44319-1918	Transaction ID : PR2608061954997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							

Use separate schedule(s)

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IT.			Use separate schedule(s)		(check only one)									
11			for each category of the Detailed Summary Page		1a 3	11b	11c		2 6	17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements managements managements and a	l ay not be sold or used by any pe address of any political committee	erson for	the p	ourpose o	of soliciting	g cont	ributio	ons				
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Init SAVOIE, DANA, , ,	ial) or Full C	Drganization Name	Da	te of	Receipt								
	Mailing Address 8756 STONEFIELD LN				07 31 2019									
	City CHANHASSEN	State MN	Zip Code 55317-4713				: PR2609 Receipt th							
	FEC ID number of contributing federal political committee.	С					-	2	250.00)				
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) Gen Mgmt	P/R Deduction (\$125.00 Bi-Weekly										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 625.00						')					
в.	Full Name of Individual (Last, First, Middle Init BODELL, LESLIE, , ,	ial) or Full C	Drganization Name	Da	te of	Receipt								
	Mailing Address 18710 34TH AVENUE NORTH			07 / D D / Y Y Y Y 2019										
	City PLYMOUTH	State MN	Zip Code 55447-1000				: PR2609							
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Ops			mo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R	Dedu	ction (\$1	92.30 Bi-V	Veekly)					
с.	Full Name of Individual (Last, First, Middle Init WRIGHT, NORMAN, , ,	ial) or Full C	Drganization Name	Da	te of	Receipt								
	Mailing Address 5205 KELSEY TERRACE			- L	07 [™]	/ 3	1	201	9					
	City EDINA	State MN	Zip Code 55436-1172				: PR2609 Receipt tl							
	FEC ID number of contributing federal political committee.	С			_	y .		3	384.60)				
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) ef Customer Officer		Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	2884.50	P/R Deduction (\$192.30 Bi-Weekl					()					
s	UBTOTAL of Receipts This Page (optional)		•			, .		10)19.20)				
Т	OTAL This Period (last page this line number of	only)		Г					-	T				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c	12						
Any information copied from such Reports a											
or for commercial purposes, other than usin	g the name and a	ddress of any political committe	to solicit contribution	s from such	Committe	e.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	C)								
Full Name of Individual (Last, First, Midd A. PATEL, KETAN, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4682 WARNER AVE #C	304		07 / D D / Y Y Y Y 2019								
City HUNTINGTON BEACH	State CA	Zip Code 92649-3990	Transaction II Amount of Each			,					
FEC ID number of contributing federal political committee.	C				76.9	2					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item	ı							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$	38.46 Bi-We	ekly)						
Full Name of Individual (Last, First, Midd B. PELUSO, JOSIANE, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 112 WITHERS STREET			07 ^D D ^J <u>Y</u>								
	State NY	Zip Code	Transaction ID			,					
BROOKLYN	N1	11211-2314	Amount of Each	Receipt th	is Period	_					
FEC ID number of contributing federal political committee.	C		38.46								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Medicr Dir NYC	Memo Item	1							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$*	19.23 Bi-We	ekly)						
Full Name of Individual (Last, First, Midd C. STEVENS, J, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 93 CONSERVATION RC			07 :	31	2019	_					
City SUFFIELD	State CT	Zip Code 06078-2442	Transaction II Amount of Each								
FEC ID number of contributing federal political committee.	С				76.9	2					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Fech Proj-Prgm Mgmt	Memo Item	1							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	576.90 P/R Deduction (\$38								
SUBTOTAL of Receipts This Page (optiona	al)				192.3	0					
TOTAL This Period (last page this line num	nber only)										

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle BAKER, MICHAEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 2383 HIGHOVER TRAIL			07 31 2019
City CHANHASSEN	State MN	Zip Code 55317-4744	Transaction ID : PR2612530554997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Ops	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. RIVERS, CAROLINE, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 6368 TIMBER TRACE			07 / D D / Y Y Y Y 2019
City BROWNSBURG	State IN	Zip Code 46112-8641	Transaction ID : PR2612533754997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.02
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.15	P/R Deduction (\$14.01 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. KIECKHAFER, REGINA, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 30 SHATTUCK ROAD AF	1		07 / D D / Y Y Y Y 2019
City ANDOVER	State MA	Zip Code 01810-2477	Transaction ID : PR2612536254997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
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 ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional			440.70
TOTAL This Period (last page this line num	ber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)	ated PAC (I	JnitedHealth Group P/	łC)						
Full Name of Individual (Last, First, Middle		· · · ·	,						
A. HANSEN, KIMBERLY, , ,			Date of Receipt						
Mailing Address 6227 UPLAND LN N			07 31 Y Y Y Y Y 2019						
City MAPLE GROVE	State MN	Zip Code 55311-4003	Transaction ID : PR2613383254997 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) Ntwk Prgms	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. DEIDESHEIMER, THERESA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6319 21 ST AVE NE			07 / D D / Y Y Y Y Y 2019						
City SEATTLE	State WA	Zip Code 98115-6915	Transaction ID : PR2613383454997 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) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CORCORAN, SUSAN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4 DONBUSH ROAD			07 31 / Y Y Y Y Y 2019						
City NORTH OAKS	State MN	Zip Code 55127-2095	Transaction ID : PR2613385354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Acctng	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			133.08						
TOTAL This Period (last page this line number	er only)								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle In A. KREJCI, ANDREW, , ,	itial) or Full C	organization Name	Date of Receipt						
Mailing Address 19880 LAKEVIEW AVENUE			M M / D D / Y Y Y Y Y 07 31 2019						
City	State	Zip Code	Transaction ID : PR2614310754997						
EXCELSIOR	MN	55331-9352	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		56.16						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Optum Services, Inc	VP	Comm	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		421.20	P/R Deduction (\$28.08 Bi-Weekly)						
			1						
Full Name of Individual (Last, First, Middle In B. THOMPSON, JOHN, , ,	itial) or Full C	organization Name	Date of Receipt						
Mailing Address 230 DEVIN PLACE NE			07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /						
City	State	Zip Code	Transaction ID : PR2614322354997						
ATLANTA	GA	30305-4409	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Dir SIs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General		200.45	P/R Deduction (\$19.23 Bi-Weekly)						
Other (specify) v		, 288.45							
Full Name of Individual (Last, First, Middle In C. BURKHOLDER, CHAD, , ,	itial) or Full C	organization Name	Date of Receipt						
Mailing Address 2423 DUBONNET DRIVE			07 31 2019						
City	State	Zip Code	Transaction ID : PR2615073454997						
MACUNGIE	PA	18062-8857	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc	Occ VP (upation (for Individual)	Memo Item						
Receipt For:		Year-to-Date ▼	—						
Primary General	, iggi oguto		P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify)		2884.50							
SUBTOTAL of Receipts This Page (optional)			479.22						
TOTAL This Period (last page this line number	only)	······							

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		Use separate schedule(s)	(chec	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11c	12	<u> </u>	
Any information copied from such Reports and or for commercial purposes, other than using t			erson fo							
NAME OF COMMITTEE (In Full)							5001			
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle OCONNOR, THOMAS, , ,	Initial) or Full C	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 1510 JAMES STREET				07	/	31) / Y	2019	Y	
City DURHAM	State NC	Zip Code 27707-1514						08205499 his Period	7	
FEC ID number of contributing federal political committee.	С		Memo Item					384.	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/F	R Dedu	uctic	on (\$192	n (\$192.30 Bi-Weekly)			
Full Name of Individual (Last, First, Middle SOLOMON, RANDALL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 760 HAIGHT STREET				07 D D / Y Y Y Y 07 31 2019						
City SAN FRANCISCO	State CA	Zip Code 94117-3317						67155499	7	
FEC ID number of contributing federal political committee.	С			Amount of Each Re				nis Period 76.	92	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behvrl Med Dir	[Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R	Dedu	ictic	on (\$38.	46 Bi-We	eekly)		
Full Name of Individual (Last, First, Middle C. BIRNBAUM, MICHAEL, , ,	Initial) or Full C	rganization Name	Da	ate of	Re	ceipt				
Mailing Address 55 DEAN STREET			46	07 ^M	/	D 0 31	JL	2019		
City BROOKLYN	State NY	Zip Code 11201-6245				-		67165499 nis Period	7	
FEC ID number of contributing federal political committee.	С			_		y .	, , ,	384.	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hthcare Econ		Me	emo	Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).						,	. ,	846.	12	
TOTAL This Period (last page this line number	er only)						- 40			

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	-	Use separate schedule(s)		(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	ł		1b	11c	12				
Any information copied from such Reports a or for commercial purposes, other than usir			erson fo			se of s						
NAME OF COMMITTEE (In Full)												
> UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Midc A. KNUTSON, DIANE, , ,	lle Initial) or Full O	rganization Name	D	Date of Receipt								
Mailing Address 5321 EMPIRE LANE NO	ORTH		M M / D D / Y Y Y Y 07 31 2019									
City PLYMOUTH	State MN	Zip Code 55446-3723						2395499	7			
FEC ID number of contributing			Ar	mount	of Ea	ach Re	ceipt th	is Period	_			
federal political committee.	C		15		-			76.	92			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Pricing		Me	mo Ite	em						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/F	R Dedu	iction	(\$38.4	6 Bi-We	ekly)				
Full Name of Individual (Last, First, Midd B. SCALLY, MICHAEL, , ,	lle Initial) or Full O	rganization Name	Di	ate of	Recei	eipt						
Mailing Address 601 PLYMOUTH RD			Γ	07 / 07 / 07 / 07 / 07 / 07 / 07 / 07 /								
City	State MD	Zip Code						2915499	7			
BALTIMORE		21229-2213	Ar	nount	of Ea	ach Re	ceipt th	is Period	_			
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) Dir Bus Process				28.08						
Name of Employer (for Individual) United HealthCare Services Inc						Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼										
Other (specify)		210.60	P/R	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Midc C. YOUNG, JENNIFER, , ,	lle Initial) or Full O	rganization Name	Di	ate of	Recei	eipt						
Mailing Address 939 OCEAN BLVD UNIT 15			ПГ	07	/	D D D 31	/ Y	2019	Y			
City HAMPTON	State NH	Zip Code 03842-1442						2945499 is Period	7			
FEC ID number of contributing federal political committee.	С			nount				28.	08			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sales		Me	mo It	tem						
Receipt For: Primary General Other (specify)	Receipt For: Aggregate Year-to-Date ▼ Primary General					(\$14.0)4 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (option	al)							133.(08			
TOTAL This Period (last page this line nu	mber only)	······										

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. KIRBY, WESLEY, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3301 SANDY TRAIL LN			07 31 / Y Y Y Y						
City PLANO	State TX	Zip Code 75023-5639	Transaction ID : PR2615957054997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nager, Advisory Svcs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. LONGORIA, PATRICIA, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 906 BLUEBIRD			07 / D D / Y Y Y Y 2019						
City MANCHACA	State TX	Zip Code 78652-4154	Transaction ID : PR2617361154997						
FEC ID number of contributing federal political committee.	С	70032-4134	Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Mktg	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. PASSINEAU, MEGHAN, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4 BUROAK DRIVE			07 / D D / Y Y Y Y 2019						
City HOPEWELL JUNCTION	State NY	Zip Code 12533-6434	Transaction ID : PR2617363654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		84.24						
TOTAL This Period (last page this line num	ber only)	······							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ir ATRAW, KEVIN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 518 13TH ST			07 / D D / Y Y Y Y Y 07 31 2019						
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038	Transaction ID : PR2617365654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s l								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ir B. BAUBLIT, MICHAEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2201 RIDGEWIND WAY			07 31 / Y Y Y Y 2019						
City WINDERMERE	State FL	Zip Code 34786-5823	Transaction ID : PR2617927154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
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) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir PUTTERMAN, JAY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7 SUNNY REACH DRIVE			07 / D D / Y Y Y Y Y 2019						
City WEST HARTFORD	State CT	Zip Code 06117-1531	Transaction ID : PR2617931354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Nktg	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			133.08						
TOTAL This Period (last page this line number	r only)								

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171			Use separate schedule(s)	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×			11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson fo								
\setminus	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	d PAC (l	UnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia JOHNSON, MARK, , ,	al) or Full O	Organization Name	Da	ate of	Re	ceipt					
	Mailing Address 8687 RILEY CURVE				м м 07	/	D D 31	/ Y	2019	Y		
	City	State	Zip Code						9339549			
	CHANHASSEN	MN	55317-4822	Ar	nount	of	Each R	eceipt th	nis Perioo	t k		
FEC ID number of contributing federal political committee.					_		-		46	.15		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item					
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 646.10					uctio	on (\$46.	15 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia MISKELLCLOUTIER, DOMINIQUE, ,		Organization Name	Da	ate of	Re	ceipt					
	Mailing Address 12101 STRETFORD FOREST C	COURT			07	1	D D D 31	/ Y	2019	Y		
	City	State	Zip Code				-		98495499	-		
	BRISTOW	VA	20136-2078	Ar	nount	of	Each R	eceipt th	nis Perioo	t i		
	FEC ID number of contributing federal political committee.	C			28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Me	emo	Item					
	Receipt For:	Aggregate	ggregate Year-to-Date ▼				1					
	Other (specify) ▼		210.60	P/R	l Dedu	uctic	on (\$14.0	04 Bi-We	eekly)			
С.	Full Name of Individual (Last, First, Middle Initia DOMB, JULIET, , ,	al) or Full O	Organization Name	Da	ate of	Re	ceipt					
	Mailing Address 28 MARLBOROUGH ST APT 1				07	/	D D 31	/ Y	2019	Ý		
	City BOSTON	State MA	Zip Code 02116-2133						9887549			
	FEC ID number of contributing federal political committee.	С			nount	OI		eceipt tr	nis Perioo 2500			
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Gen Mgmt		Me	emo	Item						
	Receipt For: Primary General		Year-to-Date ▼	 P/F	R Ded	uctio	on (\$250	0.00 Bi-	Weekly)			
	Other (specify)	<u> </u>	2500.00									
s	UBTOTAL of Receipts This Page (optional)		•				y	,	2574	.23		
т	OTAL This Period (last page this line number or	וy)	••••••					1 40				

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
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 ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	4C)						
Full Name of Individual (Last, First, Middle CONNOR, MARSHA, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3845 WEST 143RD TERR	ACE		07 31 2019						
City LEAWOOD	CityStateZip CodeLEAWOODKS66224-3911								
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc									
Receipt For: Primary General Other (specify) ▼	Primary General Aggregate Teal-10-Date +								
Full Name of Individual (Last, First, Middle B. BROWN, ROGER, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 512 EAST STATE AVE									
City PHOENIX	State AZ	Zip Code 85020-4940	Transaction ID : PR2622557954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle OLSON, MARK, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6565 S SYRACUSE WAY			07 / D D / Y Y Y Y 31 2019						
City CENTENNIAL	State CO	Zip Code 80111-6700	Transaction ID : PR2622561654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc KA VP SIs Acct Mgmt								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			489.60						
TOTAL This Period (last page this line numb	per only)								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
I LIVILLED RECEIPIO		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports or for commercial purposes, other than using	and Statements mang the name and a	A not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	0	51							
UnitedHealth Group Incorport	orated PAC (I	JnitedHealth Group P/	4C)						
Full Name of Individual (Last, First, Mide TROCINSKI, CAROL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1030 ROBIN COURT			07 / D D / Y Y Y Y 2019						
City WEST SALEM	State WI	Zip Code 54669-1919	Transaction ID : PR2623691054997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.			28.08						
Name of Employer (for Individual) United HealthCare Services Inc									
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Mide B. MOURAS, DENNIS, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6376 MARSH ROAD	07 31 Y Y Y Y 2019								
City COTTRELLVILLE	State MI	Zip Code 48039-1314	Transaction ID : PR2623702954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mide C. CAMP, MELISSA, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 124 WOODFIELD BLV			07 / D D / Y Y Y Y 07 31 2019						
City MECHANICVILLE	State NY	Zip Code 12118-3038	Transaction ID : PR2624436854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	28.08								
Name of Employer (for Individual) United HealthCare Services Inc									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		440.76						
TOTAL This Period (last page this line nu	mber only)	······							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a		11b		11c	12				
					13		14		15	16	17			
or	y information copied from such Reports and State for commercial purposes, other than using the na													
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initial) MULES, REBECCA, , ,		Date of	Re	ceip	ot								
	Mailing Address 1136 BATTERY AVENUE		Zip Code		07 31 2019									
	City BALTIMORE	State MD	A	Transaction ID : PR2624442654997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7			384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	lter	m						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/	R Dedu	uctio	on (\$	\$192.	30 Bi-V	Veekly)				
B.	Full Name of Individual (Last, First, Middle Initial) SINGH, KANWAR, , ,) or Full O	Organization Name		Date of	Re	ceip	ot						
	Mailing Address 829 CONCORDE CIRCLE APT # 4202				07 31 / Y Y Y Y 07 31 2019									
	City LINTHICUM HEIGHTS	State MD	Zip Code 21090-1778				-			44595499 nis Period	7			
	FEC ID number of contributing federal political committee.	С			_		-			28.	08			
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) le Practitioner 3		Memo Item									
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/I	P/R Deduction (\$14.04 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) STALLWOOD, GREGG, , ,) or Full O	Organization Name		Date of	Re	ceip	ot						
	Mailing Address 4842 JUNIPER DR				07	1		31	/ Y	2019				
	City PALM HARBOR	State FL	Zip Code 34685-2688	A						49905499 nis Period	7			
	FEC ID number of contributing federal political committee.	С			_		y			384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc	nited HealthCare Services Inc VP Cust Svs						m						
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/	R Dedu	uctio	on (S	\$192.	.30 Bi-V	Veekly)				
s	UBTOTAL of Receipts This Page (optional)		••••••	[,			797.	28			
т	OTAL This Period (last page this line number onl	y)	•••••				-		-7-					

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ITEMIZED RECI			for each category of the Detailed Summary Page	X 1	- F	11		11c	12			
			y not be sold or used by any pe ddress of any political committee		the p		se of s					
	Group Incorporated	A PAC (L	JnitedHealth Group PA	(C)								
Full Name of Individ A. COLLETTE, CHR	ual (Last, First, Middle Initia RISTOPHER, , ,	al) or Full O	rganization Name	Dat	te of I	Recei	ipt					
Mailing Address 477	'6 MANITOU ROAD				о7	/	31	/ Y	ү ү 2019	Y		
City EXCELSIOR		State MN	Zip Code 55331-9400						49955499			
FEC ID number of c	ontributing	0		Am	ount d	or Ea	ich Re	ceipt th	is Perioo 384			
federal political comr	mittee.	C			-	7	_	-1	304	.00		
Name of Employer (United HealthCare Se	,		upation (for Individual) UnitedHIth Grp		Mer	no Ite	em					
Receipt For:	General	Aggregate	Year-to-Date 🔻		Dodu	otion	/\$102	30 Bi-W				
Other (specify)		2884.50		Deuu	JUON	(\$192.	50 BI-W	(CERIY)				
Full Name of Individe	ual (Last, First, Middle Initia	al) or Full O	rganization Name	Dat	te of I	Recei	ipt					
	0 MIRROR LAKES DRIVE				м 07	/	31	/ Y	y 2019	Y		
City EDINA		State MN	Zip Code 55436-1342						50195499	-		
FEC ID number of c	contributing		Am	ount	of Ea	ich Re	ceipt th	is Period				
federal political com	0	С			384.60							
Name of Employer (United HealthCare Se			upation (for Individual) Grp Chief Mktg Off		Mer	no Ite	em					
Receipt For:	General	Aggregate	ggregate Year-to-Date ▼									
Other (specify)			2884.50	P/R	Deduc	ction	(\$192.	30 Bi-W	/eekly)			
Full Name of Individ c. SMITH, LISA,	ual (Last, First, Middle Initia	al) or Full O	rganization Name	Dat	te of I	Recei	ipt					
	40 INTERLACHEN BLUFF			М	07	_	31	/ Y	2019	Y		
City EDINA		State MN	Zip Code 55436-1360						5037549			
FEC ID number of c	contributing	C		Am	ount	of Ea	ich Re	ceipt th	is Perioo 384			
federal political comr	mittee.	U		나는		y		y	504	.00		
Name of Employer (Optum Services, Inc	for Individual)		ıpation (for Individual) Gen Mgmt		Mer	no It	em					
Receipt For:	General	Aggregate	Year-to-Date 🔻		Dodu	ction	(\$102	.30 Bi-W	(ookly)			
Other (specify)					Dedu	CUOIT	(#152.	.50 DI-W	VEEKIY)			
SUBTOTAL of Receipt	ts This Page (optional)								1153	.80		
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ITEMIZED RECEIPTS for each category of the Detailed Summary Page		for each category of the Detailed Summary Page		1 1a		11b	11c	12		-	
	y information copied from such Reports and S									butio	
	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit coi	ntrit	outions	from su	ch comn	nittee	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Ini LAWTON, MICHAEL, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt				
-	Mailing Address 1720 CROSS PINES DR				м м 07	1	D 31		2019]
	City FLEMING ISLAND	State FL	Zip Code 32003-4915						5505454 this Peri		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		38	4.60	
	Iame of Employer (for Individual) Occupation (for Individual) Inited HealthCare Services Inc HIth Plan CEO				M	emo	o Item				
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2884.50					ucti	on (\$19	2.30 Bi-	Weekly)		
	Full Name of Individual (Last, First, Middle Ini LIVERS, JEFFREY, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt				
	Mailing Address 402 DERBY COURT				M M	1	D 31		2019	Y]
	City	State NC	Zip Code	_					6346054		
-	MEBANE	INC	27302-9452		Amount	t of	Each I	Receipt	this Perio	bd	_
	FEC ID number of contributing federal political committee.	C			28.08						
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) c Dir		M	emo	b Item				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60] 「	P/R Ded	ucti	on (\$14	.04 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Ini CULHANE, DEBORAH, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 100 COVE WAY UNIT 301				07 ^M	1	D 31		2019	Y]
	City QUINCY	State MA	Zip Code 02169-5857	_					6356054 this Peri		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	y	38	4.60	
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		М	emo	o Item				
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50] '	P/R Ded	ucti	on (\$1§	92.30 Bi-	Weekly)		
	JBTOTAL of Receipts This Page (optional)			•					79	7.28	

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Use separate schedule(s)		(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. TERRAL, RECCA, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6828 SIMMONS RD			07 31 2019						
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-4259	Transaction ID : PR2626359654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. HINES, GREGORY, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3660 SILVERWOOD RD			07 31 Y Y Y Y 2019						
City WEST SACRAMENTO	State CA	Zip Code 95691-5403	Transaction ID : PR2626886554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. BONAR, BRUCE, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2589 HONEYBELL LANE	State		07 / D D / Y Y Y Y 31 2019						
City ESCONDIDO	CA	Zip Code 92027-1847	Transaction ID : PR2626906854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc	Optum Services, Inc Sr Mgr, Software Engineering								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		440.76						
TOTAL This Period (last page this line num	ber only)								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)		······································							
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle STOCKSTAD, LYNNE, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5190 MEADVILLE STREET	г 		07 31 2019						
City EXCELSIOR	State MN	Zip Code 55331-8790	Transaction ID : PR2626915554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp Chief Mktg Off	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle SCHENCK, ERIK, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1 FLORENCE CT			07 / D D / Y Y Y Y 2019						
City PALM COAST	State FL	Zip Code 32137-8305	Transaction ID : PR2627730454997						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Clin Cnslt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. GRABSKI, BENJAMIN, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5520 UPTON AVE S	1-		07 / D D / Y Y Y Y Y 2019						
City MINNEAPOLIS	State MN	Zip Code 55410-2406	Transaction ID : PR2627731654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
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 ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			489.60						
TOTAL This Period (last page this line number	er only)	······							

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle SCOTT, NICOLE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 29039 HOBBLEBUSH			07 31 2019						
City SAN ANTONIO	State TX	Zip Code 78260-2249	Transaction ID : PR2627731954997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MORRIS, BARBARA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1045 SWEET GUM WAY			07 / D D / Y Y Y Y 2019						
City	State NC	Zip Code	Transaction ID : PR2627735554997						
MEBANE	NC	27302-6511	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	-						
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. LINDLEY, SHEILA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3656 WINDING WOOD LA	NE		07 / D D / Y Y Y Y 2019						
City LEXINGTON	State KY	Zip Code 40515-1283	Transaction ID : PR2627739854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		27.80						
Name of Employer (for Individual) United HealthCare Services Inc									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 208.50	P/R Deduction (\$13.90 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			83.96						
TOTAL This Period (last page this line numb	er only)								

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
✓ UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. SENDEN, SCOTT, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 6285 BUTTERWORTH LAN	١E		07 31 2019								
City	State	Zip Code	Transaction ID : PR2627743454997								
CORCORAN	MN	55340-9406	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item								
Optum Services, Inc	VP	Info Security Risk Mgmt									
Receipt For:	Aggregate	Year-to-Date V									
Other (specify) V		210.60	P/R Deduction (\$14.04 Bi-Weekly)								
		-ge									
Full Name of Individual (Last, First, Middle RUSH, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4735 BYWOOD CT			07 31 / Y Y Y Y Y 2019								
City	State	Zip Code	Transaction ID : PR2627743854997								
COLORADO SPRINGS	CO	80906-5936	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	1								
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. NAKAJIMA, KENICHI, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 15822 BELFAST LANE			07 31 2019								
	State CA	Zip Code	Transaction ID : PR2628319054997								
		92647-3104	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ct Cnslt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			133.08								
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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia MANNING, KIM, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 12703 DEER CREEK DRIVE				м м 07	/	31	/ Y	ү ү 2019	Y	
	City	State	Zip Code		Trans	acti	on ID :	PR26283	3145499	7	
	ОМАНА	NE	68142-1762	_	Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	-	-	28.	08	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir N	ipation (for Individual) /ktg		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60		P/R Dedu	uctio	on (\$14.	04 Bi-We	ekly)		
в.	Full Name of Individual (Last, First, Middle Initia VANDERWALDE, LAMBERT, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 45 AUDUBON CAUSEWAY				м м 07	1	D D D 31	/ Y	2019	Y	
	City	State FL	Zip Code				-		3235499	7	
		115	33462-4756	_	Amount	of	Each R	eceipt th	is Period		
	FEC ID number of contributing federal political committee.	С			384.	60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Govt Research	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		2884.50		P/R Dedu	uctio	on (\$192	2.30 Bi-W	eekly)		
с.	Full Name of Individual (Last, First, Middle Initia KORNHAUSER, MICHAEL, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 180 SUMMIT LANE				07	1	31	/ Y	2019	Y	
	City BALA CYNWYD	State PA	Zip Code 19004-2931				-		33575499 is Period	7	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	9	115.	92	
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ed Dir		Me	emc	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 869.40		P/R Ded	ucti	on (\$57.	.96 Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			, .		528.	60	
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11	EIVILLED RECEIPIS		for each category of the Detailed Summary Page		1 1a	\vdash	11b	11c	12	<u> </u>				
	y information copied from such Reports and S					purp								
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit cor	ntribu	utions fr	om such	committe	90.				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle In BROERSE, DEBRA, , ,	itial) or Full O	rganization Name		Date of	Rec	ceipt							
	Mailing Address 443 FARLEY DR				M M 07	/	D D D 31	/ Y	2019	Y				
	City INDIANAPOLIS	State IN	Zip Code 46214-3572	_					9135499 is Period	7				
	FEC ID number of contributing federal political committee.	С		28.08										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60		P/R Ded	uctio	n (\$14.0)4 Bi-We	ekly)					
B.	Full Name of Individual (Last, First, Middle In MALIK, SHKEELA, , ,	itial) or Full O	rganization Name	Date of Receipt										
	Mailing Address 4410 APPLE VALLEY LN			07 / D D / Y Y Y Y 2019										
	City W BLOOMFIELD	State MI	Zip Code 48323-2804						98154997	7				
	FEC ID number of contributing federal political committee.	С		is Period 28.0)8									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir Clin Qlty		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	I F	P/R Dedu	uctio	n (\$14.0)4 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle In ERICKSON, ALYSSA, , ,	itial) or Full O	rganization Name		Date of	Rec	ceipt							
	Mailing Address 6430 POLARIS LANE N				07	/	31		2019					
	City MAPLE GROVE	State MN	Zip Code 55311-4320	_					9895499 is Period	(
	FEC ID number of contributing federal political committee.	С			76.5					92				
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Occu Dir F	Memo Item											
	Primary General Other (specify)	Aggregate	aggregate Year-to-Date ▼ 576.90				on (\$38.4	46 Bi-We	ekly)					
s	UBTOTAL of Receipts This Page (optional)			•			,		133.0	8				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		1a 3		11b 14		11c	12	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for	the p		ose c				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia KOSHY, MATHEW, , ,	l) or Full C	Organization Name	Da	ite of	Re	ceipt				
	Mailing Address 311 HAMLET DRIVE			4 L	07	1	31	1	/ Y	ү ү 2019	
	City CHALFONT	State PA	Zip Code 18914-1847							9975499	7
			10314-1047	_ Am	nount	of I	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					,		-	28.	16
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Rsch	1 [Me	mo	Item				
	Receipt For:		Year-to-Date ▼	-							
	Primary General Other (specify) ▼		211.20	P/R	Dedu	ctic	on (\$14	4.0	8 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initia HANSEN, YVETTE, , ,	l) or Full C	Organization Name	Da	ite of	Red	ceipt				
	Mailing Address 10524 MUIRFIELD DRIVE			M	07	/	D 3		/ Y	y 2019	Y
	City	State	Zip Code	Т	ransa	ctio	on ID	: P	R26288	0715499	7
	NAPERVILLE	IL	60564-8086	Am	nount	of I	Each	Re	ceipt thi	is Period	
	FEC ID number of contributing federal political committee.	С					,		-	28.	08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Recruit	- C	Me	mo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.60	P/R	Dedu	ctio	∙n (\$14	4.04	4 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initia THOMPSON, BRUCE, , ,	l) or Full C	Organization Name	Da	ite of	Red	ceipt				
	Mailing Address 2826 HEDGEROW DRIVE			M	07 ^M	1	۔ ع		/ Y	y 2019	Ŷ
	City	State	Zip Code	Т	ransa	icti	on ID	: P	R26288	3365499	7
	DALLAS	TX	75235-7590	Arr	nount	of I	Each	Re	ceipt thi	is Period	
	FEC ID number of contributing federal political committee.	С			_		y		y	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms		Me	mo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R	Dedu	ctic	on (\$1	92.	30 Bi-W	(eekly)	
s	UBTOTAL of Receipts This Page (optional)			Γ						440.	34
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11										
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I WONG, MING, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 21066 ASHLEY LANE			07 31 / Y Y Y Y Y 07 31 2019										
City LAKE FOREST	State CA	Zip Code 92630-5867	Transaction ID : PR2629556854997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		120.00										
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 ▼ 900.00	P/R Deduction (\$60.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I B. TITA, MARYBETH, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 16 BEACH WOOD ROAD			07 / D D / Y Y Y Y Y 2019										
City FERNANDINA BEACH	State FL	Zip Code 32034-6504	Transaction ID : PR2632077854997 Amount of Each Receipt this Period										
	_	32034-0304	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify) ▼		576.90	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I SAYEED, OMER, , ,	nitial) or Full O	rganization Name	Date of Receipt										
Mailing Address 2239 HOLLISTON AVE	0	Zin Onda	07 / D D / Y Y Y Y 31 2019										
City ALTADENA	State CA	Zip Code 91001-3213	Transaction ID : PR2632078254997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svcs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			273.84										
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a 13		11 14	- H	-	11c	12	1 -7				
	y information copied from such Reports and State for commercial purposes, other than using the na							pos	se of	sol							
<u> </u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated																
Α.	Full Name of Individual (Last, First, Middle Initial, DREFAHL, JASON, , ,) or Full O	rgar	nization Name		ate of	Re	cei	ipt								
	Mailing Address 1755 CARRIAGE DRIVE					м м 07	/	Γ	D D 31	1	/ Y	ү ү 2019	Y				
	City VICTORIA	State MN		Zip Code 55386-4512	A			-				7895499 s Period	7				
	FEC ID number of contributing federal political committee.	С			526.30												
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt	Memo Item												
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 2105.20	P/	R Dedu	uctic	on ((\$263	8.15	5 Bi-W	eekly)							
В.	Full Name of Individual (Last, First, Middle Initial OTTESON, WILLIAM, , ,) or Full O	rgar	nization Name		ate of	Re	cei	ipt								
	Mailing Address 4545 OXFORD AVE				07 31 2019												
	City EDINA	State MN		Zip Code 55436-1405				-				8255499 s Period	7				
	FEC ID number of contributing federal political committee.	С			ļ			,			-9	384.0	60				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Gen Counsel		Me	emo) Ite	em								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50	P/I	R Dedu	uctic	on ((\$192	.30) Bi-We	eekly)					
C.	Full Name of Individual (Last, First, Middle Initial MILLIGANJR, CHARLES, , ,) or Full O	rgar	nization Name		ate of	Re	cei	ipt								
	Mailing Address 6901 RIM ROCK CIRCLE NW	04-4-		The Oaste		07 ^M	1	L	31	L	/ Y	2019 [°]	_				
	City ALBUQUERQUE	State NM		Zip Code 87120-3196	A							8355499 s Period	7				
	FEC ID number of contributing federal political committee.	С				_		,			y	80.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc	ion (for Individual) n CEO		Me	emo	o Ite	em										
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 600.00	P/	R Dedi	uctio	on	(\$40.0	00	Bi-We	ekly)					
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	y information copied from such Reports and Sta for commercial purposes, other than using the n														
<u>.</u>	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia NAPOLITANO, DIANE, , ,	l) or Full O	Organ	nization Name		Date of	Re	ceipt							
	Mailing Address 9 CHESTNUT COURT					м м 07	/	D D 31	/ Y	ү ү 2019					
	City BASKING RIDGE	State NJ		Zip Code 07920-3100	_	Trans: Amount			PR2632 eceipt th						
	FEC ID number of contributing federal political committee.	С							а 1 - Арт.	2	8.08				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ability		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 210.60		P/R Dedu	uctio	on (\$14.)	04 Bi-W	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,	l) or Full O	Drgar	nization Name		Date of	Re	ceipt							
	Mailing Address 2780 COUNTRYSIDE DRIVE W				07 / ^D / ^Y Y Y Y 07 31 2019										
	City ORONO	State MN		Zip Code 55356-9676	-			-	PR2632						
	FEC ID number of contributing federal political committee.	С						Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc		upat P Co	ion (for Individual) mm	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2884.50		P/R Dedu	uctic	on (\$192	2.30 Bi-V	/eekly)					
С.	Full Name of Individual (Last, First, Middle Initia TUFFIN, MICHAEL, , ,	l) or Full O	Organ	nization Name		Date of	Re	ceipt							
	Mailing Address 5904 ASHBY MANOR PLACE	1				07	/	D D D 31	/ Y	2019	Y]			
	City ALEXANDRIA	State VA		Zip Code 22310-2267	_	Trans Amount			PR2632 eceipt th						
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	, ,	38	4.60				
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP Public Affairs					Memo Item							
Receipt For: Aggregate Primary General Other (specify)				r-to-Date ▼ 2884.50		P/R Ded	uctio	on (\$192	2.30 Bi-V	Veekly)					
s	UBTOTAL of Receipts This Page (optional)			•				,	. ,	79	7.28				
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	IZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12		
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	ME OF COMMITTEE (In Full)										
	nitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)							
	Name of Individual (Last, First, Middle Initial RRICK, VERONICA, , ,) or Full Or	rganization Name		Date of	Red	ceipt				
Mai	ling Address 10403 SANTA RITA ST				м м 07	/	D D D 31	/ Y	y y 2019	Y	
City		State	Zip Code						85855499		
<u> </u>	PRESS	CA	90630-4221	- :	Amount	of I	Each Re	eceipt th	is Period		
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Uni	ne of Employer (for Individual) ted HealthCare Services Inc		ipation (for Individual) twk Prgm Mgr		Me	emo	Item				
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	ling Address 194 LITTLE LANE				м м 07	/	31	/ Y	2019	Y	
City	RHAM	State CT	Zip Code 06422-1303	-					37365499 is Period		
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	ne of Employer (for Individual) um Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
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	Primary General Other (specify) ▼		, 2884.50	P	/R Dedu	ictio	n (\$192.	.30 Bi-W	/eekly)		
	Name of Individual (Last, First, Middle Initial) or Full Or	rganization Name		Date of	Red	ceipt				
	ling Address 5049 COLFAX AVE S	1 -			07	/	^D 31	L	ү ү 2019		
City MI	NNEAPOLIS	State MN	Zip Code 55419-1145						87705499 iis Period		
	C ID number of contributing eral political committee.	С					y	,	76.		
Uni	ne of Employer (for Individual) ted HealthCare Services Inc		ipation (for Individual) Iktg Rsch		Me	emo	ltem				
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	F	P/R Dedu	uctic	on (\$38.4	46 Bi-We	eekly)		
SUBT	OTAL of Receipts This Page (optional)		•				9	.,	489.	60	
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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	×			11b	11c		12					
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	y information copied from such Reports and S for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle In PLATT, LAWRENCE, , ,	itial) or Full C	Organization Name		Date of	Re	ceipt								
	Mailing Address 3830 KING STREET				м м 07	1	31	/ Y	۲ 20	19 19	Y				
	City ALEXANDRIA	State VA	Zip Code 22302-1906					PR2632			,				
	FEC ID number of contributing federal political committee.	С							ţ	384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		M	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50		9/R Ded	uctio	on (\$192	2.30 Bi-V	/eekly	/)					
B.	Full Name of Individual (Last, First, Middle In PARR, MICHAEL, , ,	itial) or Full C	Organization Name		Date of	Re	ceipt								
	Mailing Address 2625 LEROY LANE			07 31 2019											
	City WEST BLOOMFIELD	State MI	Zip Code 48324-2237	Transaction ID : PR2632883554997 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		28.08											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ec Dir		M	emc	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P	/R Ded	uctio	on (\$14.)	04 Bi-We	ekly)						
C.	1 111	itial) or Full C	Organization Name		Date of	Re	ceipt								
	Mailing Address 3659 HEMPSTEAD	1 -			^M 07	/	D D D 31	JL	201						
	City SAINT CHARLES	State MO	Zip Code 63301					PR2634 eceipt th			•				
	FEC ID number of contributing federal political committee.			<u> </u>		y .	, ,		28.0	8					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60		P/R Ded	ucti	on (\$14.	.04 Bi-We	eekly)						
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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	4C)
Full Name of Individual (Last, First, Middle A. HAYES, TREVOR, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 3108 SONIA DRIVE			07 31 2019
City LAS VEGAS	State NV	Zip Code 89107-3246	Transaction ID : PR2634166854997 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) c Dir Comm	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle HAPGOOD, WADE, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 330 NW 82ND			07 31 2019
City TOPEKA	State KS	Zip Code 66617-2223	Transaction ID : PR2634167054997 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) Govt Affs	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 865.35	P/R Deduction (\$57.69 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. ROALDI, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 4720 HARRIET AVE			07 / D D / Y Y Y Y 2019
City MINNEAPOLIS	State MN	Zip Code 55419-5434	Transaction ID : PR2634169554997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		77.00
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 ▼ 577.50	P/R Deduction (\$38.50 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional			220.46
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	y information copied from such Reports and Sta for commercial purposes, other than using the n													
\setminus	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia HACKNEY, JOHN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 1917 EASTLAND AVENUE				07	/	D D D 31	/ Y	2019	Y				
	City NASHVILLE	State TN	Zip Code 37206-2546						7035499 is Period	7				
	FEC ID number of contributing federal political committee.	С							133.:	32				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Gen Mgmt		Me	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 266.64		P/R Ded	uctio	on (\$66.	66 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia PRIBLE, JOHN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 1923 SHIVER DR				07	/	31	/ Y	2019	Y				
	City ALEXANDRIA	State VA	Zip Code 22307-1629						5665499 is Period	7				
	FEC ID number of contributing federal political committee.	С			384.0	60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
	Receipt For:	Aggregate `	Year-to-Date V			. otio								
	Other (specify) V		2884.50		P/R Deal	JCIIC	(\$192	2.30 Bi-W	еекіу)					
C.	Full Name of Individual (Last, First, Middle Initia SCHEID, ADREAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 2915 CATHEDRAL AVENUE N	N			07	1	31	/ Y	2019	Y				
	City WASHINGTON	State DC	Zip Code 20008-3406						38045499 is Period	7				
	FEC ID number of contributing federal political committee.	С					,		384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) External Affs		Me	emc	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50		P/R Ded	ucti	on (\$19)	2.30 Bi-W	/eekly)					
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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 na								se of a	sol					
<u> </u>	NAME OF COMMITTEE (In Full)	ano anu a			.0 501	UIL UUL		ิ่งเป	JIIO II	JI	i suutt	Jonninill			
$\left\langle \right\rangle$	UnitedHealth Group Incorporated	PAC (l	Unit	tedHealth Group PA	(C)	_	_	_		_					
Α.	Full Name of Individual (Last, First, Middle Initial) CRAWFORD, KIMBERLY, , ,) or Full O	Drgan	ization Name		Date of	Re	ecei	ipt		_	_	_		
	Mailing Address 309 NE DREAMWEAVER AVE		,			м м 07	1	Г	^{D D} 31]	/ Y	ү ү 2019	Y		
	City LEES SUMMIT	State MO		Zip Code 64086-8445								8455499 s Period	7		
	FEC ID number of contributing federal political committee.	С				_		,			-9	28.0	08		
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Mktg		Me	emo	o Ite	em						
_	Receipt For: A Primary General Other (specify) ▼	Yea	r-to-Date ▼ 210.60	P/	R Dedu	uctic	on	(\$14.0	04	Bi-We	ekly)				
В.	Full Name of Individual (Last, First, Middle Initial) PESCATELLO, SARA, , ,	ization Name	Date of Receipt												
	Mailing Address 2149 CALIFORNIA STREET NW APT #D	1				™ _ M 07	/	[D D D]	/ Y	2019	Y		
	City WASHINGTON	State DC		Zip Code 20008-1834	Transaction ID : PR2634888554997 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			ļ	_		7			-9-	384.	60		
	Name of Employer (for Individual) United HealthCare Services Inc		cupati Govt	ion (for Individual) t Affs	Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial) POWER, ROBERT, , ,) or Full O	Drgan	nization Name		Date of	Re	ecei	ipt						
	Mailing Address 20 SMITH LANE][07	/	L	D D D	L	/ Y	ý ý 2019			
	City SAINT JAMES	State NY		Zip Code 11780-3810	A							9285499 s Period	7		
	FEC ID number of contributing federal political committee.	С				_	_	,			9	76.9	92		
	Name of Employer (for Individual) Optum360 Services Inc	Occu VP F	•	ion (for Individual)		Me	emo	o Ite	em						
	Receipt For: A Primary General Other (specify)	Aggregate	Year	r-to-Date ▼ 576.90	P/	'R Dedu	uctic	on	(\$38.4	46	Bi-We	ekly)			
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	y information copied from such Reports and S for commercial purposes, other than using the			erson for	the p		oose of	soliciting	g contril	butio	ns		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)									
A.	Full Name of Individual (Last, First, Middle Ini STOTENBUR, SHANNON, , ,	tial) or Full O	rganization Name	Da	ate of	Re	ceipt						
	Mailing Address 7640 GLEN ALCOVE				07	/	D D D 31	/ Y	2019]		
	City WOODBURY	State MN	Zip Code 55129-4308					PR2635					
	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R	Dedu	uctio	on (\$14.	04 Bi-We	eekly)				
B.	Full Name of Individual (Last, First, Middle Ini PAYET, KEITH, , ,	tial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9608 STONEBLUFF DRIVE			07 / D D / Y Y Y Y 31 2019									
	City BRENTWOOD	State TN	Zip Code 37027-1468				-	PR26354 eceipt th					
	FEC ID number of contributing federal political committee.	С		38	4.60	_							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item						
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C.	Full Name of Individual (Last, First, Middle Ini NGUYEN, ANTHONY, , ,	tial) or Full O	rganization Name	Da	ate of	Re	ceipt						
	Mailing Address 17816 PORTO MARINA	State	Zip Code	- L	07	/	31	/ Y PR2635	2019]		
	PACIFIC PALISADES	CA	90272-4154					eceipt th					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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			person for the purpose of soliciting contributions te to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle AELLER, JESSE, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 28108 N 17TH DR			07 / D D / Y Y Y Y 2019								
City PHOENIX	State AZ	Zip Code 85085-5352	Transaction ID : PR2635445154997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir	Memo Item								
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Full Name of Individual (Last, First, Middle B. EICHENLAUB, MANDIE, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 6607 CINDY LANE			07 / ^D ^D ^J ^Y ^Y ^Y ^Y ^Y ^Y								
City HOUSTON	State TX	Zip Code 77008-5110	Transaction ID : PR2635448554997 Amount of Each Receipt this Period								
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item								
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Full Name of Individual (Last, First, Middle C. ROOS, THOMAS, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 3199 KAGEN AVE NE	I		07 / D D / Y Y Y Y 2019								
City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451254997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Acctng Off	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
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	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	(C)									
Α.	Full Name of Individual (Last, First, Middle Initi NELSON, MICHAEL, , ,	al) or Full C	Drganization Name	Da	ate of	Receipt							
	Mailing Address 3253 MARSCHALL RD			N	07 / D D / Y Y Y Y 31 2019								
	City SHAKOPEE	State MN	Zip Code 55379-3337		Transaction ID : PR2636719354997 Amount of Each Receipt this Period								
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ь.	HILL, DAVID, , , Mailing Address 1800 RIDGE AVENUE UNIT 30)3		_	07		D / Y 31	201	19	Ŷ			
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	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dep	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 388.85	P/R Deduction (\$55.55 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initi LUSIC, TANYA, , ,	al) or Full C	Drganization Name	Da	ate of	Receipt							
	Mailing Address 20840 SAWMILL ROAD			_ L	07	;	31	201	1				
	City JORDAN	State MN	Zip Code 55352-9633				D:PR2636 Receipt t						
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	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Memo Item									
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Α.	Full Name of Individual (Last, First, Middle Initial) of GRIMES, MATT, , ,	or Full O	rganization Name		Date of Receipt									
	Mailing Address 136 SOUTH PERKINS ROAD				07 / 31 / 2019 Transaction ID : PR2636733354997									
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	Mailing Address 114 MOUNTAIN RIDGE DRIVE	RIVE Zip Code						D	31	/ Y	y y 2019	Y		
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	Mailing Address 1862 CLOVER MEADOW DR					^M 07	/	D	31	/ Y	2019	Y		
	5	State MN	Zip Code 55318-5400		A						6847549			
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Full Name of Individual (Last, First, Middle II LARSON, CHRISTINE, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 3360 VISTA COURT			07 31 2019									
City HASTINGS	State MN	Zip Code 55033-3347	Transaction ID : PR2637688754997 Amount of Each Receipt this Period									
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Mailing Address 3975 ZANZIBAR LANE N			07 / D D / Y Y Y Y Y 2019									
City PLYMOUTH	State MN	Zip Code 55446-1350	Transaction ID : PR2637690654997									
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Mailing Address 4833 TOWNES ROAD			07 31 / Y Y Y Y									
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SUBTOTAL of Receipts This Page (optional)			421.16									
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting cont or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such com NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. LIST, CHRISTINE, , , Mailing Address 340 DAVIS ST City State Zip Code NORTHBOROUGH MA 01532-2420 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Memo Item Optim General Office Mamt Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt Maine of Employer (for Individual) Occupation (for Individual) P/R Deduction (\$38.46 Bi-Weekly) P/R Deduction (\$38.46 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SIVLEYIII, HARRY, , , Date of Receipt	(check only one)										
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SUBTOTAL of Receipts This Page (optional)	192.30										
TOTAL This Period (last page this line number only)											

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle ZEGLINSKI, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1 TRIMONT LANE #610A			07 31 2019									
City	State	Zip Code	Transaction ID : PR2639701854997									
PITTSBURGH	PA	15211-1206	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle EDWARDS, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 379 DURHAM ROAD			07 31 2019									
City WYCKOFF	State NJ	Zip Code 07481-1018	Transaction ID : PR2639702054997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	384.60											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP OptumI	Memo Item									
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Full Name of Individual (Last, First, Middle C. CALABRESE, DAVID, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 85 LITTLE POND RD			07 31 2019									
City NORTHBOROUGH	State MA	Zip Code 01532-1686	Transaction ID : PR2639708354997 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			1153.80									
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NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date o	of Re	eceipt							
Mailing Address 2833 GRANITE CT			07	M M / D D / Y Y Y Y Y								
City	State	Zip Code	Transaction ID : PR2639726154997									
PRAIRIE GROVE	IL	60012-2609	Amour	nt of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С				-	-	28.0	18				
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Optum Services, Inc	Dir	CInt Svc Acct Mgt										
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Other (specify) ▼		210.60	P/R Dec	aucii	011 (\$14.0	04 Bi-We	ekiy)					
Full Name of Individual (Last, First, Middle I MESSING, KEITH, , ,	nitial) or Full O	rganization Name	Date o	of Re	eceipt							
Mailing Address 9 BUTTERFIELD DR			07 / D D / Y Y Y Y 2019									
	State NY	Zip Code					34954997	,				
GREENLAWN		11740-2001	Amour	nt of	Each Re	eceipt th	is Period					
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Name of Employer (for Individual) Optum Services, Inc	Occ Lea		/lemc	tem								
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Other (specify) ▼		, 210.60	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I	nitial) or Full O	rganization Name	Date o	of Re	ceipt							
Mailing Address 1 ROCKAWAY AVE			07	VI /	31	/ Y	2019	Y				
City	State	Zip Code	Tran	sact	ion ID :	PR26397	4625499	7				
MARBLEHEAD	MA	01945-1726	Amour	nt of	Each Re	eceipt th	is Period					
FEC ID number of contributing federal political committee.	С				,	9	76.9	12				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt		/lemo	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R De	ducti	on (\$38.⁄	46 Bi-We	ekly)					
SUBTOTAL of Receipts This Page (optional)					y		133.0	18				
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11			for each category of the Detailed Summary Page		4 11a		11b	11c	12					
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or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	ddress of any political committee	to so	olicit con	itrib	utions t	rom such	n committ	ee.				
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)										
A.	Full Name of Individual (Last, First, Middle Initia JENSENMOORE, KIMBERLY, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 230 ROSE AVENUE				07 31 2019									
	City MILL VALLEY	State CA	Zip Code 94941-1728	_	Transaction ID : PR2639770354997 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		49.5	52				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 371.40	F	P/R Dedu	uctio	on (\$24.	.76 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia FLEMING, SUSAN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 2016 N HOWE ST UNIT 1S	State		м м 07	/	31		2019	Y					
	City CHICAGO	State IL	Zip Code 60614-4414	-			-		7375499	7				
	FEC ID number of contributing federal political committee.	Occupation (for Individual) VP Mktg				Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) Optum Services, Inc					Memo Item								
	Receipt For:	Aggregate				(*								
	Other (specify) ▼		, 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia DUTTA, SUMIT, , ,	l) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 1112 W WRIGHTWOOD AVE				м м 07	/	31) / Y	2019	Y				
	City CHICAGO	State IL	Zip Code 60614-1315				-		7 7385499 is Period	7				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	,	384.6	60				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)											
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	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	NC)											
A.	Full Name of Individual (Last, First, Middle Initia KETTLEWELL, KELLY, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 457 N OAK ST				07 / 31 / 2019										
City State ELMHURST IL FEC ID number of contributing federal political committee.			Zip Code 60126-2215		Transaction ID : PR2639774154997 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Optum Services, Inc	Occu VP C	pation (for Individual) Dps		Me	emc	tem Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 1764.66	F	P/R Dedu	ucti	on (\$29	4.11 Bi-V	Veekly)						
в.	Full Name of Individual (Last, First, Middle Initia FITZGERALD, JAMES, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 6206 CLIFTON COURT	1-			07 / D D / Y Y Y Y 2019										
	City PLAINFIELD	State IL	Zip Code 60586-1761					PR2639		-					
	FEC ID number of contributing federal political committee.	C			30.76										
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Sr Mgr I O Engineering				Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	P/R Deduction (\$15.38 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia NELSON, ELLEN, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt								
	Mailing Address 11882 TILDEN PLACE				^M 07	1	D 31		2019	Y					
	City WELLINGTON	State FL	Zip Code 33414-6056					PR2639 Receipt th							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y 1	7	384	4.60					
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Int Svc Acct Mgmt		Me	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate Y	P/R Deduction (\$192.30 Bi-Weekly)												
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SCHEDULE A (FEC Form 3X) _ _ _ .

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	ated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. SMITH, DELYLE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address PO BOX 447			07 31 2019								
City MT PROSPECT	State IL	Zip Code 60056-0447	Transaction ID : PR2639801554997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. GALLOWAY, MERCEDEIS, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6737 LANCER DRIVE	1-		07 31 Y Y Y Y Y								
City CHARLOTTE	State NC	Zip Code 28226-7729	Transaction ID : PR2640452054997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle . MOHORIC, MARGARET, , ,	Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 6000 REDONDO SIERRA		Zin Oode	07 / D D / Y Y Y Y 07 31 2019								
City RIO RANCHO	State NM	Zip Code 87144-0606	Transaction ID : PR2640460054997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clin Qlty	Memo Item								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	×	11a 13	\square	11b 14		11c 15	12	17				
	y information copied from such Reports and State for commercial purposes, other than using the na				or the p		ose		oliciting	contribu	tions				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) STOW, CHRISTINA, , ,	or Full C	Drganization Name	D	Date of Receipt										
	Mailing Address 4709 ALTON PL NW				07 31 2019 Transaction ID : PR2640466454997										
	City WASHINGTON	State DC	Zip Code 20016-2041								7				
	FFO ID number of contribution	C		Amount of Each Receipt this Period 384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) External Affs	Memo Item											
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2884.50	Date ▼ P/R Deduction (\$1											
B.	Full Name of Individual (Last, First, Middle Initial) WILJANENHATHAWAY, AMY, , ,	or Full C	Drganization Name	Date of Receipt											
	Mailing Address 369 135TH AVE			07 / D D / Y Y Y Y 2019											
	City WAYLAND	State MI	Zip Code 49348-9402				-			3 525499 is Period	7				
	FEC ID number of contributing federal political committee.	С				y		-	28.	08					
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Dvlp Cons	Memo Item											
	Receipt For: A Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 210.60	P/F	R Dedu	uctio	on (\$1	14.04	4 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Initial) SHARKEY, S PAUL, , ,	or Full C	Drganization Name	D	ate of	Re	ceipt								
	Mailing Address 8607 ELLISTON DRIVE	1			07	/		31 D	/ Y	ү 2019	Y				
	City WYNDMOOR	State PA	Zip Code 19038-7957							84545499 is Period	7				
	FEC ID number of contributing federal political committee.	С			mount		,			28.	08				
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) SIs SB KA		Me	emo	Item	I							
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		Use separate schedule(s)	(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I BRISSON, SAMUEL, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3408 YUKON AVENUE			07 / D D / Y Y Y Y 07 31 2019							
City ST LOUIS PARK	State MN	Zip Code 55426-3840	Transaction ID : PR2640854554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Systems Analysis	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$14.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. PIERCEHARRIS, PHELISHA, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3041 DEE ANN DRIVE	0.1		07 31 / Y Y Y Y Y							
City MEMPHIS	State TN	Zip Code 38119-9132	Transaction ID : PR2640866354997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) oc Dir Clin Pract Perf	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. WAGNER, JOSEPH, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3405 MEREDITH RIDGE R	OAD		07 31 / Y Y Y Y Y 2019							
City PHOENIX	State MD	Zip Code 21131-1456	Transaction ID : PR2640875854997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		84.62							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Fin	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 634.65	P/R Deduction (\$42.31 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			140.70							
TOTAL This Period (last page this line numbe	er only)									

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12
An	y information copied from such Reports and State	mente ma	, ,	13 14 15 16 17
	for commercial purposes, other than using the nar			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	JnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) WITT, JULIE, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 155 TALBERT TOWN LOOP			07 31 Y Y Y Y Y 2019
		State NC	Zip Code	Transaction ID : PR2640876054997
	MOORESVILLE	NU	28117-8069	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) virector, Actuarial	Memo Item
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) ESTESS, SHARON, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 128 ASHBROOKE TRAIL			07 31 Y Y Y Y Y 07 31 2019
		State	Zip Code	Transaction ID : PR2640876554997
	MADISON	MS	39110-6855	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) WONG, PAMELA, , ,	or Full O	rganization Name	Date of Receipt
	Mailing Address 575 WARWICK AVENUE			07 / D D / Y Y Y Y 2019
	5	State CA	Zip Code	Transaction ID : PR2640876954997
	SAN LEANDRO	CA	94577-1943	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		28.08
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item
	United HealthCare Services Inc	NA V	/P CInt Relationship	
		ggregate	Year-to-Date ▼	
	Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			133.08
т	OTAL This Period (last page this line number only)	•	· · · · · · · · · · · · · · · · · · ·

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17			Use separate schedule(s)	(check only one)											
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1											
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any po ddress of any political committee	erson for the purpose of soliciting contributions											
$\overline{\ }$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	.C)											
A.	Full Name of Individual (Last, First, Middle Initia METKO, SARA, , ,	l) or Full O	rganization Name	Date of Receipt											
	Mailing Address 23665 HIGHVIEW LANE			07 / D D / Y Y Y Y Y 31 / 2019											
	City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877354997											
		_	00011 0020	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP 1	upation (for Individual) Fax	Memo Item											
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼	· · · ·	576.90	P/R Deduction (\$38.46 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initia STEGMAN, PAM, , ,	l) or Full O	rganization Name	Date of Receipt											
	Mailing Address 401 2ND STREET NORTH #110			07 31 Y Y Y Y 07 31 2019											
	City	State	Zip Code	Transaction ID : PR2640878454997											
	MINNEAPOLIS	MN	55401-1578	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		28.08											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Capability	Memo Item											
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	·											
C.	MINTO, RYAN, , ,	,		Date of Receipt											
	Mailing Address 4432 26TH RD N			07 / D D / Y Y Y Y 2019											
	City ARLINGTON	State VA	Zip Code 22207-4018	Transaction ID : PR2640882454997											
	FEC ID number of contributing			Amount of Each Receipt this Period											
	federal political committee.	С		215.20											
	Name of Employer (for Individual)		upation (for Individual)	Memo Item											
	United HealthCare Services Inc Receipt For:		rnal Affs Dir												
	Primary General	Aggregate	Year-to-Date V	P/R Deduction (\$107.60 Bi-Weekly)											
	Other (specify)		1316.40												
s	UBTOTAL of Receipts This Page (optional)		b	320.20											
Т	OTAL This Period (last page this line number on	ly)	••••••												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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				for each category of t Detailed Summary Pa		×	11		\square	11	F		11c 15	12		17
	y information copied from such Reports and Staten for commercial purposes, other than using the nam						or t	he		005	se of		liciting	contrik		_
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (I	Un	itedHealth Gro	up PAC	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) a ADVANI, PROTIMA, , ,	or Full C	Orga	nization Name			Date	e of	Re	cei	ipt					
	Mailing Address 7618 BRITTANY PARC CT			7.0.1			0	7 7	/	L	31		/ Y	ү ү 2019		
	5	State VA		Zip Code 22043-2907				-		-			R26420			
]		Amc	ount	OT	Ea	CH R	iec	eipt thi		4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		cupa Rsc	tion (for Individual) h				Me	emo) Ite	em					
	Receipt For: Ag Primary General Other (specify) ▼	gregate	e Yea	ar-to-Date ▼ 2884.	.50	P	/R C	Dedu	uctio	on	(\$192	2.3	0 Bi-W	eekly)		
в.	Full Name of Individual (Last, First, Middle Initial) of DASTVAR, DEAN, , ,	or Full C	Orga	nization Name		1	Date	e of	Re	cei	ipt					
	Mailing Address 212 ROSS DR						[™] 0	™ 7	/	C	31)	/ Y	2019	Y	
		State VA		Zip Code 22180-6720						-			26420 eipt thi			
	FEC ID number of contributing federal political committee.									,			-	2	8.08	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) en Counsel				Me	emo) Ite	em					
	Receipt For: Ag Primary General Other (specify) ▼	jgregate	e Yea	ar-to-Date ▼ 210	.60	- P/	R C)edı	uctic	on	(\$14.	.04	Bi-We	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) of BRUECKMAN, BRIAN, , ,	or Full C	Orga	nization Name			Date	e of	Re	cei	ipt					
	Mailing Address 4695 234TH PL SE)7	/	E	31)	/ Y	2019	Y	
	City SAMMAMISH	State WA		Zip Code 98075-6828				-		-			R26420			
]		Amo	ount	OT	Ea	CH R	iec	eipt thi		4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) IC Operations				Me	emo	b It	em					
	Receipt For: Ag Primary General Other (specify)	gregate	e Yea	ar-to-Date ▼ 2884.		P	/R [Ded	uctio	on	(\$19	2.3	0 Bi-W	'eekly)		
s	UBTOTAL of Receipts This Page (optional)											Ì	9	79	7.28	
т	OTAL This Period (last page this line number only)				····· ►	ĺ				-			-		-	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS	or each category of the Detailed Summary Page	×	11a 13		11b		11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		pose		oliciting	contribu	tions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	itedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial) MARTIN, STEPHANIE, , ,	or Full O	rgar	nization Name		Date of	Re	ceip	ot			
	Mailing Address 7002 N VIA DE MANANA					м м 07	1	D	31	/ Y	ү ү 2019	Y
	\$	State AZ		Zip Code		Trans	acti	ion l	ID : P	R26428	31805499	7
	SCOTTSDALE	AZ		85258-3951	A	mount	of	Eac	h Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С						,		-	76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Strat Accts		Me	emo	lte	m			
	Receipt For: A	aareaate	Yea	ur-to-Date ▼								
	Primary General Other (specify) ▼	39.09410		576.90	P/	R Ded	uctio	on (S	\$38.4	6 Bi-W€	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rgar	nization Name		Date of	Re	ceip	ot			
	Mailing Address 2900 THOMAS AVE S UNIT 1623					м м 07	/	D	д 31	/ Y	y y 2019	Y
	City	State		Zip Code		Trans	acti	on l	D : P	R26428	33125499	7
	MINNEAPOLIS	MN		55416-4474	A	mount	of	Eac	h Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C						-		-7-	76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) f Staff		Me	emo	lte	m			
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	ur-to-Date ▼ 576.90	P/	R Dedu	uctic	on (\$	\$38.46	6 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) FOX, ELIZABETH, , ,	or Full O	rgar	nization Name		Date of	Re	ceip	ot			
	Mailing Address 1021 NORTH GARFIELD STREE #308	Т				м м 07	1	D	31	/ Y	2019	Y
	5	State		Zip Code		Trans	acti	ion	ID : P	R2642	83205499	07
	ARLINGTON	VA		22201-2559	A	mount	of	Eac	h Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	C						y		y	192.	30
	Name of Employer (for Individual)	Осси	upat	tion (for Individual)	-	Me	emo) Ite	m			
	United HealthCare Services Inc		•	Affs								
		ggregate	Yea	ur-to-Date ▼								
	Other (specify)		-	1442.25	P/	'R Ded	uctio	on (S	\$96.1	5 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•	[,		y	346.	14
Т	OTAL This Period (last page this line number only)		•••••				,		-		

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check onl									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<u> </u>					
Any information copied from such Reports and												
or for commercial purposes, other than using t	he name and a	ddress of any political committee	e to solicit co	ntributions	from such	o committe	e.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle A. KEISERJENKINS, KAREN, , ,	Initial) or Full C	rganization Name	Date o	f Receipt								
Mailing Address 9325 MARTINS LAKE DRI	/E		07 31 / Y Y Y Y 07 31 2019									
City ROSWELL	State GA	Zip Code 30076-2865		saction ID : t of Each F			7					
FEC ID number of contributing federal political committee.	С					28.0	8					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	M	emo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Ded	luction (\$14	l.04 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle B. CRESTA, BRIAN, , ,	Initial) or Full C	rganization Name	Date o	f Receipt								
Mailing Address 5 OGDEN LANE			M M 07	/ D 31		y y 2019	Y					
City MIDDLETON	State MA	Zip Code 01949-1669		action ID :			,					
FEC ID number of contributing federal political committee.	С		Amoun	t of Each F	receipt in	76.9	2					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	М	emo Item	,							
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼		576.90	P/R Ded	uction (\$38	.46 Bi-We	ekly)						
Full Name of Individual (Last, First, Middle C. SIVERTSEN, DARREN, , ,	Initial) or Full C	rganization Name	Date o	f Receipt								
Mailing Address 11632 SLEEPY HEAVEN F			07	31		ү ү 2019						
City LAS VEGAS	State NV	Zip Code 89138-7557		saction ID : t of Each F			7					
FEC ID number of contributing federal political committee.	С				,	76.9	2					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		lemo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Dec	luction (\$38	8.46 Bi-We	ekly)						
SUBTOTAL of Receipts This Page (optional).					. ,	181.9	2					
TOTAL This Period (last page this line number	er only)											

Use separate schedule(s)

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	TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page					(check only one)							
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Any information copied from such Reports and or for commercial purposes, other than using			erson for			se of s							
NAME OF COMMITTEE (In Full)				. 5011		0 11	5001	Jonnill					
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle SOCZYNSKI, PAUL, , ,	,	rganization Name	Da	ite of	Rece	eipt	_	-	_				
Mailing Address 915 SOUTH 91ST STREET			N	07 31 2019									
City WEST ALLIS	State WI	Zip Code 53214-2848						1 9775499 is Period	7				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 76.92										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir		Me	mo li	tem							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R	Dedu	ction	(\$38.4	l6 Bi-We	ekly)					
Full Name of Individual (Last, First, Middle B. CRAGLE, STEVE, , ,	Initial) or Full C	rganization Name	Da	ite of	Rece	eipt							
Mailing Address 6604 MOHAWK TRAIL	04-1	Zin Onde	IV	07	1	D D D 31	/ Y	2019	Y				
City EDINA	State MN	Zip Code 55439-1030						0065499	7				
FEC ID number of contributing federal political committee.	С			ount				is Period 384.0	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment CMO		Me	mo li	tem							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2884.50	P/R	Dedu	ction	(\$192.	30 Bi-W	'eekly)					
Full Name of Individual (Last, First, Middle C. NEELY, MARC, , ,	Initial) or Full C	rganization Name	Da	ite of	Rece	eipt							
Mailing Address 1159 BUFFALO RIDGE RE			N	07 ^M	/	31	/ Y	2019	Y				
City CASTLE PINES	State CO	Zip Code 80108-8190						20315499 is Period	7				
FEC ID number of contributing federal political committee.	С			_	,		5	384.0	60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	mo l	tem							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R	Dedu	ction	n (\$192	.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional).					,		,	846. <i>*</i>	12				
TOTAL This Period (last page this line number	er only)												

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
			person for the purpose of soliciting contributions to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (l	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middl A. HAMMOND, MICHAEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 244 NE 59TH TERR			07 / D D / Y Y Y Y 07 31 2019											
City TOPEKA	State KS	Zip Code 66617-1661	Transaction ID : PR2644644854997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		76.92											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pir Capability	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middl B. WINNEROSKI, KEVIN, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 5100 ABBOTT AVE S	I		07 31 / Y Y Y Y 2019											
City MINNEAPOLIS	State MN	Zip Code 55410-2143	Transaction ID : PR2644647154997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		28.08											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date 210.60	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Last, First, Middl C. MCKOY, PHILIP, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 927 LINCOLN AVE			07 / D D / Y Y Y Y 07 31 2019											
City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651654997 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		384.60											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp CIO	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optiona	l)		489.60											
TOTAL This Period (last page this line num	ber only)													

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	Use separate schedule(s)												
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12										
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	the name and a												
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle CONTRERAS, LISA, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 11065 E SUNRISE VIEW	DRIVE		07 / D D / Y Y Y Y Y 07 31 2019										
City TUCSON	State AZ	Zip Code 85748-7768	Transaction ID : PR2644652654997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. JEZARIAN, WENDY, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 5251 HUMBOLDT AVE S		- 1	07 / D D / Y Y Y Y 07 31 2019										
City MINNEAPOLIS	State MN	Zip Code 55419-1121	Transaction ID : PR2644659654997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		38.46										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Iktg Rsch Cnslt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 288.45	P/R Deduction (\$19.23 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. ZIRKELBACH, ANGELA, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1615 Q ST NW APT #1110			07 / D D / Y Y Y Y 2019										
City WASHINGTON	State DC	Zip Code 20009-6349	Transaction ID : PR2644660254997 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)		94.62										
TOTAL This Period (last page this line num	ber only)												

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	<u> </u>						
Any information copied from such Reports and													
or for commercial purposes, other than using t	ne name and a	address of any political committee	e to solicit cor	ntributions fro	om such	committe	90.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I COOPER, NICOLE, , ,	nitial) or Full C	organization Name	Date of	Receipt									
Mailing Address 401 S 1ST STREET UNIT 612			07 / D D / Y Y Y Y Y 31 / 2019										
City MINNEAPOLIS	State MN	Zip Code 55401-2564		action ID : F of Each Re			7						
FEC ID number of contributing federal political committee.	С			F		28.0	8						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Me	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Ded	uction (\$14.0)4 Bi-We	ekly)							
Full Name of Individual (Last, First, Middle I MISTRY, RASHMITA, , ,	nitial) or Full C	organization Name	Date of	Receipt									
Mailing Address 4037 RALEIGH AVE S	1-		07	/ D D 31	/ Y	y y 2019	Y						
City ST LOUIS PARK	State MN	Zip Code 55416-2921			ID : PR2645169154997 ach Receipt this Period								
FEC ID number of contributing federal political committee.	С					384.6	0						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment COO	Me	emo Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		2884.50	P/R Dedu	uction (\$192.	.30 Bi-W	eekly)							
Full Name of Individual (Last, First, Middle I NEALE, MATTHEW, , ,	nitial) or Full C	organization Name	Date of	Receipt									
Mailing Address 11380 WILD HERON PT	Otata	Zin Oode	07	/ D D D 31		2019							
City EDEN PRAIRIE	State MN	Zip Code 55347-4729		of Each Re			1						
FEC ID number of contributing federal political committee.	С					409.4	6						
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) T	Me	emo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 909.44	P/R Ded	uction (\$371	.00 Bi-W	'eekly)							
SUBTOTAL of Receipts This Page (optional)		•			,	822.1	4						
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) U	InitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)										
	II Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	ceipt							
Ma	ailing Address 4035 W 65TH ST APT 127			07 31 2019										
Ci		State MN	Zip Code 55435-1749	Transaction ID : PR264517695										
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Op	ame of Employer (for Individual) otum Services, Inc	Occu SVP	pation (for Individual) Ops		Me	emo	Item							
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	ailing Address 20420 WESTERN RD				м м 07	1	31		2019	Y]			
Ci Ež	ty XCELSIOR	State MN	Zip Code 55331-9223	-			-	PR2646 Receipt t						
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	ame of Employer (for Individual) ited HealthCare Services Inc	Occu SVP	pation (for Individual) Prd		Me	emo	Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 2500.00	F	P/R Dedu	uctic	on (\$25	00.00 Bi	Weekly)				
	III Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name		Date of	Re	ceipt							
	ailing Address 3409 DEEP WILLOW AVENUE	1			м м 07	/	31		2019]			
Ci [.] P	ty IKESVILLE	State MD	Zip Code 21208-3116	-				Receipt t						
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ITEMIZED RECEIPTS Use separate schedule(s) for each category of the					neck only	/ or	ne)						
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia ARNESON, TED, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 4402 E MONTEROSA ST				07 31 2019								
	City PHOENIX	State AZ	Zip Code 85018-4336					PR26462 Receipt th					
	FEC ID number of contributing federal political committee.	С						1 3 5-	28.	08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) OUHCG NAS		Me	emc	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60		P/R Ded	ucti	on (\$14.	.04 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia STANKIEWICZ, DENNIS, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 17761 WEAVER LAKE DRIVE				м м 07	/	31	/ Y	y y 2019	Y			
	City MAPLE GROVE	State MN	Zip Code 55311-1328	-			-	PR26463					
			55511-1526		Amount	OT	Each R	leceipt th	is Period				
	FEC ID number of contributing federal political committee.	C			<u>L</u>	_			476.	18			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Auditor		Me	emc	Item						
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	Other (specify) ▼		2380.90	'	P/R Dedu	uctio	on (\$238	3.09 Bi-W	(eekly)				
C.	Full Name of Individual (Last, First, Middle Initia ROBERTS, RENEE, , ,	ll) or Full Oi	rganization Name		Date of	Re	ceipt						
	Mailing Address 116 JACOBS LANE				07 ^M	1	31) / Y	ү 2019	Y			
	City LOGANVILLE	State GA	Zip Code 30052-3368				-	PR2698: leceipt th					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle Ir A. ROSENHAUS, MORGANNE, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 724 FARRAGUT STREET N	W		07 31 2019
City WASHINGTON	State DC	Zip Code 20011-4012	Transaction ID : PR2698409854997 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item
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Mailing Address 7714 TWISTED OAKS CIRC	LE		07 31 / Y Y Y Y 07 31 2019
City DALLAS	State TX	Zip Code 75231-4711	Transaction ID : PR2698410854997 Amount of Each Receipt this Period
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item
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Full Name of Individual (Last, First, Middle Ir C. GROSSMAN, BEVERLY, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 5 BROOKSIDE AVE			M M / D D / Y Y Y Y Y 07 31 2019
City MENANDS	State NY	Zip Code 12204-2301	Transaction ID : PR2699179854997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item
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SUBTOTAL of Receipts This Page (optional)			181.92
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Mailing Address 14205 INDEPENDENCE COURT Image: Constraint of the system of the s	the purpose of soliciting contributions						
NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DOWLING, MELODY, , , Mailing Address 14205 INDEPENDENCE COURT City State BASEHOR KS FEC ID number of contributing federal political committee. Dir Med Clin Ops Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Dir Med Clin Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date B. SELIG, JOHN, , , Mailing Address 6406 WESTMINSTER City State Zip Code Receipt of contributing federal political committee. C Mailing Address 6406 WESTMINSTER Mailing Address 6406 WESTMINSTER City State Zip Code RFC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) Uptum Services, Inc Occupation (for Individual)	te of Receipt						
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. DOWLING, MELODY, , , Mailing Address 14205 INDEPENDENCE COURT City BASEHOR FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Mailing Address 6406 WESTMINSTER City Bentron Are FEC ID number of contributing federal political committee.	M / D D / Y Y Y Y						
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City State Zip Code Tr BASEHOR KS 66007-5203 Ama FEC ID number of contributing C Ama federal political committee. C Ama Name of Employer (for Individual) Occupation (for Individual) Image: Committee (for Individual) United HealthCare Services Inc Dir Med Clin Ops Preceipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R I SELIG, JOHN, , , Mailing Address 6406 WESTMINSTER Date Tr City State Zip Code Tr BENTON AR 72019-6682 Ama FEC ID number of contributing federal political committee. C Tr Mare of Employer (for Individual) Occupation (for Individual) Ama FEC ID number of contributing federal political committee. C Tr Name of Employer (for Individual) Occupation (for Individual) Image: Code Name of Employer (for Individual) Occupation (for Individual) Image: Code Name of Employer (for Individual) Occupation (for Individual) Image: Code							
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federal political committee. Image: Committee.	ount of Each Receipt this Period						
United HealthCare Services Inc Dir Med Clin Ops Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 352.92 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dat SELIG, JOHN, , , Dat Mailing Address 6406 WESTMINSTER Image: Contributing federal political committee. FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) VP Business Development Exe Image: Contributing federal political committee.	117.64						
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Primary General 352.92 P/R I Other (specify) ▼ 352.92 P/R I Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date SELIG, JOHN, , , Mailing Address 6406 WESTMINSTER Date City State Zip Code BENTON AR 72019-6682 FEC ID number of contributing C Ame federal political committee. Occupation (for Individual) Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc VP Business Development Exe							
B. SELIG, JOHN, , , Date Mailing Address 6406 WESTMINSTER Image: Constraint of the second	Deduction (\$58.82 Bi-Weekly)						
City State Zip Code BENTON AR 72019-6682 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe	Date of Receipt						
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Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. AHLSTROM, ALEXIS, , , Dat	te of Receipt						
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	ransaction ID : PR2699187154997						
WASHINGTON DC 20010-1819 Amo	ount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	476.00						
Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc VP Govt Affs	P/R Deduction (\$238.00 Bi-Weekly)						
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2372.16							
SUBTOTAL of Receipts This Page (optional)	597.48						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12				
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NAME OF COMMITTEE (In Full)			cenor (
UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle In A. ZHOU, JINGXIN, , ,	itial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 12011 FAIRVIEW CT				07 31 2019 Transaction ID : PR2699187854997 Amount of Each Receipt this Period							
City MINNETONKA	State MN	Zip Code 55343-4516									
FEC ID number of contributing federal political committee.	C				- j -	-	76.9	92			
Name of Employer (for Individual) Optum Services, Inc	Occ Dir	upation (for Individual) Fin		Memo	o Item						
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Full Name of Individual (Last, First, Middle In 3. EDSON, BARBARA, , ,	itial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 6609 DENNY PEAK DRIVE	Ototo	7. 0.4	07		31	/ Y	2019	Y			
City SNOQUALMIE	State WA	Zip Code 98065-8996					02254997	7			
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Full Name of Individual (Last, First, Middle In C. FARRELL, ELIZABETH, , ,	itial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 9917 TRAILS END ROAD			07		31	/ Y	2019	Y			
City CHANHASSEN	State MN	Zip Code 55317-4592					98005499 is Period	7			
FEC ID number of contributing federal political committee.	С				y .	9	192.3	30			
Name of Employer (for Individual) OptumRx		upation (for Individual) Ops		Memo Item							
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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$\overline{\}$	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P/	AC)									
V	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name										
Α.	HECK, DARRYL, , ,	,		Date of Receipt									
	Mailing Address 9801 DORSET LANE			M 07	07 31 2019								
	City	State MN	Zip Code	Trar	Transaction ID : PR2700831954997								
	EDEN PRAIRIE	IVIIN	55347-3139	Amou	nt of	Each R	eceipt th	nis Peri	od				
	FEC ID number of contributing federal political committee.	С				-yr-	-9-	2	28.08				
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Mem	o Item							
	United HealthCare Services Inc	Sr E	Bus Anlys Cnslt										
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General		210.60	P/R De	duct	ion (\$14.	04 Bi-We	eekly)					
	Other (specify) v		210.00										
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Drganization Name										
	BOOGERD, MICHAEL, , ,			Date	of Re	eceipt							
	Mailing Address 1595 SUMMIT SHORES CIRC			07		D D 31	/ Y	2019]			
	City	State MN	Zip Code			ion ID : I							
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	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) ncipal Proj-Prgm Mgr	Memo Item									
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	Primary General			P/R De									
	Other (specify) v	L	210.60										
с.	Full Name of Individual (Last, First, Middle Init TERRANOVA, THOMAS, , ,	ial) or Full C	Drganization Name	Date	of Re	eceipt							
	Mailing Address 18 DANEMAR DRIVE			M			/ Y	Y		1			
	City	State	Zip Code	07	_	31	000700	2019					
	City MIDDLETOWN	NJ	07748-3625			tion ID : Each Re							
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	federal political committee.	С				y	9	2	28.08	_			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Mem	o Item							
	United HealthCare Services Inc	M&I	R Agnt Mgr										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		210.60	P/R De	educt	ion (\$14.	04 Bi-W	eekly)					
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ng ino namo ana a								
UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Mid TAGGART, ELIZABETH, , ,		rganization Name	Date of Receipt						
Mailing Address 7134 BRUNSWICK CIR			07 31 2019						
City BOYNTON BEACH	State FL	Zip Code 33472-2534	Transaction ID : PR2700846554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Mid B. OFFIELD, MIRANDA, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2240 N COUNTRY VIS	TA BLVD		07 31 2019						
City LIBERTY LAKE	State WA	Zip Code 99019-5071	Transaction ID : PR2700857554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.76						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 230.70	P/R Deduction (\$15.38 Bi-Weekly)						
Full Name of Individual (Last, First, Mid C. STEARNS, SALLIE, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 211 COLONIAL HOME #1505			07 / D D / Y Y Y Y Y 2019						
City ATLANTA	State GA	Zip Code 30309-1293	Transaction ID : PR2700861754997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Mgt Cons CInt Svc	Memo Item						
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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle I WARNER, JONATHAN, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 258 CAMBRIDGE DRIVE			07 31 2019							
City RAMSEY	State NJ	Zip Code 07446-1260	Transaction ID : PR2700873554997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Mgt Cons Clnt Svc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I B. GALIMI, GAVIN, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GALIMI, GAVIN, , ,									
Mailing Address 410 S JUANITA AVENUE			07 31 Y Y Y Y Y 2019							
City	State	Zip Code	Transaction ID : PR2700913154997							
REDONDO BEACH	CA	90277-3824	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		246.14							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify) ▼		246.14	P/R Deduction (\$123.07 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I C. PERRY, KIMBERLY, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5045 LINDELL BLVD			07 / D D / Y Y Y Y 2019							
City SAINT LOUIS	State MO	Zip Code 63108-1219	Transaction ID : PR2700918054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		124.28							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1ed Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 317.20	P/R Deduction (\$62.14 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			398.50							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page					11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
$\overline{\langle}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia WAYLAND, CHARLES, , ,	l) or Full C	Orga	nization Name		Date of	Re	ceipt					
	Mailing Address 7615 SWEETBRIAR RD					07 31 2019							
	City RICHMOND	State VA		Zip Code 23229-6619	_	Transaction ID : PR2700924654997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С						-		276	.92		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) n CEO		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 276.92		P/R Dedu	uctio	on (\$138	3.46 Bi-V	Veekly)			
в.	Full Name of Individual (Last, First, Middle Initia MCSWEENEY, ERIN, , ,	l) or Full C	or Full Organization Name					ceipt					
	Mailing Address 10 NOUVELLE WAY SUITE 805			07 / D D / Y Y Y Y 31 2019									
	City NATICK	State MA		Zip Code 01760-1570	_			-		3180549	-		
	FEC ID number of contributing federal political committee.	Occupation (for Individual) EVP, Mkt Grp CHRO				Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) Optum Services, Inc					Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initia FRINGER, TRICIA, , ,	l) or Full C	Orga	nization Name		Date of	Re	ceipt					
	Mailing Address 2809 STANFORD AVE			1		м м 07	/	D D D 31	/ Y	ү ү 2019	Y		
	City DALLAS	State TX		Zip Code 75225-7917						8186549 nis Perior			
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .			.60		
			•	tion (for Individual) ht Relationship		Me	emo	Item					
Receipt For: Aggregate Primary General Other (specify)				ar-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•				9		1046	.12		
Т	OTAL This Period (last page this line number or	ıly)		••••••	-								

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a │ 11b │ 11c │ 12					
			Dotaliou Summary I aye	13 14 15 16 17					
	y information copied from such Reports and State for commercial purposes, other than using the na								
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	.C)					
Α.	Full Name of Individual (Last, First, Middle Initial) OCONNELL, DANIEL, , ,	or Full O	rganization Name	Date of Receipt					
	Mailing Address 3325 W 18TH AVENUE			07 / D D / Y Y Y Y 2019					
	City DENVER	State CO	Zip Code 80204-1681	Transaction ID : PR2701819654997					
		00	00204-1001	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		211.54					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item					
	Receipt For:		Year-to-Date ▼	-					
	Primary General Other (specify) ▼		1586.55	P/R Deduction (\$105.77 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initial) BRUCE, JAMIE, , ,	Date of Receipt							
	Mailing Address 336 THOREAU BLVD			07 31 Y Y Y Y 07 07 07 07 07 07 07 07 07 07 07 07 07 0					
	City	State	Zip Code	Transaction ID : PR2701823054997					
	O FALLON	MO	63366-7451	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		384.60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
	Receipt For: A Primary General Other (specify) ▼	aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initial) SPARKS, KEVIN, , ,	or Full O	rganization Name	Date of Receipt					
	Mailing Address 10681 S CEDAR NILES BLVD			07 / D D / Y Y Y Y 07 31 2019					
	City	State	Zip Code	Transaction ID : PR2701825554997					
	OLATHE	KS	66061-7415	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		192.30					
	Name of Employer (for Individual) United HealthCare Services Inc		ıpation (for Individual) Plan CEO	Memo Item					
	Receipt For:		Year-to-Date ▼	_					
	Primary General Other (specify)		1442.25	P/R Deduction (\$96.15 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•	788.44					
т	OTAL This Period (last page this line number only	/)	•••••						

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	-										
> UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middl A. KHAN, RITA, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 3901 GLENWOOD AVEN	IUE		07 31 2019								
City	State	Zip Code	Transaction ID : PR2701826254997								
GOLDEN VALLEY	MN	55422-5301	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) T	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middl B. MILLER, CORA, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 813 PILOT MOUNTAIN V	VAY SE		07 31 2019								
	State GA	Zip Code	Transaction ID : PR2702484454997								
		30126-2678	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	7								
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middl C. KRAMER, NANCY, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4672 BITTERN LANE			07 31 / Y Y Y Y Y 2019								
City LEBANON	State OH	Zip Code 45036-7562	Transaction ID : PR2702501454997 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc	Occ Dir F	upation (for Individual) RN	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	l)		489.60								
TOTAL This Period (last page this line num	ber only)										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEIWIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a ☐ 11b ☐ 11c ☐ 12						
		, ,	13 14 15 16 1						
or for commercial purposes, othe	r than using the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Fi		JnitedHealth Group PA	AC)						
Full Name of Individual (Last, BRENNER, JEFFREY, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4610 CEDAR APT 301		Zie Oode	M M / D D / Y Y Y Y Y 07 31 2019						
City PHILADELPHIA	State PA	Zip Code 19143-2118	Transaction ID : PR2702506354997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individ United HealthCare Services Inc	,	upation (for Individual) P Integrated Hlth Human Svs	Memo Item						
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, ABERLE, SHARI, , ,									
Mailing Address 5521 BENTO		07 / D D / Y Y Y Y 2019							
City EDINA	State MN	Zip Code 55436-2203	Transaction ID : PR2702506654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		312.50						
Name of Employer (for Individ Optum Services, Inc	,	upation (for Individual) uty Gen Counsel	Memo Item						
Receipt For: Primary Genera Other (specify) ▼		Year-to-Date ▼ 781.25	P/R Deduction (\$156.25 Bi-Weekly)						
Full Name of Individual (Last, CHURCHES, KATHR		rganization Name	Date of Receipt						
Mailing Address 713 WEALD I			07 / D D / Y Y Y Y 07 31 2019						
City COTTAGE GROVE	State WI	Zip Code 53527-8310	Transaction ID : PR2702506754997						
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
Name of Employer (for Individ United HealthCare Services Inc	,	upation (for Individual) Bus Process	P/R Deduction (\$14.04 Bi-Weekly)						
Receipt For: Primary Genera Other (specify)		Year-to-Date ▼ 210.60							
SUBTOTAL of Receipts This Pa			725.18						

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
	y information copied from such Reports and State for commercial purposes, other than using the na										
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)							
Α.	Full Name of Individual (Last, First, Middle Initial MERZLICKER, CAREY, , , Mailing Address 950 BENTLEY PARK CIRCLE) or Full O	rganization Name	Date of Receipt 07 / 31 / 2019 Transaction ID : PR2703246954997 Amount of Each Receipt this Period 76.92							
	City	State	Zip Code								
	O FALLON	MO	63368-8022								
	FEC ID number of contributing federal political committee.	С									
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir I	upation (for Individual) Fin	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initial BROWN, DIANE, , ,) or Full O	rganization Name	Date of Receipt							
	Mailing Address 502 BERRYMANS LANE	1		07 / D D / Y Y Y Y 2019							
	City REISTERSTOWN	State MD	Zip Code 21136-6003	Transaction ID : PR2703250854997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pract Perf								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initial HARVEY, CATHERINE, , ,) or Full O	rganization Name	Date of Receipt							
	Mailing Address 541 E ERIE ST UNIT 602			07 / D D / Y Y Y Y 2019							
	City MILWAUKEE	State WI	Zip Code 53202-6251	Transaction ID : PR2703637054997 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		192.30							
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO	Memo Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1442.25	P/R Deduction (\$96.15 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		•	297.30							
т	OTAL This Period (last page this line number onl	ly)	•								

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			Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page				11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n											
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initia CRIPPIN, TODD, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 1309 RUSTICVIEW DRIVE			07 31 2019								
	City BALLWIN	State MO	Zip Code 63011-4266	Transaction ID : PR2703639554997 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С							28.	08		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Itwk Contrctng		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60		P/R Dedi	uctio	on (\$14	.04 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia SABASTEANSKI, LISA, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 4307 FALLGOLD PARKWAY N			м м 07	/	D 10) / Y	үүү 2019	Ŷ			
	City BROOKLYN PARK	State MN	Zip Code 55443-1889	-				PR27036				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc	Occu Hum		Me	emc) Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ , 210.60	P/R Deduction (\$14.04 Bi-Weekly)								
c.	Full Name of Individual (Last, First, Middle Initia YOUNG, DAVID, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 654 CHISWELL CT				07 ^M	1	31) / Y	үүү 2019	Y		
	City BRENTWOOD	State TN	Zip Code 37027-3109					PR2703				
	FEC ID number of contributing federal political committee.	С					,	. <u>,</u>	384.	60		
Optum Services, Inc VI			upation (for Individual) Gen Mgmt		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	440.	76		
т	OTAL This Period (last page this line number on	ly)	•••••••	-			-	-				

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			Use separate schedule(s)	(ch	(check only one)								
11			for each category of the Detailed Summary Page		K 11a		11b	11c	12				
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
$\overline{)}$	NAME OF COMMITTEE (In Full)			\sim									
/	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia ROLLINS, CARISSA, , ,) or Full Or	rganization Name		Date of Receipt								
	Mailing Address 6805 CHEYENNE TRAIL												
	City EDINA	State MN	Zip Code 55439-1158	_	Transaction ID : PR2704188954997 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				U			384.	60			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	F	P/R Dedu	uctio	on (\$19:	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia HOROHO, PATRICIA, , ,) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 13516 COMPTON ROAD	1			м м 07	1	31	/ Y	y y 2019	Y			
	City CLIFTON	State VA	Zip Code 20124-1203	-			-	PR27041		7			
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884,50	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initia DELANY, ANDREW, , ,) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 209 GARLAND AVENUE				07	1	31) / Y	y y 2019	Ŷ			
	City DECATUR	State GA	Zip Code 30030-4940				-	PR2704		7			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		384.	60			
			upation (for Individual) Cust Svs		Memo Item								
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)						,		1153.	30			
T	OTAL This Period (last page this line number on	ly)	••••••	-			-	1 - 35					

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ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	_	
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)							Commu		
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I A. HAYEK, ANDREW, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt				
Mailing Address 500 ADAMS AVENUE			M 07		D D D 31	/ Y	ү 2019	Y	
City GLENCOE	State IL	Zip Code 60022-1865					6345499 is Period	7	
FEC ID number of contributing federal political committee.	С						384.6	50	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		Memo	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1971.35	P/R De	iducti	on (\$192	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle I ROBERTS, CORY, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt				
Mailing Address 45 BRIGHTON RD NE	Aailing Address 45 BRIGHTON RD NE				31	/ Y	2019	Y	
ATLANTA	GA	30309-1518					63554997 is Period	7	
FEC ID number of contributing federal political committee.	С						384.6	60	
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) SVP Bus Ops			Memo	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 2884.50				P/R Deduction (\$192.30 Bi-Weekly)			
Full Name of Individual (Last, First, Middle I C. SHARFF, RICHARD, , ,	nitial) or Full C	rganization Name	Date	of Re	eceipt				
Mailing Address 508 RUMSON ROAD			M 07		31	/ Y	y y 2019	Y	
City BIRMINGHAM	State AL	Zip Code 35209-4312					06365499 is Period	7	
FEC ID number of contributing federal political committee.	С				y	9	384.6	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel		Memo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R De	∍ducti	ion (\$192	2.30 Bi-W	/eekly)		
SUBTOTAL of Receipts This Page (optional)					,	,	1153.8	30	
TOTAL This Period (last page this line number	r only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
116			for each category of the Detailed Summary Page		× 11a]11b	11c	12	<u> </u>	
	/ information copied from such Reports and Stat for commercial purposes, other than using the n										
<u> </u>	NAME OF COMMITTEE (In Full)							5401			
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	(C)							
A.	Full Name of Individual (Last, First, Middle Initia JOHAR, RAVI, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 405 ARGUS MANOR CT				07	1	31) / Y	y y 2019	Y	
	City CHESTERFIELD		Zip Code 63017-2469		Transaction ID : PR2705065154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.					<u> </u>				28	.08	
	Name of Employer (for Individual)	Occu Med	pation (for Individual) Dir		Me	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Initia FELLENBAUM, DANIEL, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 8309 FOX RUN	01-1-	7. 0.1.		07	1	31) / Y	2019	Y	
	City POTOMAC	State MD	Zip Code 20854-2576					PR27050 Receipt th			
-	FEC ID number of contributing federal political committee.	Occupation (for Individual) Govt Affs Assc Dir			28.08						
	Name of Employer (for Individual) Jnited HealthCare Services Inc				Me	emc	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ , 210.60		P/R Dedu	uctio	on (\$14.	04 Bi-We	eekly)		
	Full Name of Individual (Last, First, Middle Initia BUNTEN, BRIAN, , ,) or Full Or	ganization Name		Date of	Re	eceipt				
	Mailing Address 401 TATLOW DR				^M 07	1	31) / Y	2019	Y	
	City COLUMBIA	State MO	Zip Code 65203-6130					PR2705			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	115	.38	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ovt Affs		M	emo	o Item				
Receipt For: Aggre Primary General Other (specify) Image: Construction of the specify in the specific of the s			Year-to-Date ▼ 865.35		P/R Ded	ucti	on (\$57	.69 Bi-We	eekly)		
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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	1 1a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full)			10 30					Commu	
	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia DAUN, JESSICA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address W273N6194 BASHAM LANE			м м 07	/	D D D 31	/ Y	2019	Y	
	City SUSSEX	State WI	Zip Code 53089-4702	_	Transaction ID : PR2705966254997 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		С					y		28.0)8
	Name of Employer (for Individual) United HealthCare Services Inc	Occi KA 8		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia ZELLER, TRISHA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 9230 SHETLAND ROAD City State Zip Code					/	D D D 31	/ Y	2019	Y
	EDEN PRAIRIE	MN	55347-3747						71454997 is Period	7
FEC ID number of contributing federal political committee.		C			Amount	UI			28.0)8
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Gen Mgmt			Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
c.	Full Name of Individual (Last, First, Middle Initia SPADE, NATHAN, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 12 WARWICK CIRCLE				м м 07	/	D D D 31		2019	
	City MECHANICSBURG	State PA	Zip Code 17050-2643	_			-		98705499 is Period	7
	FEC ID number of contributing federal political committee.	С				_	,	9	153.8	34
Name of Employer (for Individual) United HealthCare Services Inc			upation (for Individual) Govt Affs		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1153.80	F	P/R Dedu	uctio	on (\$76.	.92 Bi-We	ekly)	
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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Any information copied from such Reports and or for commercial purposes, other than using t							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	C)				
Full Name of Individual (Last, First, Middle BARBARO, PHILIP, , ,	Initial) or Full C	rganization Name	Date of I	Receipt			
Mailing Address 670 ARBUTUS STREET			07	/ D D 31	/ Y	ү ү 2019	Y
City MIDDLETOWN	State CT	Zip Code 06457-7106		ction ID : P of Each Red			7
FEC ID number of contributing federal political committee.	С				-ge	76.9)2
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Mer	no Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	P/R Deduc	ction (\$38.46	6 Bi-We	ekly)	
Full Name of Individual (Last, First, Middle B. KMIEC, ADAM , , ,	Initial) or Full C	rganization Name	Date of I	Receipt			
Mailing Address 4736 PRAIRIE DUNES WA			M M 07	/ D D 31	/ Y	y y 2019	Y
City EAGAN	State MN	Zip Code 55123-2352		ction ID : Pl of Each Red			,
FEC ID number of contributing federal political committee.	С				Jeipt till	554.0)0
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	Mer	mo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		1939.00	P/R Deduction (\$277.00 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. STILLO, KATHLEEN, , ,	Initial) or Full C	rganization Name	Date of I	Receipt			
Mailing Address 15 HENDERSON AVE			07	/ D D 31	/ Y	ү ү 2019	Y
City PRINCETON	State NJ	Zip Code 08540-2607		ction ID : P			7
FEC ID number of contributing federal political committee.	С			,	y	76.9)2
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Mei	no Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Dedu	ction (\$38.4	6 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional).				,	,	707.8	34
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)		(check only one)				
			for each category of the Detailed Summary Page	× 11a 13	11b 11c 14 15	12	17		
	information copied from such Reports and Sta or commercial purposes, other than using the			erson for the pu	rpose of solicitin	g contribut	tions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	C)					
	Full Name of Individual (Last, First, Middle Initia BARTHOLET, DANIEL, , ,	al) or Full O	rganization Name	Date of R	eceipt				
1	Mailing Address 5918 VALEWOOD DRIVE			м м 07	/ D D / Y 31	2019	Y		
	Dity MINNETONKA	State MN	Zip Code 55345-6545		tion ID : PR2706 f Each Receipt t		7		
	FEC ID number of contributing federal political committee.				-19- 1 1 -19-	384.6	60		
l	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occu VP 1	ipation (for Individual) Fax	Mem	o Item				
I	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle Initia MULDOON, ALLISON, , ,	al) or Full O	rganization Name	Date of R	eceipt				
-	Aailing Address 2500 CLARENDON BLVD APT 129			07	31 Y	y y 2019	Y		
	City ARLINGTON	State VA	Zip Code 22201-3835		tion ID : PR2706		7		
F	FEC ID number of contributing ederal political committee.	C Occupation (for Individual) Govt Affs Assc Dir			Amount of Each Receipt this Period				
	Name of Employer (for Individual) Jnited HealthCare Services Inc				o Item				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	P/R Deduction (\$20.00 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle Initia TICICH, JANICE, , ,	al) or Full O	rganization Name	Date of R	eceipt				
-	Mailing Address 7613 RIVER FORK DRIVE	01-11-	The Octo	07	31	2019			
	City NASHVILLE	State TN	Zip Code 37221-4687		tion ID : PR2740 f Each Receipt t		/		
	FEC ID number of contributing ederal political committee.	С			y y	769.2	22		
I	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt			Memo Item				
Receipt For: Primary General Other (specify)		Aggregate	Year-to-Date ▼ 769.22	P/R Deduction (\$384.61 Bi-Weekly)					
	BTOTAL of Receipts This Page (optional)		•		, , 	1193.8	32		

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
or	y information copied from such Reports and Stat for commercial purposes, other than using the na			rson for the purpose of soliciting contributions						
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)						
Α.	KORPMAN, RALPH, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name CORPMAN, RALPH, , ,								
	Mailing Address 102 WOODMONT BLVD SUITE	07 / 07 / 2019								
	NASHVILLE	State TN	Zip Code 37205-2216	Transaction ID : PR2740514654997 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) ef Scientific Officer	Memo Item						
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$5000.00 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial PONS, NATALIE, , ,) or Full O	rganization Name	Date of Receipt						
	Mailing Address 3209 GALLERIA UNIT 803	1		07 / D D / Y Y Y Y Y 2019						
	City EDINA	State MN	Zip Code 55435-2547	Transaction ID : PR2740761954997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		454.60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.30	P/R Deduction (\$227.30 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initial FEHR, STEPHANIE, , ,) or Full O	rganization Name	Date of Receipt						
	Mailing Address 6601 BLACKFOOT PASS			07 / D D / Y Y Y Y Y 2019						
	City EDINA	State MN	Zip Code 55439-1103	Transaction ID : PR2748020554997 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Mkt Grp CHRO	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	5839.20						
т	OTAL This Period (last page this line number on	ly)	▶	· · · · · · · · · · · ·						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12					
			13 14 15 16 1					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
angle UnitedHealth Group Incorpor			AC)					
Full Name of Individual (Last, First, Middle ATCHLEY, JODELL, , ,	me of Individual (Last, First, Middle Initial) or Full Organization Name ILEY, JODELL, , ,							
Mailing Address 2055 SIDEWINDER COU			07 / D D / Y Y Y Y 2019					
City GRAND JUNCTION	State CO	Zip Code 81507-8791	Transaction ID : PR2749688654997					
	00	01307-0791	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.08					
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) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle 3. CHECKA, SREENIVAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 11049 JAMES CURVE			07 31 2019					
City	State	Zip Code	Transaction ID : PR2750285554997					
WOODBURY	MN	55129-6267	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. ROBINO, STEVEN, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 11207 NE 127TH AVE			07 / D D / Y Y Y Y 07 31 2019					
City	State	Zip Code	Transaction ID : PR2750290954997					
VANCOUVER	WA	98682-1783	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item					
Receipt For: Primary General Other (specify)	I	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num	,		84.24					

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	corporated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, Firs MUNSONREGALA, EMMAN		Date of Receipt							
Mailing Address 969 FAIRMOUNT	-		07 / D D / Y Y Y Y Y 2019						
City SAINT PAUL	State MN	Zip Code	Transaction ID : PR2754210654997						
		55105-3120	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Primary General Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, Firs B. TAIT, ROBYN, , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 31 LIPTON LANE			07 / D D / Y Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2754215954997						
LANGHORNE	PA	19047-5782	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.60	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, Firs C. HUGHESANLIKER, CIN		rganization Name	Date of Receipt						
Mailing Address 5692 STAGECO	ACH DRIVE		07 31 Y Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2754240854997						
WEST DES MOINES	IA	50266-3866	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
United HealthCare Services Inc		c Dir Gen Mgmt	—						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		210.60	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page	(optional)		84.24						
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SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	MIZED RECEIPTS		for each category of the Detailed Summary Page	🗡 11a 11b 11c 12					
				13 14 15 16 17					
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.					
	ME OF COMMITTEE (In Full) nitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	'AC)					
	ll Name of Individual (Last, First, Middle Ini RIE, TIMOTHY, , ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name IE, TIMOTHY, , ,							
	iling Address 23 BISHOP LANE			07 31 Y Y Y Y Y 07 31 2019					
Cit SI	y JDBURY	State MA	Zip Code 01776-1701	Transaction ID : PR2754244154997					
FE	C ID number of contributing leral political committee.	С		Amount of Each Receipt this Period					
	me of Employer (for Individual) htum Services, Inc		upation (for Individual) Human Capital	Memo Item					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 769.22	P/R Deduction (\$384.61 Bi-Weekly)					
	II Name of Individual (Last, First, Middle Ini IMON, JOHN, , ,	tial) or Full O	rganization Name	Date of Receipt					
Ma	iling Address 1388 DIAMOND COURT	07 31 2019							
Cit Pl	y TTSBURGH	State PA	Zip Code 15241-1220	Transaction ID : PR2754663254997 Amount of Each Receipt this Period					
	C ID number of contributing leral political committee.	384.60							
	ume of Employer (for Individual) tum Services, Inc		upation (for Individual) P Advisory Svc	Memo Item					
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
	II Name of Individual (Last, First, Middle Ini IOFFMAN, DOROTHY, , ,	tial) or Full O	rganization Name	Date of Receipt					
Ma	iling Address 618 E 48TH STREET			07 31 2019					
Cit IN	y IDIANAPOLIS	State IN	Zip Code 46205-1846	Transaction ID : PR2754665254997					
FE	C ID number of contributing leral political committee.	С		Amount of Each Receipt this Period 76.92					
Ur	me of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item					
Re	ceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 576.90	P/R Deduction (\$38.46 Bi-Weekly)					

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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 using	g the name and a	ddress of any political committee	e to solicit o	contril	outions f	rom such	n committe	ee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middl A. KONTOR, JOHN, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt				
Mailing Address 123A SPA VIEW AVE				07 31 2019					
City ANNAPOLIS	State MD	Zip Code 21401-3542					57365499 is Period	7	
FEC ID number of contributing federal political committee.	C				-g-		384.6	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc		Mem	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	P/R D	educt	ion (\$192	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middl B. BOTHRA, SIDDHARTH, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt				
Mailing Address 17200 SE 45TH STREET		- 1	M 07		31	/ Y	2019	Y	
City BELLEVUE	State WA	Zip Code 98006-6510					20754997 is Period	7	
FEC ID number of contributing federal political committee.	С						384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP Ops			o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middl c. CHRISTY, MICHAEL, , ,	e Initial) or Full O	rganization Name	Date	of Re	eceipt				
Mailing Address 3024 FOUNTAIN WAY			M 07		31) / Y	y y 2019	Y	
City SHAKOPEE	State MN	Zip Code 55379-5424					31525499 is Period	7	
FEC ID number of contributing federal political committee.	С				,	y	333.3	32	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ' Bus Dev Mktg		Mem	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 666.64	P/R D	educt	ion (\$16)	6.66 Bi-W	/eekly)		
SUBTOTAL of Receipts This Page (optiona	l)				, .		1102.5	52	
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		Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle SEVILLE, KATHERINE, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 333 ADAMS ST			M M / D D / Y Y Y Y 07 31 2019				
City DECATUR	State GA	Zip Code 30030-5205	Transaction ID : PR2755317254997				
FEC ID number of contributing			Amount of Each Receipt this Period				
federal political committee.	C		38.46				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Capability Manager	Memo Item				
Receipt For:		Year-to-Date ▼	-				
Primary General			P/R Deduction (\$19.23 Bi-Weekly)				
Other (specify) v		288.45	1				
Full Name of Individual (Last, First, Middle B. MAYER, SHANNON, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 13159 DANUBE LANE			07 31 2019				
City	State	Zip Code	Transaction ID : PR2755343954997				
ROSEMOUNT	MN	55068-4378	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		111.90				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$55.95 Bi-Weekly)				
Other (specify) ▼		, 1384.65					
Full Name of Individual (Last, First, Middle C. WEILER, KATHY, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 1250 CANTON AVENUE			07 31 2019				
City	State	Zip Code	Transaction ID : PR2755347654997				
MILTON	MA	02186-2414	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual)		upation (for Individual)	Memo Item				
Optum Services, Inc Receipt For:		Segment CMO					
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			534.96				
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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
TTEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12					
	y information copied from such Reports and S for commercial purposes, other than using the			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee					
	NAME OF COMMITTEE (In Full)								
\rangle	UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)					
Α.	Full Name of Individual (Last, First, Middle Ini ABRAHAM, SANTIAGO, , ,	tial) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 2637 ARCOLA LANE			07 31 Y Y Y Y 2019					
	City WAYZATA	State MN	Zip Code 55391-9703	Transaction ID : PR2755652154997 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.			384.60					
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) Seg CIO	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Na B. CHA, STEPHEN, , ,			Drganization Name	Date of Receipt					
	Mailing Address 1740 POTOMAC AVENUE SC			07 / D D / Y Y Y Y 07 31 2019					
	City WASHINGTON	State DC	Zip Code 20003-3135	Transaction ID : PR2755767354997					
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60					
	Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc NA Med Dir/CMO			Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 384.60	P/R Deduction (\$192.30 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Ini ASHENHURST, KARLA, , ,	tial) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 4000 SOUTH AVON DRIVE			07 / D D / Y Y Y Y Y 31 2019					
	City NEW BERLIN	State WI	Zip Code 53151-6213	Transaction ID : PR2756173654997 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		127.40					
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) rt Affs Dir	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 799.30	P/R Deduction (\$63.70 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			896.60					
T	OTAL This Period (last page this line number	only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a 13		11k	_	11c 15	12	17								
	y information copied from such Reports and Stater for commercial purposes, other than using the nam				or the		pose	e of s	oliciting	contribu	tions								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (I	UnitedHealth Group PA	C)															
Α.	Full Name of Individual (Last, First, Middle Initial) MASONER, AUDREY, , ,									Date of Receipt									
	Mailing Address 15400 MAPLE STREET																		
	5	State KS	Zip Code 66223-3262							35985499	7								
			00223-3202	_ A	Moun	t of	Eac	ch Re	ceipt th	is Period									
	FEC ID number of contributing federal political committee.						-		-9	93.	40								
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin		М	emo	b Ite	m											
	Receipt For: Ad																		
	Primary General Other (specify) ▼	Year-to-Date ▼ 491.05	P/	'R Ded	luctio	on (\$46.7	0 Bi-We	eekly)										
в.	Full Name of Individual (Last, First, Middle Initial)		Date of Receipt 07 31 2019																
	Mailing Address 117 5TH STREET																		
	City : WILMETTE	State IL	Zip Code 60091-3405				-			2165499 is Period	7								
	FEC ID number of contributing federal political committee.	0			384.60 Memo Item														
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev																
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 2884.50	P/	P/R Deduction (\$192.30 Bi-Weekly)														
с.	Full Name of Individual (Last, First, Middle Initial) MALLEY, KENNETH, , ,	or Full C	Organization Name		Date o	f Re	eceip	ot											
	Mailing Address 764 WEST SADDLE RIVER ROAD	C			^м 07	/	D	31	/ Y	y y 2019	Y								
	5	State	Zip Code		Trans	sact	ion	ID : P	R27574	43665499	7								
	HO HO KUS	NJ	07423-1645	A	moun	t of	Eac	ch Re	ceipt th	is Period									
	FEC ID number of contributing federal political committee.	0			_		9		y	384.	60								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Μ	emc	o Ite	em											
	Receipt For: Age Primary General Other (specify)	ggregate	Year-to-Date ▼ 2884.50	P	/R Dec	lucti	on (\$192.	30 Bi-W	/eekly)									
s	UBTOTAL of Receipts This Page (optional)									862.	60								
Т	OTAL This Period (last page this line number only))	····· •	ĺ			-		-										

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 290 OF

		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle KAMPA, SHANNON, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4201 PRINCETON AVENU	E		07 31 Y Y Y Y 2019							
City ST LOUIS PARK	State MN	Zip Code 55416-3230	Transaction ID : PR2758633754997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Product	Memo Item							
Receipt For:		Year-to-Date ▼								
Other (specify) ▼		210.60	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. AZAM, MISHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 629 JEFFERSON AVENUE	Mailing Address 629 JEFFERSON AVENUE									
City	State	Zip Code	Transaction ID : PR2759343854997							
CHERRY HILL	NJ	08002-3704	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		77.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify) ▼		577.50	P/R Deduction (\$38.50 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. DAVIS, JEFFREY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 317 STONERIDGE DRIVE	1		07 / D D / Y Y Y Y 2019							
City EAST WENATCHEE	State WA	Zip Code 98802-5909	Transaction ID : PR2759422054997 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		227.28							
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 ▼ 1250.04	P/R Deduction (\$113.64 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			332.36							
TOTAL This Period (last page this line number										

FOR LINE NUMBER:

PAGE 291 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 or for commercial purposes, other than using			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle HUNT, BRITTNEY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3360 MICANOPY TRAIL			07 31 / Y Y Y Y Y 07 31 2019						
City TALLAHASSEE	State FL	Zip Code 32312-3670	Transaction ID : PR2759756454997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s a l								
Name of Employer (for Individual) United HealthCare Services Inc	ed HealthCare Services Inc External Affs Dir								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V 499.95	P/R Deduction (\$45.45 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. SCHLAIFER, MARISSA, , ,									
Mailing Address 1050 N STUART ST #400	0+-+-	Zin Oode	07 / <u>31</u> / <u>2019</u>						
City ARLINGTON	State VA	Zip Code 22201-5727	Transaction ID : PR2759756854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		400.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2800.00	P/R Deduction (\$200.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. RUBIN, PETER, , ,	Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 5826 HIGHLAND DRIVE			07 / D D / Y Y Y Y 2019						
City CHEVY CHASE	State MD	Zip Code 20815-5532	Transaction ID : PR2760133654997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		263.14						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Product	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1052.56	P/R Deduction (\$131.57 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			754.04						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11						
Any information copied from such Reports and or for commercial purposes, other than using the				ting contributions					
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	C)						
Full Name of Individual (Last, First, Middle I GRUHN, GINA, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 13 WEATHER VANE DRIVE	: 		07 31 /	2019					
City MORRISTOWN	State NJ	Zip Code 07960-4758	Transaction ID : PR27 Amount of Each Receip						
FEC ID number of contributing federal political committee.	С			625.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1562.50	P/R Deduction (\$312.50 E	Si-Weekly)					
Full Name of Individual (Last, First, Middle I B. MASTEN, DALE, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 9845 BENNINGTON DRIVE									
City SHARONVILLE	State OH	Zip Code 45241-3619	Transaction ID : PR27 Amount of Each Receip						
FEC ID number of contributing federal political committee.	С			434.78					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2608.68	P/R Deduction (\$217.39 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. DELMONICO, SUSAN, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 12 MULBERRY CIRCLE			Date of Receipt 07 31 2019						
City JOHNSTON	State RI	Zip Code 02919-2519	Transaction ID : PR27 Amount of Each Receip						
FEC ID number of contributing federal political committee.	С			260.86					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1565.16	P/R Deduction (\$130.43 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			,	1320.64					
TOTAL This Period (last page this line numbe	r only)								

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 293 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	and the name and a								
UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mic GALLE, JOHN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5314 VALLARTA DRIV	/E		07 31 2019						
City SAINT LOUIS	State MO	Zip Code 63128-3516	Transaction ID : PR2760798854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		125.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.50	P/R Deduction (\$62.50 Bi-Weekly)						
Full Name of Individual (Last, First, Mid B. HARRIS, DAVID, , ,	Date of Receipt								
Mailing Address 9436 S 47TH PLACE	07 31 2019								
City	State	Zip Code	Transaction ID : PR2760820754997						
PHOENIX	AZ	85044-7507	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		232.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1392.00	P/R Deduction (\$116.00 Bi-Weekly)						
Full Name of Individual (Last, First, Mid C. CRAWFORD, KEVIN, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1350 ROSA L PARKS			07 / D D / Y Y Y Y 07 31 2019						
City NASHVILLE	State TN	Zip Code 37208-2689	Transaction ID : PR2760825154997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		272.72						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) mal Affs Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.96	P/R Deduction (\$136.36 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optic	nal)		629.72						
TOTAL This Period (last page this line n	umber only)	· · · · · · · · · · · · · · · · · · ·							

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I VELASCO, JOEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6352 31 PLACE NW ST			07 31 / Y Y Y Y						
City WASHINGTON	State DC	Zip Code 20015-2358	Transaction ID : PR2760938554997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		554.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Intl Relations	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1939.00	P/R Deduction (\$277.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. WINN, JOSEPH, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 4401 GREGG ROAD		07 / D D / Y Y Y Y Y 2019							
City	State MD	Zip Code	Transaction ID : PR2760940254997						
BROOKEVILLE		20833-1033	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		200.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		1100.00	P/R Deduction (\$100.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. BUTT, FAWAD, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 1006 ROSE AVE			07 / D D / Y Y Y Y 2019						
City PIEDMONT	State CA	Zip Code 94611-4345	Transaction ID : PR2761791854997 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		357.14						
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) T	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 535.71	P/R Deduction (\$178.57 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1111.14						
TOTAL This Period (last page this line numbe	r only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a │ 11b │ 11c │ 12						
			Botaliou ounifiary i age	13 14 15 16 17						
	y information copied from such Reports and Stater for commercial purposes, other than using the nar									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	JnitedHealth Group PA	.C)						
Α.	Full Name of Individual (Last, First, Middle Initial) SONNIER, SUSAN, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 1220 2ND AVENUE N APT 405			07 31 2019						
		State	Zip Code	Transaction ID : PR2762649954997						
	NASHVILLE	TN	37208-1791	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		352.94						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Nktg Bus Dev	Memo Item						
	Boogint For:		Year-to-Date ▼							
	Primary General Other (specify) ▼	P/R Deduction (\$176.47 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initial) WHITLOW, JENNIFER, , ,	Date of Receipt								
	Mailing Address 1903 MOUNT CURVE AVE	07 31 2019								
	City	State	Zip Code	Transaction ID : PR2762750954997						
	MINNEAPOLIS	MN	55403-1021	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		588.22						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Comm Off	Memo Item						
	Receipt For: Area Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 1764.66	P/R Deduction (\$294.11 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) LEFF, ERIN, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 2633 WEST VIEWMONT WAY WI	EST		07 31 2019						
	5	State	Zip Code	Transaction ID : PR2767366854997						
	SEATTLE	WA	98199-3018	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			769.22						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	United HealthCare Services Inc	SVP	Clin Ops							
		ggregate	Year-to-Date ▼							
	Other (specify)		769.22	P/R Deduction (\$384.61 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	1710.38						
т	OTAL This Period (last page this line number only))	•							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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	EIWIZED RECEIPTS		Detailed Summary Page	×	11a] 11	lb [11c		12							
					13		14		15		16	17						
	y information copied from such Reports and Stateme for commercial purposes, other than using the name																	
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PA	4C (I	UnitedHealth Group PA	C)														
A.	Full Name of Individual (Last, First, Middle Initial) or DEDERICHS, DAVID, , ,		Date of Receipt															
	Mailing Address 5621 JOHNSON DRIVE	- 1 -	7.0.0.1		07 / D D / Y Y Y Y Y 2019													
	City Sta EDINA M	ate N	Zip Code 55436-2267		Transaction ID : PR2767367454997 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.						-				357.1	4						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emo	o Ite	em										
	Receipt For: Aggi Primary General Other (specify) ▼	regate	Year-to-Date ▼ 535.71	P	/R Ded	uctio	on	(\$178	.57 Bi-V	Veekl	y)							
В.	Full Name of Individual (Last, First, Middle Initial) or	dividual (Last, First, Middle Initial) or Full Organization Name							Date of Receipt									
	Mailing Address		M = M / D = D / Y = Y = Y = Y															
	City Sta	ate	Zip Code		Amount	t of	Ea	ich Re	ceipt th	nis Pe	eriod	_						
	FEC ID number of contributing federal political committee.	C																
	Name of Employer (for Individual)		Memo Item															
	Receipt For: Agga Primary General Other (specify) ▼	regate	Year-to-Date V															
с.	Full Name of Individual (Last, First, Middle Initial) or	Full C	Organization Name		Date of Receipt													
	Mailing Address				M M	/	Γ	D D	/ Y	Y	Y	Y						
	City Sta	ate	Zip Code		Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.						9			_								
	Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	o Ite	em										
	Receipt For: Agg Primary General Other (specify)	regate	Year-to-Date ▼															
s	UBTOTAL of Receipts This Page (optional)		•				y		9		357.1	4						
т	OTAL This Period (last page this line number only)		••••••				-			189)144.2	9						

SCHEDULE B (FEC Form 3X)	arata cohodula(a)				NUMBER: PAGE 297 OF							
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			ly one)							
	Detailed	Summary Page		21b 28a			23 28c	$\mid \mid$	20 29	30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na				any pers	son for t	he pur	pose c		liciting	contributi		
NAME OF COMMITTEE (In Full)			_									
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Grou	ıp PAC	C)							
Full Name (Last, First, Middle Initial) A. Friends Of Raja For Congress Mailing Address PO Box 681202						Date of Disbursement						
City	State	Zip Code			FEC	Identi	ficatior	n Nu	mber			
Schaumburg	IL	60168										
Purpose of Disbursement Contribution				011	С		057509	1				
Candidate Name									436635	6 21 Ent this P	Pariod	
Krishnamoorthi, Raja, , Rep.,				tegory/ Гуре			Lach	5130			Shou	
	ement For:	2020			1 L.		-			1000.00	0	
Senate x	-	General					(Cont	ribution			
State: IL District: 08	Other (spe				Memo							
Full Name (Last, First, Middle Initial)												
B. Guthrie For Congress						e of Di	sburse	men				
Mailing Address PO Box 9639)7	D 0		/ Y	2019	Y			
City Bouling Creen							ficatior	n Nu	mber			
Bowling Green Purpose of Disbursement		42102-9639	_		C	COO)44502	2				
	Void - Guthrie For Congress - check dated 6/25/2019								426664	70		
Candidate Name		Category/				Transaction ID : 43666179 Amount of Each Disbursement this Period					eriod	
Guthrie, S., Brett, Rep.,			٦	Гуре						0500.00		
Office Sought: K House Disburse Senate	ement For:	ment For: 2020					,		-	- 2500.00	- 1	
President	Other (spe	General							- Guthi d 6/25/2		ongress - ch	
State: KY District: 02						Memo	Item					
Full Name (Last, First, Middle Initial)						(5)						
C. Kind for Congress Committee						e of Di		-			_	
Mailing Address 205 5th Ave S Room 411					07 / D D / Y Y Y Y 15 2019							
City	State	Zip Code			FEC	Identi	fication	n Niu	mher			
La Crosse	WI	54601				uenti	noatioi	i ivu		_		
Purpose of Disbursement Contribution				011	С	C0	031201	17				
Candidate Name									436760) e vi e el	
Kind, Ronald, James, Rep.,		tegory/ Гуре	Amo	ount of	Each	Disc	urseme	ent this P	reniod			
	Office Occupiets							-		2500.0	0	
Senate 🗶	Primary	General					,	Con	ributior	1		
President							Item					
State: WI District: 03												
SUBTOTAL of Disbursements This Page (optional).				••••••			-		-7-	1000.0	0	
TOTAL This Period (last page this line number only	/)			••••• •			,		,			

SCHEDULE B (FEC Form 3X)		arate schedule(s)				NUMBER: PAGE 298 OF 339					
ITEMIZED DISBURSEMENTS	for each	(cl		only 21b	/ one) 22 🗶 23 🗌 26 🗌 27						
	Detailed	Summary Page			28a	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 (Grou	p P	PAC))					
Full Name (Last, First, Middle Initial) A. Rosen For Nevada	Full Name (Last, First, Middle Initial) Rosen For Nevada										
Mailing Address PO Box 27195		07 / D D / Y Y Y Y 07 15 2019									
City Las Vegas	State Zip Code NV 89126					FEC Identification Number					
Purpose of Disbursement Contribution	1		0	11	٦	C C00606939 Transaction ID : 43676080					
Candidate Name			Cate	egory	//	Amount of Each Disbursement this Period					
Rosen, Jacky, , Rep.,			Ту	ype j		4500.00					
Office Sought: House Disburs X Senate President	ement For: Primary Other (spe	General				Contribution					
State: NV District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Memo Item					
Full Name (Last, First, Middle Initial) B. Charlie Crist For Congress Mailing Address PO Box 1547						Date of Disbursement					
City St. Petersburg	State Zip Code FL 33731					FEC Identification Number					
Purpose of Disbursement Contribution Candidate Name			0)11		C C00590067 Transaction ID : 43676081					
Crist, Charlie, , Rep.,				gory	//	Amount of Each Disbursement this Period					
	ement For:	2020	13	/pe		2500.00					
	Primary	General				Contribution					
State: FL District: 13	Other (spe	ecify)				Memo Item					
Full Name (Last, First, Middle Initial) C. Val Demings For Congress						Date of Disbursement					
Mailing Address PO Box 536926						07 / D D / Y Y Y Y 2019					
City Orlando	State FL	Zip Code 32853				FEC Identification Number					
Purpose of Disbursement Contribution	1		0	11	1	C C00590489 Transaction ID : 43676093					
Candidate Name Demings, Valdez, , ,				egory /pe	//	Amount of Each Disbursement this Period					
	ement For:					1000.00					
Senate President	Other (spe	cify) ▼				Contribution Memo Item					
State: FL District: 10											
SUBTOTAL of Disbursements This Page (optional)						5000.00					
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ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	(one)					
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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	nitedHealth G	Froup PAC)					
	Full Name (Last, First, Middle Initial) Bridge the Gap PAC	Date of Disbursement								
	Mailing Address PO BOX 83142				07 15 2019					
	City GAITHERSBURG	State MD	Zip Code 20883		FEC Identification Number					
	Purpose of Disbursement Contribution			011	C C00655423					
	Candidate Name			Category/ Type	Transaction ID : 43676094 Amount of Each Disbursement this Period					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		2500.00 Contribution					
	State: District:		(), (), (), (), (), (), (), (), (), (),		Memo Item					
B.	Full Name (Last, First, Middle Initial) Three Rivers Political Action Com Mailing Address 3321 SE 20th Avenue	Date of Disbursement								
	City Portland	State OR	Zip Code 97202		FEC Identification Number					
	Purpose of Disbursement Contribution		011	C C00473116 Transaction ID : 43676095						
	Candidate Name			Category/ Type	Amount of Each Disbursement this Perio					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		2500.00 Contribution					
	State: District:		,		Memo Item					
c.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
	Mailing Address PO Box 65322				07 15 Y Y Y Y 2019					
	City Washington	State DC	Zip Code 20035		FEC Identification Number					
	Purpose of Disbursement Contribution Candidate Name	011 Category/	C C00540906 Transaction ID : 43676096 Amount of Each Disbursement this Period							
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General	Туре	2500.00 Contribution					
	State: District:		Memo Item							
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	UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	p F		;)				
Α.	Full Name (Last, First, Middle Initial) Armstrong For Congress	Date of Disbursement									
	Mailing Address 1515 Burnt Boat Drive Box 112		07 / D D / Y Y Y Y 2019								
	City Bismarck	State ND	Zip Code 58503				FEC Identification Number				
	Purpose of Disbursement Contribution		00000	0)11	٦	С С00670547				
	Candidate Name				egory	,,	Transaction ID : 43676097 Amount of Each Disbursement this Period				
	Armstrong, Kelly, , ,				ype	<i></i>					
		ement For: 2					2500.00				
	Senate x	Primary Other (spe	General cifv) ▼				Contribution				
	State: ND District: 00		shy) v				Memo Item				
_	Full Name (Last, First, Middle Initial)										
В.	Michigan Republican Party		Date of Disbursement								
	Mailing Address 520 Seymor Ave	07 / D D / Y Y Y Y 2019									
	City			FEC Identification Number							
	Lansing Purpose of Disbursement		_								
	Contribution	C	011		C Transaction ID : 43676099						
	Candidate Name				egory	/	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ement For:		Ту	ype						
	Senate	Primary	General				Contribution				
	President	Other (spec	cify)				Memo Item				
	State: District:	-									
C.	Full Name (Last, First, Middle Initial) Families For James Lankford						Date of Disbursement				
	Mailing Address DO Day 4000						07 18 2019				
	Mailing Address PO Box 1639						10 2019				
	City Bethany	State OK	Zip Code 73008				FEC Identification Number				
	Purpose of Disbursement	OR	73000	-	-		C C00466482				
	Contribution			0)11		Transaction ID : 43691559				
	Candidate Name Lankford, James, , Sen.,	egory	//	Amount of Each Disbursement this Period							
	Office Sought: House Disburse	1	ype		1000.00						
	× Senate ×	Primary				Contribution					
	President	Other (spe	cify) 🔻				Memo Item				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	roup	D PAC)						
Full Name (Last, First, Middle Initial) A. Bill Cassidy For US Senate Mailing Address PO Box 80505							Date of Disbursement				
City Baton Rouge	State LA						entifi	atio	n N	umber	
Purpose of Disbursement Contribution			01	1	(C00	-	-	: 4369	1560
Candidate Name Cassidy, William, , Sen.,			Cate Ty		A						nent this Period
Office Sought: House Disburse X Senate President State: LA District:	nent For: 2020 Primary X General Other (specify) V					Me	mo l		Cor	ntributio	2500.00 on
Full Name (Last, First, Middle Initial) 3. 21st Century Majority Fund				C	ate of	Disl	D	D	nt	2040	
Mailing Address PO Box 20475			07			8		2019			
Atlanta Purpose of Disbursement Contribution Candidate Name	Zip Code 30325	Cate		FEC Identification Number C C00361956 Transaction ID : 43691561 Amount of Each Disbursement this Peri							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General Cify)	Ту	pe		Mei	mo l		Cor	ntributi	5000.00 on
Full Name (Last, First, Middle Initial)					C	ate of	Disl			_	
Mailing Address 3465 N PINES WAY SUITE 104	07 19 2019										
City WILSON Purpose of Disbursement Void - Cowboy PAC - check dated 12/21/2018 Candidate Name	Zip Code 83014	01 Cate Ty	gory/	(Tra	C000	381 tion	30 I D	: 4370	7279 nent this Period	
Office Sought: House Disburse Senate President District:	☐ General cify) ▼				Void - Cowboy PAC - check d Memo Item 12/21/2018						
SUBTOTAL of Disbursements This Page (optional)										-y	2500.00

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	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)			
			Summary Page	21b	22 X 23 26 27 28b 28c 29 30b			
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	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group PAC	;)			
A.	Full Name (Last, First, Middle Initial) Cowboy PAC				Date of Disbursement			
	Mailing Address 3538 South Wakefield Street				07 24 2019			
	City	State	Zip Code		FEC Identification Number			
	Arlington	VA	22206					
	Purpose of Disbursement Contribution			011	С			
	Candidate Name				Transaction ID : 43730430			
				Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ement For:		7 1° °	2500.00			
	Senate	Primary	General		Contribution			
	President	Other (spe	cify) 🔻		Memo Item			
	State: District:							
В.	Full Name (Last, First, Middle Initial) Kuster For Congress, Inc				Date of Disbursement			
	Mailing Address PO Box 1498	07 24 2019						
	City Concord	State NH	Zip Code 03302		FEC Identification Number			
	Purpose of Disbursement Contribution	011	C C00462861 Transaction ID : 43730445					
	Kuster, Ann, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
		ement For:	2020	туре	2500.00			
	· · ·	Primary	General		Contribution			
	State: NH District: 02	Other (spe	cify)		Memo Item			
С.	Full Name (Last, First, Middle Initial) DelBene for Congress				Date of Disbursement			
					M M / D D / Y Y Y Y			
	Mailing Address PO Box 477				07 24 2019			
	City Kirkland	State WA	Zip Code 98083		FEC Identification Number			
	Purpose of Disbursement				С С00459099			
	Contribution	011	Transaction ID : 43730447					
	Candidate Name	Category/	Amount of Each Disbursement this Period					
	DelBene, Suzan, K., Rep.,	Туре	2500.00					
	Sonato	ement For:	2020 General		2500.00			
	President	Other (spe			Contribution			
	State: WA District: 01		<i>.,</i> .		Memo Item			
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\setminus	NAME OF COMMITTEE (In Full)								
\square	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group I	PAC)			
	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Cor	nmittee				Date of Disbursement			
	Mailing Address 76 Magnolia Terrace					07 29 2019			
	City Springfield	State MA	Zip Code 01108			FEC Identification Number			
	Purpose of Disbursement Contribution			011		C C00226522			
	Candidate Name			Category/	Transaction ID : 43741955 Amount of Each Disbursement this Period				
	Neal, Richard, E., Rep.,			Туре					
	Office Sought: House Disburse Senate President	ment For: 2 Primary Other (spe	General			2500.00 Contribution Memo Item			
	State: MA District: 01	-							
В.	Full Name (Last, First, Middle Initial) Tom O'Halleran For Congress Mailing Address PO Box 63992					Date of Disbursement			
	City	State	Zip Code			FEC Identification Number			
	Phoenix Purpose of Disbursement	AZ	85082						
	Contribution		011		C C00582890				
	Candidate Name			Catego	ory/	Transaction ID : 43741956 Amount of Each Disbursement this Period			
	O'Halleran, Tom, , Rep., Office Sought: x House Disburse	ment For:	2020	Туре	•	2500.00			
	Senate Disburse	1	2020 General			Contribution			
	State: AZ District: 01	Other (spe	cify)			Memo Item			
-	Full Name (Last, First, Middle Initial)					Date of Disbursement			
0.	Sean Patrick Maloney For Congre	55							
	Mailing Address PO Box 270					07 29 2019			
	City Newburgh	State NY	Zip Code 12550			FEC Identification Number			
	Purpose of Disbursement Contribution		C C00512426						
	Candidate Name Maloney, Sean, , Rep.,	ory/	Transaction ID : 43741957 Amount of Each Disbursement this Period						
		ment For:	2020	Туре		2500.00			
	Senate x President	Primary Other (spe	General cify) ▼			Contribution Memo Item			
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ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	for each c Detailed S ents may no e and addre	ess of any politic	ed by	any p	1b 8a	22 28b	×	23 28c		6	27
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ess of any politic			erso	n for the	1			9	30b
	AC (Uni			imitte	e to						
		itedHealth (Grou	p P/	AC))					
Full Name (Last, First, Middle Initial) A. Terri Sewell For Congress			Date		burse		Y	Y Y Y			
Mailing Address P.O. Box 1964						07		3	0		2019
5	tate AL	Zip Code 35201				FEC I				lber	-
Contribution Candidate Name				11]		ansa		ID : 4	37435	
Sewell, Terri, , Rep.,	ent For: 20	020		egory/ /pe		Amou	it Of	⊑acn	มรอน	seine	nt this Period 2500.00
	^D rimary Dther (speci	General ify) ▼				M	emo		Contri	oution	
Full Name (Last, First, Middle Initial) • Texans For Henry Cuellar Congressional Campaign Mailing Address 1519 Washington Street						Date	_	D			y y y 2019
Suite 200 City S	tate TX	Zip Code 78040				FEC I		-		lber	
Contribution Candidate Name Cuellar, Henry, , Rep., Office Sought: x House Disbursem	ent For: 2	020	011 Category Type			C C00371302 Transaction ID : 43743554 Amount of Each Disbursement this Period 2500.00					
	Primary Other (speci	General ify)				М	emo			bution	
Full Name (Last, First, Middle Initial) C. Bob Casey for Senate Inc						Date	_				
Mailing Address PO Box 58746	Mailing Address PO Box 58746								D / D		2019
Philadelphia Purpose of Disbursement	tate PA	Zip Code 19102	_	_	_	FEC I		icatior 04310		lber	
Contribution Candidate Name Casey, Robert, P., Sen., Jr.	011 Category/ Type			Transaction ID : 43743555 Amount of Each Disbursement this Period							
x Senate x F	ent For: 20 Primary Other (speci	General				M	emo		Contri	bution	2000.00
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			.		\sim		
	UnitedHealth Group Incorporated	PAC (UN		Stoup	PA	ر.		
Α.	Full Name (Last, First, Middle Initial) Shaheen for Senate					Date of Disbursement		
	Mailing Address PO Box 75357					07 / D D / Y Y Y Y 2019		
	City Washington	State DC	Zip Code 20013			FEC Identification Number		
	Purpose of Disbursement	20	20013	-	-	C C00457325		
	Contribution			01	1	Transaction ID : 43743556		
	Candidate Name Shaheen, Jeanne, , Sen.,			Cate Ty	gory/	Amount of Each Disbursement this Period		
		ment For: 2	2020	, i y	pe	2500.00		
	× Senate	Primary	General			Contribution		
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_	Full Name (Last, First, Middle Initial)							
Β.						Date of Disbursement		
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	Purpose of Disbursement			· · · · · ·		C		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
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	Senate President	Primary Other (spec	General					
	State: District:	Other (spec	Siry)			Memo Item		
<u>с.</u>	Full Name (Last, First, Middle Initial)					Date of Disbursement		
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	Mailing Address							
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NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated P	AC (Uni	itedHealth G	Grou	рР	AC	;)		
Full Name (Last, First, Middle Initial) A. Bryan Hughes for Texas Sen	ate						Date of Disbursement		
Mailing Address PO Box 450			1				07 01 2019		
City Mineola		tate TX	Zip Code 75773				FEC Identification Number		
Purpose of Disbursement Contribution	I			0	11		С		
Candidate Name				<u></u>	egory	/	Transaction ID: 43632796 Amount of Each Disbursement this Period		
Hughes, Bryan, , TX Rep.,					ype	/			
Office Sought: House E	Disbursem	ent For: Primary	General				2000.00		
President		Other (spec					Contribution Memo Item		
State: District: Full Name (Last, First, Middle Initial)									
B. Friends of Jason Brodeur PC	;						Date of Disbursement		
Mailing Address 120 South Monroe Street	ss 120 South Monroe Street					_	07 08 2019		
City		tate	Zip Code						
City Tallahassee	Tallahassee FL 32301								
Purpose of Disbursement Contribution)11	1	С		
Candidate Name				Category/			Transaction ID : 43663285 Amount of Each Disbursement this Period		
Office Sought: House [Disbursem	ont For:			ype		2500.00		
Senate		Primary	General				Contribution		
President		Other (spec	ify)				Memo Item		
State: District: Full Name (Last, First, Middle Initial)									
C. Free Markets For Florida							Date of Disbursement		
Mailing Address Post Office Box 3							07 / 08 / Y Y Y Y 2019		
City		tate FL	Zip Code				FEC Identification Number		
Estero Purpose of Disbursement Contribution			33929	_	11		С		
Candidate Name						/	Transaction ID : 43663287 Amount of Each Disbursement this Period		
	Disbursem		L		ype		5000.00		
Senate President		Primary Other (spec	General				Contribution		
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Mailing Address 115 East Park Avenue, Suite 1 Image: Construction of the second s	SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 307 OF 339		
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. 21st Century Public Servant Mailing Address 115 East Park Avenue, Suite 1 Cirly Cardidate Name Contribution Office Sought: House Disbursement Contribution Office Sought: Hume (Last, First, Middle Initial) B. Better Florida Education Mailing Address 2600 South Douglas Rd, STE 900 City Candidate Name Candidate Name Candidate Name Candidate Name Contribution Mailing Address 2600 South Douglas Rd, STE 900 City Candidate Name Candidate Name Candidate Name Candidate Name Contribution Vitics Sought: House Disbursement For: State: Disbursement For: Purpose of Disbursement Contribution			for each Detailed	category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) A 21st Century Public Servant Mailing Address 115 East Park Avenue, Suite 1 01 Oity State Purpose of Disbursement 011 Candidate Name 0110 Candidate Name 0110 Candidate Name 0111 Candidate Name 011 Candidate Name 0120 Candidate Name 0140652328 Candidate Name								
Full Name (Last, First, Middle Initial) Date of Diabursement A: 21st Century Public Servant Date of Diabursement Mailing Address 115 East Park Avenue, Suite 1 011 City Transaction ID : 3663288 Candidate Name 011 Contribution 011 Candidate Name Diabursement For: State: Diabursement For: Diate of Diabursement Contribution State: Diabursement For: Diate of Diabursement Contribution Relin Name (Last, First, Middle Initial) Date of Diabursement B. Better Florida Education 011 Mailing Address 2600 South Douglas Rd, STE 900 Contribution City State Zip Code Purpose of Diabursement 011 Candidate Name 011 Candidate Name 011 Candidate Name Diabursement For: State: Diabursement Contribution 011 Candidate Name Diabursement For: President Diabursement For: President Diabursement For: Purpose of Diabursement Cont	$\left \right\rangle$, , , , , , , , , , , , , , , , , , ,		vitadHaalth ()		
A: 21st Century Public Servant Date of Disbursement Mailing Address 115 East Park Avenue, Suite 1 011 Oity Tallahassee FL Purpose of Disbursement 011 Candidate Name 011 Candidate Name 011 Candidate Name 011 Candidate Name Disbursement For: Better Florida Education Other (specify) State: Disbursement For: Office Sought: House Full Name (Last, First, Middle Initia) B. Better Florida Education Mailing Address 2800 South Douglas Rd, STE 900 011 Office Sought: House Purpose of Disbursement 011 Candidate Name 011		· ·	PAC (UI)		
Mailing Address 115 East Park Avenue, Suite 1 07 08 2019 City Tallahassee State Zip Code 32301 FEC Identification Number Purpose of Disbursement Contribution 011 FEC Identification Number Candidate Name 011 Category Office Sought House Disbursement For: President Contribution State Disbursement For: President Contribution B Etter Florida Education Mailing Address 2600 South Douglas Rd, STE 900 Date of Disbursement City Coral Gables State Zip Code 33134 FEC Identification Number Purpose of Disbursement Contribution 011 Transaction 10: 43663283 Mailing Address 2600 South Douglas Rd, STE 900 Transaction 10: 43663289 Cardidate Name Cottonbution 011 Office Sought House Disbursement For: Disfort Contribution Cardidate Name Disbursement For: Disfort Contribution Contribution Full Name (Last, First, Middle Initia) Det of Disbursement for: Disfort Disbursement For: Disfort Contribution Full Name (Last, First, Middle Initia) Conservatives For Principled Leadership Date of Disbursement Mailing Address 1103 Hays Street Office Sought Sanate Disbursement For: Disfort Office Sought								
Tailahassee FL 32301 Purpsee of Dibbursement Contribution 011 Category/ Type 011 Category/ Type Transaction ID : 43663228 Amount of Each Disbursement files Period Other (specify) Office Sought: House President Disbursement For: President General Other (specify) Contribution Better Florida Education Date of Disbursement Office Sought: Date of Disbursement President Date of Disbursement Office Sought: Date of Disbursement Office Sought: Date of Disbursement President Office Sought: House President Disbursement For: President Zip Code FL Zip Code Salate Office Sought: House President Disbursement For: President Transaction ID : 43663289 Amount of Each Disbursement Contribution Office Sought: House President Disbursement For: President Other (specify) State: Disbursement Other (specify) Date of Disbursement Office Sought: House President Disbursement Other (specify) Malling Address 1103 Hays Street Other (specify) Date of Disbursement Office Sought: House President Disbursement For: President Zip Code Sanate Office Sought: House President Disbursement For: President		Mailing Address 115 East Park Avenue, Suite 1						
Purpose of Disbursement Contribution 011 Category/ Type Office Sought: House President Disbursement For: President 0 State: Disbursement For: President Contribution Better Florida Education 0 Memo Item Mailing Address 2600 South Douglas Rd, STE 900 0 0 City Cord Gables FL 3134 Purpose of Disbursement Contribution 011 Category/ Type FEC Identification Number Office Sought: House President Disbursement For: Disbursement For: President Contribution Category/ Type State Disbursement For: Purpose of Disbursement Contribution 011 Category/ Type Construction 011 Category/ Type Construction Construction Office Sought: House President Disbursement For: Disbursement For: President Construction Construction 011 Category/ Type Cate of Disbursement Construction City Candidate Name State Zip Code FL Zip Code Sanate Ec Identification Number City Candidate Name Sanate Pirmary Category/ Type Disbursement Contribution Maiing Address 1103 Hays Street FL Zip		-		· ·		FEC Identification Number		
Candidate Name Category/ Type Transaction D: 3663288 Amount of Each Disbursement this Period Office Sought: House President Disbursement For: Other (specify) ▼ Category/ Type Batter Florida Education Date of Disbursement Category/ 07 / 08 / 2019 City Candidate Name State Zip Code FL State Candidate Name Office Sought: House FL State Contribution Office Sought: House President Disbursement Contribution Candidate Name Disbursement For: Purpose of Disbursement Contribution Office Sought: House President Conservatives For Principled Leadership Disbursement For: President Disbursement for: President Disbursement for: President City Candidate Name District: State Zip Code Primary General Office Sought: House President Disbursement For: President Disbursement for: President Zo19 City Candidate Name State Zip Code FL Zo201 President Office Sought: House FL Disbursement For: Prepose of Disbursement President Zo19 City Candidate Name Disbursement For: President Disbursement For: President <		Purpose of Disbursement		32301	011	С		
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State: District: Full Name (Last, First, Middle Initial) B. Better Florida Education Mailing Address 2600 South Douglas Rd, STE 900 City Caral Gables Purpose of Disbursement Contribution Candidate Name Office Sought: House District: President District: Purpose of Disbursement Contribution Office Sought: House District: President District: President District: Full Name (Last, First, Middle Initial) C. Conservatives For Principled Leadership Mailing Address 1103 Hays Street City Candidate Name Office Sought: House Disbursement For: Conservatives For Principled Leadership Mailing Address 1103 Hays Street City Candidate Name Office Sought: House Disbursement For: Senate President Senate			-					
B. Better Florida Education Date of Disbursement Mailing Address 2600 South Douglas Rd, STE 900 08 2019 City State Zip Code 33134 FEC Identification Number Contribution 011 Category/ Type FEC Identification Number C Office Sought: House Disbursement For: 2500.00 Contribution State: District: Other (specify) Memo Item Contribution Full Name (Last, First, Middle Initial) Ctopservatives For Principled Leadership Date of Disbursement Disbursement Mailing Address 1103 Hays Street City State Zip Code FEC Identification Number City Tatlahassee FL Zi01 Periodent Disbursement Category/ Tatlahassee FL Zi01 FEC Identification Number City State Disbursement For: Office Sought: Disbursement For: Mount of Each Disbursement full Primary Candidate Name Office Sought: House Disbursement For: Office Sought: Disbursement For: Mount of Each Disbursement fulls Priod Office Sought: House		State: District:	1					
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City State Zip Code Tallahassee FL 32301 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Office Sought: House Disbursement For: 10000.00 President Disbursement For: President Other (specify) State: District: Subtrottal of Disbursements This Page (optional)	-		dership					
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Contribution 011 Candidate Name 011 Candidate Name Category/ Type Office Sought: House Disbursement For: 10000.00 President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Tallahassee				FEC Identification Number		
Office Sought: House Disbursement For: 10000.00 Senate President Other (specify) Contribution State: District: Memo Item		Contribution	011					
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SCHEDULE B (FEC Form 3X)			FOR	LINE 1	NUMBER: PAGE 308 OF 339			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup	PAC)			
Full Name (Last, First, Middle Initial) A. New Mexicans for Michelle					Date of Disbursement			
Mailing Address 2015 Dietz PI NW					07 / 08 / Y Y Y Y 2019			
City Albuquerque	State NM	Zip Code 87107			FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name			011		C Transaction ID : 43663292			
Grisham, Michelle, Lujan, , Office Sought: House Disburst Senate	ement For: Primary	General	Catego Type		Amount of Each Disbursement this Period 5000.00 Contribution			
State: District:	Other (spe	ecify) 🔻			Memo Item			
Full Name (Last, First, Middle Initial) B. Representative Fred Allen Campa Mailing Address 19 Dover Drive	aign				Date of Disbursement			
City Little Rock Purpose of Disbursement		FEC Identification Number						
Contribution Candidate Name Allen, Fred, , AR Rep.,				ery/	Transaction ID : 43663294 Amount of Each Disbursement this Period			
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General Gerify)			Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Committee to Re-Elect Mary Bent	tley				Date of Disbursement			
Mailing Address 142 Shady Lane					07 08 2019			
City Perryville Purpose of Disbursement Contribution	Perryville AR 72126 Purpose of Disbursement							
Candidate Name Bentley, Mary, , AR Rep., Office Sought: House Disburs	Catego Type		Transaction ID : 43663295 Amount of Each Disbursement this Period 500.00					
Senate President State: District:	Primary Other (spe	General ecify) ▼			Contribution Memo Item			
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NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorpo	orated PAC	C (Unit	tedHealth G	Group PAC)		
Full Name (Last, First, Middle Initial) A. Justin Boyd, State Represe	ntative - Di	istrict	77		Date of Disbursement		
Mailing Address 1509 S 37th St					07 08 2019		
City Fort Smith	State AR	•	Zip Code 72903		FEC Identification Number		
Purpose of Disbursement Contribution		·		011	C Transaction ID : 43663297		
Candidate Name				Category/	Amount of Each Disbursement this Period		
Boyd, Justin, , AR Rep.,	D			Туре	500.00		
Office Sought: House Senate President	Disbursement Prim Othe		General iy) ▼		Contribution Memo Item		
State: District:							
Full Name (Last, First, Middle Initial) B. Representative Karilyn Brov Mailing Address P.O. Box 6677	wn Campa	npaign			Date of Disbursement		
City Sherwood	State AR	,	Zip Code 72124		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 43663298			
Candidate Name				Category/	Amount of Each Disbursement this Period		
Brown, Karilyn, , AR Rep., Office Sought: House Senate President State: District:	Disbursement Prim Othe		General	Туре	Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Senator Ronald Caldwell Ca	ampaign				Date of Disbursement		
Mailing Address 120 CR 393					07 / D D / Y Y Y Y 08 / 2019		
City Wynne	State AR		Zip Code 72396		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name Caldwell, Ronald, , AR Sen		011 Category/ Type	C Transaction ID : 43663315 Amount of Each Disbursement this Period				
Office Sought: House	., Disbursement		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00			
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	iroup PAC)		
Α.	Full Name (Last, First, Middle Initial) Cloud for State Rep Campaign				Date of Disbursement		
	Mailing Address PO Box 1441	Otata	Zin Oada		07 08 2019		
	Russellville	State AR	Zip Code 72811		FEC Identification Number		
	Purpose of Disbursement Contribution			011	C Transaction ID : 43663317		
	Candidate Name Cloud, Joe, , AR Rep.,			Category/ Type	Amount of Each Disbursement this Period		
		ment For: Primary Other (spec	General cify) ▼		500.00 Contribution Memo Item		
B.	Full Name (Last, First, Middle Initial) Bruce Coleman for AR State Rep Mailing Address 11908 N Hwy 348		Date of Disbursement				
	City Mountainburg Purpose of Disbursement Contribution	011	FEC Identification Number				
	Candidate Name Coleman, Bruce, , AR Rep., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Gify)	Category/ Type	Amount of Each Disbursement this Period 500.00 Contribution Memo Item		
C.	Full Name (Last, First, Middle Initial) Davis for State Representative				Date of Disbursement		
	Mailing Address P.O. Box 30248				07 08 2019		
	City Little Rock Purpose of Disbursement Contribution	State AR	Zip Code 72260	011	FEC Identification Number		
	Candidate Name Davis, Andy, , AR Rep., Office Sought: House Disburse	Category/ Type	Transaction ID : 43663323 Amount of Each Disbursement this Period 500.00				
	State: District:	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item		
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\backslash	NAME OF COMMITTEE (In Full)					,			
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	froup I	PAC)			
Α.	Full Name (Last, First, Middle Initial) Senator Breanne Davis Campaign)				Date of Disbursement			
	Mailing Address PO Box 10088				07 08 2019				
	City Russellville	State AR	Zip Code 72812			FEC Identification Number			
	Purpose of Disbursement Contribution			011		С			
	Candidate Name			Catego	ry/	Transaction ID : 43663324 Amount of Each Disbursement this Period			
	Davis, Breanne, , AR Sen.,			Туре		1000.00			
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼			Contribution Memo Item			
_	Full Name (Last, First, Middle Initial)								
В.						Date of Disbursement			
	Mailing Address P.O. Box 8343	07 08 2019							
	City Springdale	State AR	Zip Code 72766			FEC Identification Number			
	Purpose of Disbursement Contribution	C Transaction ID : 43663326							
	Candidate Name			Catego		Amount of Each Disbursement this Period			
	Eads, Lance, , AR Sen., Office Sought: House Disburse	ment For:		Туре		1000.00			
	Senate	Primary	General			Contribution			
	State: District:	Other (spec	cify)			Memo Item			
_	Full Name (Last, First, Middle Initial)					Date of Disbursement			
С.	Jane English Campaign								
	Mailing Address 3 Great Oak Court					07 08 2019			
	City North Little Rock	State AR	Zip Code 72116			FEC Identification Number			
	Purpose of Disbursement Contribution		С						
	Candidate Name	Transaction ID: 43663329 Amount of Each Disbursement this Period							
	English, Jane, , AR Sen., Office Sought: House Disburse	ment For:		Туре		1000.00			
	Senate	Primary	General			Contribution			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p PAC	;)		
Full Name (Last, First, Middle Initial) A. Representative Kenneth Fergusor	n Campa	ign			Date of Disbursement		
Mailing Address P.O. Box 5661	State	Zip Code			07 08 2019		
Pine Bluff Purpose of Disbursement Contribution	11	FEC Identification Number					
Candidate Name Ferguson, Kenneth, , AR Rep.,			Cate	egory/ ype	Transaction ID : 43663331 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼			Contribution Memo Item		
Full Name (Last, First, Middle Initial) Representative Michelle Gray Car Mailing Address P.O. Box 623	npaign	paign			Date of Disbursement		
City Melbourne Purpose of Disbursement Contribution			FEC Identification Number				
Candidate Name Gray, Michelle, , AR Rep.,	ement For: Primary Other (spec	General cify)	Cate	911 egory/ ype	Transaction ID : 43663332 Amount of Each Disbursement this Period 500.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial)					Date of Disbursement		
Mailing Address 1607 Highway 72, S.E.					07 08 2019		
City Gravette Purpose of Disbursement Contribution Candidate Name Hendren, Jim, , AR Sen.,	State AR	Zip Code 72736	Cate	11 egory/ ype	FEC Identification Number C Transaction ID : 43663335 Amount of Each Disbursement this Period		
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\backslash	NAME OF COMMITTEE (In Full)				_	
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	ρΡ/	AC)
Δ	Full Name (Last, First, Middle Initial)					Date of Disbursement
Π.	Senator Bart Hester Campaign					
	Mailing Address P.O. Box 85					07 08 2019
	City	State	Zip Code			FEC Identification Number
	Cave Springs Purpose of Disbursement	AR	72718			
	Contribution			01	11	
	Candidate Name			Cate	aorv/	/ Transaction ID : 43663336 / Amount of Each Disbursement this Period
	Hester, Bart, , AR Sen.,			Ty		
		ement For:				1000.00
	Senate President	Primary Other (spe	General			Contribution
	State: District:		oliy) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
Β.	Senator Jimmy Hickey Jr. Campa	Date of Disbursement				
	Mailing Address 3216 East 35th Street	M M / D D / Y				
	City					
	Texarkana	State AR	Zip Code 71854			FEC Identification Number
	Purpose of Disbursement	C				
	Contribution			01	11	Transaction ID : 43663338
	Candidate Name			Cate		Amount of Each Disbursement this Period
	Hickey, Jimmy, , AR Sen., Jr. Office Sought: House Disburse	ement For:		Туре	1000.00	
	Senate	Primary	General			Contribution
	President	Other (spe	cify)			Memo Item
_	State: District:	_				
~	Full Name (Last, First, Middle Initial)					
С.	Senator Ricky Hill Campaign					Date of Disbursement
	Mailing Address P.O. Box 177					07 08 2019
	City	State	Zip Code			FEC Identification Number
	Cabot Purpose of Disbursement	AR	72023			
	Contribution			01	1	
	Candidate Name			Cate	1	/ Transaction ID : 43663340 / Amount of Each Disbursement this Period
	Hill, Ricky, , AR Sen.,					
		ement For:				1000.00
	Senate	Primary	General			Contribution
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NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth	Group PAC	3)		
Full Name (Last, First, Middle Initial) A. Representative Lee Johnson	Full Name (Last, First, Middle Initial) Representative Lee Johnson Campaign					
Mailing Address 3101 Ashebury Point				07 08 2019		
City	State AR	Zip Code		FEC Identification Number		
Greenwood Purpose of Disbursement	AR	72936		\mathbf{C}		
Contribution			011			
Candidate Name			Category/	Transaction ID : 43663342 Amount of Each Disbursement this Period		
Johnson, Lee, , AR Rep.,			Туре			
Office Sought: House I Senate President	Disbursement For: Primary Other (s	: General pecify) ▼		500.00 Contribution		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial) B. Jack Ladyman for State Rep Mailing Address 2204 Doral Drive	resentative			Date of Disbursement 07 / 08 / 2019		
City Jonesboro	State AR	Zip Code 72404		FEC Identification Number		
Purpose of Disbursement Contribution		011	C Transaction ID : 43663345			
Candidate Name			Category/	Amount of Each Disbursement this Period		
Ladyman, Jack, , AR Rep., Office Sought: House	Disbursement For:		Туре	1000.00		
Senate	Primary	General		Contribution		
State: District:	Other (s			Memo Item		
Full Name (Last, First, Middle Initial) C. Richard Womack for State R	Full Name (Last, First, Middle Initial) Richard Womack for State Representative					
Mailing Address 866 North 12th Street				07 08 2019		
City Arkadelphia	State AR	Zip Code 71923		FEC Identification Number		
Purpose of Disbursement Contribution		011	C Transaction ID : 43663346			
Candidate Name Womack, Richard, , AR Rep			Category/	Amount of Each Disbursement this Period		
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	UnitedHealth Group Incorporated	PAC (Un	litedHealth G	irou	o PA	.C)
A.	Full Name (Last, First, Middle Initial) Fredrick Love for State Represent	Date of Disbursement				
	Mailing Address PO Box 4963	07 08 2019				
	City	State	Zip Code			FEC Identification Number
	Little Rock Purpose of Disbursement	AR	72214			
	Contribution			0.	11	C
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period
	Love, Fredrick, , AR Rep.,				pe	
	Office Sought: House Disburse	ment For:				500.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	cify) 🔻			Memo Item
	Full Name (Last, First, Middle Initial)					
В.	Mark Lowery Committee					Date of Disbursement
	Mailing Address 229 Summit Valley Circle		07 08 2019			
	City State Zip Code					FEC Identification Number
	Maumelle AR 72113 Purpose of Disbursement					
	Contribution			0	011	C
	Candidate Name			Cate	gory/	Transaction ID : 43663348 Amount of Each Disbursement this Period
	Lowery, Mark, , AR Rep.,				pe	
		ment For:				1000.00
	Senate President	Primary	General			Contribution
	State: District:	Other (spec	(iny)			Memo Item
_	Full Name (Last, First, Middle Initial)					
C.	Robin Lundstrum Campaign					Date of Disbursement
	Mailing Address P.O. Box 14					07 08 2019
	City Elm Springs	State AR	Zip Code 72728			FEC Identification Number
	Purpose of Disbursement Contribution	/	12120			C
	Candidate Name				11	Transaction ID : 43663349
	Lundstrum, Robin, , AR Rep.,				gory/ pe	Amount of Each Disbursement this Period
		ment For:		. ,		500.00
	Senate	Primary	General			Contribution
	President	Other (spec	cify) 🔻			Memo Item
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional).				····· Þ	2000.00
Т	OTAL This Period (last page this line number only	·)			►	

SCHEDULE B (FEC Forr	n 3X)			FOR LINE	NUMBER: PAGE 316 OF 339	
ITEMIZED DISBURSEMEN	NTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a		
					on for the purpose of soliciting contributions solicit contributions from such committee.	
					,	
UnitedHealth Group Inco	prporated H	PAC (Un	itedHealth G	Froup PAC)	
	Full Name (Last, First, Middle Initial) Representative Roger Lynch Campaign					
Mailing Address 405 Gold Lane					07 08 2019	
City Lonoke	5	State AR	Zip Code 72086		FEC Identification Number	
Purpose of Disbursement Contribution			72000	011	C	
Candidate Name				Category/	Transaction ID : 43663350 Amount of Each Disbursement this Period	
Lynch, Roger, , AR Rep.		mont For:		Туре	500.00	
Senate President	Disburser	Primary Other (spec	General cify) ▼		Contribution Memo Item	
State: District:						
	John Maddox for State Representative Mailing Address 520 Church Avenue					
City Mena Purpose of Disbursement	\$	State AR	Zip Code 71953		FEC Identification Number	
Contribution				011 Category/	C Transaction ID : 43663351	
Maddox, John, , AR Rep					Amount of Each Disbursement this Period	
Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General cify)		500.00 Contribution Memo Item	
State: District: Full Name (Last, First, Middle Initial)					
c. Stephen Magie Campaig	,				Date of Disbursement	
Mailing Address P.O. Box 1506					07 08 2019	
City Conway		State AR	Zip Code 72033		FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name				011	Transaction ID : 43663352 Amount of Each Disbursement this Period	
Magie, Steve, , AR Rep.	,			Category/ Type		
Office Sought: House	Disburser				500.00	
State: District:		Primary Other (spec	General Cify) ▼		Contribution Memo Item	
SUBTOTAL of Disbursements This Pa	age (optional)				1500.00	
TOTAL This Period (last page this line	e number only))		·····		

S	CHEDULE B (FEC Form 3X)			F	DR LI	NE I	NUMBER: PAGE 317 OF 339	
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C		only 1b 8a	rone) 22 23 26 27 28b 28c x 29 30b	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by al con	any p nmitte	ersc e to	on for the purpose of soliciting contributions solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)			_	_			
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	р Р <i>і</i>	AC)	
A.	Full Name (Last, First, Middle Initial) Senator Bruce Maloch Campaign						Date of Disbursement	
	Mailing Address 650 Columbia Road 258						07 08 Y Y Y Y 2019	
	City	State	Zip Code				FEC Identification Number	
	Magnolia	AR	71753					
	Purpose of Disbursement Contribution			0	11	11	C Transaction ID : 43663353	
	Candidate Name			Cate	gory/	,	Amount of Each Disbursement this Period	
	Maloch, Bruce, , AR Sen.,				ype			
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼				Contribution Memo Item	
	State: District:	1						
B.	Full Name (Last, First, Middle Initial) Austin McCollum Campaign Mailing Address PO Box 1372						Date of Disbursement	
	City Bentonville	State AR	Zip Code 72712				FEC Identification Number	
	Purpose of Disbursement Contribution]	C Transaction ID : 43663354	
	McCollum, Austin, , AR Rep.,				egory/ /pe	′	Amount of Each Disbursement this Period	
		ement For:		13	pe	_	500.00	
	Senate	Primary	General				Contribution	
	State: District:	Other (spe	cify)				Memo Item	
	Full Name (Last, First, Middle Initial)							
C.	Murdock for State Representative	District 4	48				Date of Disbursement	
	Mailing Address P.O. Box 1071						07 08 Y Y Y Y 2019	
	City Marianna	State AR	Zip Code 72360				FEC Identification Number	
	Purpose of Disbursement		72300	-	-		С	
	Contribution Candidate Name			11 egory/	,	Transaction ID : 43663355 Amount of Each Disbursement this Period		
	Murdock, Reginald, , AR Rep.,			Ty	ype		500.00	
	Office Sought: House Disburse Senate	ment For: Primary	General					
	President	Other (spe					Contribution	
	State: District:	. (-P.C	,, ,				Memo Item	
s	UBTOTAL of Disbursements This Page (optional).)		2000.00	
Т	OTAL This Period (last page this line number only	/))			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 318 OF 339			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check 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	ements may me and add	not be sold or use ress of any politica	d by any perso	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC)			
	Full Name (Last, First, Middle Initial) Representative Mark Perry Campaign						
Mailing Address 300 T P White Drive, Suite B				07 08 2019			
City Jacksonville	State AR	Zip Code 72076		FEC Identification Number			
Purpose of Disbursement Contribution			011				
Candidate Name			Category/	Transaction ID : 43663356 Amount of Each Disbursement this Period			
Perry, Mark, , AR Rep.,			Туре	500.00			
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item			
State: District:	_						
Full Name (Last, First, Middle Initial) B. Aaron Pilkington for State Repres Mailing Address 200 Hilltop Drive		Date of Disbursement					
City Clarksville							
Purpose of Disbursement Contribution			011	C Transaction ID : 43663357			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Pilkington, Aaron, , AR Rep., Office Sought: House Disburse	ement For:		Туре	500.00			
Senate	Primary	General		Contribution			
State: District:	Other (spe	cify)		Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
Mailing Address P.O. Box 2356							
City	State	Zip Code		FEC Identification Number			
West Helena Purpose of Disbursement Contribution	AR	72390	011	C			
Candidate Name Richey, Chris, , AR Rep.,			Category/ Type	Transaction ID : 43663358 Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:			500.00			
State:	Primary Other (spe	cify) ▼		Contribution Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)			••••••	1500.00			
TOTAL This Period (last page this line number only	y)		····· ►				

S	CHEDULE B (FEC Form 3X)			F		NUMBER: PAGE 319 OF 339
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck on	ly one)
			Summary Page		21b 28a	
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politica	ed by al com	any per nmittee t	son for the purpose of soliciting contributions
\backslash	NAME OF COMMITTEE (In Full)					
Ľ	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Brou	p PA(0)
A.	Full Name (Last, First, Middle Initial) Representative Laurie Rushing Ca	ampaign				Date of Disbursement
	Mailing Address 307 Dellmere Drive					07 08 / Y Y Y Y 2019
	City Hot Springs	State AR	Zip Code 71913			FEC Identification Number
	Purpose of Disbursement Contribution	7.0.2	71915	0	11	С
	Candidate Name				egory/	Transaction ID : 43663361 Amount of Each Disbursement this Period
	Rushing, Laurie, , AR Rep.,				ype	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General cify) ▼			Contribution Memo Item
	State: District:					
B.	Full Name (Last, First, Middle Initial) Representative Matthew J Shephe	-	baign			Date of Disbursement
	Mailing Address 200 North Jefferson Avenue, Suit	07 08 2019				
	El Dorado	State AR	Zip Code 71730			FEC Identification Number
	Purpose of Disbursement Contribution				011	C Transaction ID : 43663362
	Candidate Name		'		egory/	Amount of Each Disbursement this Period
	Shepherd, Matthew, , AR Rep., Office Sought: House Disburse	ment For:		ly	/pe	500.00
	Senate	Primary	General			Contribution
	State: District:	Other (spec	cify)			Memo Item
	Full Name (Last, First, Middle Initial)					Date of Disbursement
0.	Jim Sorvillo for State Representati	ve				
	Mailing Address 1925 Rainwood Cove Drive					07 09 2019
	City Little Rock	State AR	Zip Code 72212			FEC Identification Number
	Purpose of Disbursement Contribution	0	11	C Transaction ID : 43663414		
	Candidate Name Sorvillo, James, , ,	egory/ /pe	Amount of Each Disbursement this Period			
		ment For:	I			500.00
	Senate President	Primary Other (spec	General cify) ▼			Contribution Memo Item
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional).				••••• ►	1500.00
т	OTAL This Period (last page this line number only)			····· Þ	

SCHEDULE B (FEC Form 3X)			FOR LINF	NUMBER: PAGE 320 OF 339		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	2)		
Full Name (Last, First, Middle Initial) A. DeAnn Vaught Campaign				Date of Disbursement		
Mailing Address 266 Dairy Road	1			07 09 2019		
City Horatio Purpose of Disbursement	State AR	Zip Code 71842		FEC Identification Number		
Contribution			011	C Transaction ID : 43663415		
Vaught, DeAnn, , AR Rep.,	ement For:		Category/ Type	Amount of Each Disbursement this Period 500.00		
State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Senator David Wallace Campaign Mailing Address P.O. Box 11	Senator David Wallace Campaign					
City Leachville	State AR	Zip Code 72438		FEC Identification Number		
Senate President	ement For: Primary Other (spe	General	011 Category/ Type	C Transaction ID : 43663416 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item		
State: District: Full Name (Last, First, Middle Initial) C. Nathan Johnson Campaign				Date of Disbursement		
Mailing Address PO Box 12068				07 / D D / Y Y Y Y 09 2019		
City Austin Purpose of Disbursement Contribution	State TX	Zip Code 78711		FEC Identification Number		
Candidate Name Johnson, Nathan, , TX Sen.,			011 Category/ Type	Transaction ID : 43663417 Amount of Each Disbursement this Period		
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number on			F	3500.00		

SCHEDULE B (FEC Form 3X)			FOR LINE			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 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 nar						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Group PAC)		
Full Name (Last, First, Middle Initial) A. Beverly Powell Campaign						
Mailing Address PO Box 866		1		07 09 2019		
City Fort Worth Purpose of Disbursement	State TX	Zip Code 76101		FEC Identification Number		
Contribution Candidate Name			011 Category/	C Transaction ID : 43663418 Amount of Each Disbursement this Period		
Powell, Beverly, , TX Sen., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Steve Allison Campaign Mailing Address 1819 N. Main Avenue Box #211		Date of Disbursement 07 / 09 / 2019				
	State TX	Zip Code 78212		FEC Identification Number		
Candidate Name Allison, Steve, , TX Rep.,	ment For: Primary Other (spec	General	011 Category/ Type	Transaction ID : 43663419 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Dennis Bonnen Campaign				Date of Disbursement		
Mailing Address 122 E. Myrtle Street				07 09 2019		
City Angleton Purpose of Disbursement Contribution Candidate Name Bonnen, Dennis, , TX Rep.,	State TX	Zip Code 77515	011 Category/ Type	FEC Identification Number C Transaction ID : 43663420 Amount of Each Disbursement this Period		
	ment For: Primary Other (spec	General cify) ▼	Туре	5000.00 Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional)				8000.00		

S	CHEDULE B (FEC Form 3X)		aroto ophanista/-)	FOR LINE I			
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	Group PAC)		
Α.	Full Name (Last, First, Middle Initial) John Bucy Campaign				Date of Disbursement		
	Mailing Address 6633 Hwy 290 E. Ste 104				07 09 2019		
	Austin	State TX	Zip Code 78723		FEC Identification Number		
	Purpose of Disbursement Contribution			011	C Transaction ID : 43663421		
	Bucy, John, , TX Rep., III	ment For:		Category/ Type	Amount of Each Disbursement this Period		
	State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
B.	Full Name (Last, First, Middle Initial) John Cyrier Campaign Mailing Address 1301 Westwood Road				Date of Disbursement		
	City Lockhart Purpose of Disbursement	State TX	Zip Code 78644		FEC Identification Number		
	Contribution Candidate Name Cyrier, John, , TX Rep.,	ment For: Primary	General	011 Category/ Type	C Transaction ID : 43663422 Amount of Each Disbursement this Period 1000.00 Contribution		
	State: District:	Other (spec	cify)		Memo Item		
C.	Full Name (Last, First, Middle Initial) Sam Harless Campaign				Date of Disbursement		
	Mailing Address 15814 Champion Forest, PMB 312	2			07 09 2019		
	City Spring Purpose of Disbursement Contribution	State TX	Zip Code 77379	011	FEC Identification Number		
	Candidate Name Harless, Sam, , TX Rep., Office Sought: House Disburse	ment For:		Category/ Type	Amount of Each Disbursement this Period		
	State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
\vdash	UBTOTAL of Disbursements This Page (optional).				3000.00		

S	CHEDULE B (FEC Form 3X)			F	OR I		NUMBER: PAGE 323 OF 339		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck	c only 21b	one)		
		Detailed	Summary Page			28a	28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na								
\square	NAME OF COMMITTEE (In Full)			_					
	UnitedHealth Group Incorporated	PAC (Ur	itedHealth C	Grou	p F	PAC))		
Α.	Full Name (Last, First, Middle Initial) Stan Lambert Campaign						Date of Disbursement		
	Mailing Address PO Box 3752						07 / 09 / Y Y Y Y Y 2019		
	City Abilene	State TX	Zip Code 79604				FEC Identification Number		
	Purpose of Disbursement Contribution			C)11	٦	C Transaction ID : 43663424		
	Candidate Name				egor	у/	Amount of Each Disbursement this Period		
	Lambert, Stan, , TX Rep., Office Sought: House Disburse	ement For:			ype		1000.00		
	Senate President	Primary Other (spe	General cify) ▼				Contribution Memo Item		
	State: District:	_							
В.	Full Name (Last, First, Middle Initial) Ray Lopez Campaign						Date of Disbursement		
	Mailing Address PO Box 461753		07 09 2019						
	City State Zip Code San Antonio TX 78246					FEC Identification Number			
	Purpose of Disbursement Contribution					7	C		
	Candidate Name			Cate	egor	y/	Transaction ID: 43663425 Amount of Each Disbursement this Period		
	Lopez, Ray, , TX Rep., Office Sought: House Disburse	mont For:		T	уре		1000.00		
	Office Sought: House Disburse	ement For: Primary	General				Contribution		
	State: District:	Other (spe					Memo Item		
с.	Full Name (Last, First, Middle Initial) Will Metcalf Campaign						Date of Disbursement		
	Mailing Address PO Box 454						07 09 / Y Y Y Y 2019		
	City Conroe	State TX	Zip Code 77305				FEC Identification Number		
	Purpose of Disbursement Contribution			C)11	٦	C Transaction ID : 43663426		
	Candidate Name Metcalf, Will, , TX Rep.,				egor ype	y/	Amount of Each Disbursement this Period		
		ement For:					1000.00		
	State: District:	Primary Other (spe	General cify) ▼				Contribution Memo Item		
s	UBTOTAL of Disbursements This Page (optional).						3000.00		
т	OTAL This Period (last page this line number only	/)					, ,		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 324 OF 339			
ITEMIZED DISBURSEMENTS	for each Detailed	parate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)		nitadUaalth C					
UnitedHealth Group Incorporated)			
Full Name (Last, First, Middle Initial) A. Jim Murphy Campaign							
Mailing Address 1 E. Greenway Plaza, Suite 225				07 09 2019			
City Houston	State TX	Zip Code 77046		FEC Identification Number			
Purpose of Disbursement Contribution		11040	011	C			
Candidate Name			Category/	Transaction ID : 43663427 Amount of Each Disbursement this Period			
Murphy, Jim, , TX Rep.,			Туре	1000.00			
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ecify) ▼		Contribution Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) Lynn Stucky Campaign Mailing Address PO Box 464				Date of Disbursement			
0.4							
City Denton Purpose of Disbursement	State TX	Zip Code 76202		FEC Identification Number			
Contribution Candidate Name			011	Transaction ID : 43663428			
Stucky, Lynn, , TX Rep.,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:			1000.00			
State: District:	Primary Other (spe	General ecify)		Contribution Memo Item			
Full Name (Last, First, Middle Initial)				Date of Disbursement			
C. Shilling for Senate							
Mailing Address PO Box 1261				07 09 2019			
City La Crosse	State WI	Zip Code 54602-1261		FEC Identification Number			
Purpose of Disbursement Contribution	Purpose of Disbursement						
Candidate Name Shilling, Jennifer, , WI Sen.,			Category/ Type	Transaction ID : 43663430 Amount of Each Disbursement this Period			
Senate President	ement For: Primary Other (spe	General ecify) ▼		500.00 Contribution Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional	-			2500.00			
TOTAL This Period (last page this line number on	ly)		••••••				

S	CHEDULE B (FEC Form 3X)			F	OR I		NUMBER: PAGE 325 OF 33						
ITEMIZED DISBURSEMENTS		Use sepa for each			c only	y one)							
			Summary Page		$\left - \right $	21b 28a	22 23 26 27 28b 28c x 29 30b						
	ny information copied from such Reports and State for commercial purposes, other than using the na					perso	on for the purpose of soliciting contributions						
$ \rangle$	NAME OF COMMITTEE (In Full)		·	. .			N						
\square	UnitedHealth Group Incorporated	PAC (Un		∍rou	р н	-AC))						
A.	Full Name (Last, First, Middle Initial) Friends of Alberta Darling						Date of Disbursement						
	Mailing Address PO Box 2741					07 / 09 / Y Y Y Y 07 09 2019							
	City	State WI	Zip Code				FEC Identification Number						
	Madison Purpose of Disbursement	VVI	53701										
	Contribution			C)11		C						
	Candidate Name			Cat	egor	v/	Transaction ID : 43663431 Amount of Each Disbursement this Period						
	Darling, Alberta, , ,				ype	<i>J'</i>							
		ement For:					500.00						
	Senate President	Primary	General				Contribution						
	State: District:	Other (spe	city) 🔻				Memo Item						
	Full Name (Last, First, Middle Initial)												
В.	Friends of Jerry Petrowski						Date of Disbursement						
	Mailing Address 720 North 136th Avenue						07 09 / Y Y Y Y 2019						
	City	State	Zip Code				FEC Identification Number						
	Marathon Purpose of Disbursement	WI	54448										
	Contribution			C	011		C						
	Candidate Name	Category					Transaction ID : 43663432 Amount of Each Disbursement this Period						
	Petrowski, Jerry, , ,				ype	y/							
		ement For:					250.00						
	Senate	Primary	General				Contribution						
	State: District:	Other (spec	cify)				Memo Item						
_	Full Name (Last, First, Middle Initial)						Date of Disburgement						
С.	Roth for Wisconsin						Date of Disbursement						
	Mailing Address PO Box 2224						07 / 09 / Y Y Y Y 2019						
	City	State WI	Zip Code 54912				FEC Identification Number						
	Appleton Purpose of Disbursement	VVI	54912	_		_	С						
	Contribution			C)11		Transaction ID : 43663433						
	Candidate Name			Cate	egor	v/	Amount of Each Disbursement this Period						
	Roth, Roger, , ,			T	ype	, 							
		ement For:					500.00						
	Senate President	Primary Other (spe	General				Contribution						
	State: District:		City) 🔻				Memo Item						
Г													
s	UBTOTAL of Disbursements This Page (optional).						1250.00						
т	OTAL This Period (last page this line number only	y)					, ,						

SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER: PAGE 326 OF 339			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(che	eck only 21b 28a	one) 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 nar	ments may r me and addr	not be sold or use ress of any politica	ed by ar al comm	ny perso nittee to	on for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Group	PAC)			
Full Name (Last, First, Middle Initial) A. Citizens for Dale Kooyenga					Date of Disbursement			
Mailing Address 3360 Sunnyview Lane					07 / 09 / Y Y Y 2019			
Brookfield	State WI	Zip Code 53005			FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name			01	-	Transaction ID : 43663434 Amount of Each Disbursement this Period			
Kooyenga, Dale, , WI Rep., Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General	Categ Typ		500.00 Contribution			
State: District: Full Name (Last, First, Middle Initial) B. Friends of Dave Craig Mailing Address PO Box 323					Memo Item Date of Disbursement 07 2019			
City Big Bend Purpose of Disbursement Contribution	State WI	Zip Code 53103	01	1	FEC Identification Number			
Candidate Name Craig, Dave, , WI Sen., Office Sought: House Senate President State: District:	ment For: Primary Genera Other (specify)		Categ Typ		Transaction ID : 43663435 Amount of Each Disbursement this Period 250.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Friends of LaTonya Johnson					Date of Disbursement			
Mailing Address PO Box 100813		1			07 09 2019			
Milwaukee Purpose of Disbursement Contribution Candidate Name	State WI	Zip Code 53210	01 ² Categ		FEC Identification Number C Transaction ID : 43663436 Amount of Each Disbursement this Period			
Johnson, LaTonya, , WI Sen., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼	Тур	be	500.00 Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional)					1250.00			

SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 327 OF 339				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		eck only 21b 28a					
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by a al comi	any pers mittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.				
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Foup	D PAC)				
Full Name (Last, First, Middle Initial) A. Testin for Senate									
Mailing Address 5369 Fairview Dr					07 09 2019				
City	State WI	Zip Code			FEC Identification Number				
Stevens Point Purpose of Disbursement	VVI	54482	_	_	С				
Contribution			01	1	Transaction ID : 43663437				
Candidate Name			Cate		Amount of Each Disbursement this Period				
Testin, Patrick, , WI Sen., Office Sought: House Disburse	ement For:		Ту	pe	1000.00				
Senate President	Primary Other (spe	General			Contribution				
State: District:		,, , , , , , , , , , , , , , , , , ,			Memo Item				
Full Name (Last, First, Middle Initial) B. State Senate Democratic Commit	tee				Date of Disbursement				
Mailing Address PO Box 164		07 09 2019							
City Madison	Madison WI 53701								
Purpose of Disbursement Contribution					C Transaction ID : 43663438				
Candidate Name			Cateo Ty		Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate	ement For: Primary	General	14.1		2500.00 Contribution				
State: District:	Other (spe	cify)			Memo Item				
Full Name (Last, First, Middle Initial)	Committe				Date of Disbursement				
Mailing Address PO Box 814					07 09 2019				
City	State	Zip Code							
Madison	WI	53701			FEC Identification Number				
Purpose of Disbursement Contribution	I		01	1	С				
Candidate Name			Cate	gory/	Transaction ID : 43663439 Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		.,,		2500.00				
Senate President	Primary Other (spe	General cify) ▼			Contribution Memo Item				
State: District:	-								
SUBTOTAL of Disbursements This Page (optional)				···· ►	6000.00				
TOTAL This Period (last page this line number only	/)			🕨					

S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 328 OF 339
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check o 21 28	nly one) b 22 23 26 27
	ny information copied from such Reports and State for commercial purposes, other than using the nat				
\setminus	NAME OF COMMITTEE (In Full)				0
	UnitedHealth Group Incorporated				
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Fred Wood				Date of Disbursement
	Mailing Address PO Box 1207				07 09 2019
	City Burley	State ID	Zip Code 83318		FEC Identification Number
	Purpose of Disbursement Contribution		00010	011	C Transaction ID : 43663455
				Category/	Amount of Each Disbursement this Period
	Wood, Fred, , ID Rep., Office Sought: House Disburse	ment For:		Туре	500.00
	Senate President	Primary Other (spec	General cify) ▼		Contribution Memo Item
	State: District: Full Name (Last, First, Middle Initial)				
B.		thon			Date of Disbursement
	Mailing Address PO Box 76	07 09 2019			
	City Rupert	State ID	Zip Code 83350		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 43663456
	Candidate Name Anthon, Kelly, , ID Sen.,			Category/	Amount of Each Disbursement this Period
		ment For:		Туре	500.00
	Senate	Primary	General		Contribution
	State: District:	Other (spec	cify)		Memo Item
с.	Full Name (Last, First, Middle Initial)				Date of Disbursement
	Mailing Address PO Box 89				07 09 / Y Y Y Y 2019
	City Oakley	State ID	Zip Code 83346		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 43663457
	Candidate Name Bedke, Scott, , ID Rep.,			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		2 F -	1000.00
	State: District:	Primary Other (spec	General cify) ▼		Contribution Memo Item
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s	UBTOTAL of Disbursements This Page (optional).			•••••	2000.00
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SCHEDULE B (FEC Form 3X)			F	OR L	INE N	NUMBER: PAGE 329 OF 339									
ITEMIZED DISBURSEMENTS		for each	arate schedule(s) category of the	(C		only 21b	y one)								
		Detailed	Summary Page			28a	22 28b		23 28c	× 29		30b			
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Srou	р Р 	AC)									
Α.	Full Name (Last, First, Middle Initial) Youngblood for Idaho								Date of Disbursement						
	Mailing Address 12612 Smith Ave.					07 / D D / Y Y Y Y Y 09 2019									
	City Nampa	State ID	Zip Code 83651				FEC Ide	entific	catior	n Numb	er				
	Purpose of Disbursement Contribution			0	11	٦	C		tion	ID : 43	6246	0			
	Candidate Name			Cate	egory	/						t this Period			
	Youngblood, Rick, D., ID Rep., Office Sought: House Disburse	ment For:		Ty	ype			-				500.00			
	State: District:	Primary Other (spec	General cify) ▼				Me	mo It		Contrib	ution				
	Full Name (Last, First, Middle Initial)						_								
В.	Committee to Re-Elect Chuck Win	dner					Date of	f Dist	ourse		Y	/ • Y • Y			
	Mailing Address 5528 N Ebbets Ave		07		0			2019							
	City Boise	State ID	Zip Code 83713				FEC Ide	entific	catior	n Numb	er				
	Purpose of Disbursement Contribution		011					tion	ID · 43	6345	a				
	Candidate Name				egory	/	Transaction ID : 43663459 Amount of Each Disbursement this Perio					-			
	Winder, Chuck, , ID Sen., Office Sought: House Disburse	ment For:	Ty	ype		1000.00									
	Senate	Primary	General				Contribution					1000.00			
	State: District:	Other (spec	cify)				Me	mo lt		Contract					
с.	Full Name (Last, First, Middle Initial) Fred S. Martin for Senate						Date of	f Dist	ourse	ment					
	Mailing Address 3672 N. Tumbleweed PI.						м м 07	1	D 09			2019			
	City Boise	State	Zip Code 83713				FEC Ide	entific	catior	n Numb	er				
	Purpose of Disbursement Contribution		03/13	0	11		С								
	Candidate Name			Cate	egory	/				ID:43 Disburs		i 0 It this Period			
	Martin, Fred, , ID Sen., Office Sought: House Disburse	ment For:		Ty	ype		500.00								
	Senate	Primary	General					-,		Contrib	ution				
	State: District:	Other (spec	cify) ▼				Me	mo It		Contrib	ution				
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L 1	OTAL This Period (last page this line number only)			•••••							1 N N			

S	CHEDULE B (FEC Form 3X)			F	OR	LINE N	NUMBER: PAGE 330 OF 339						
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(c	hecl	k only 21b	y one) 22 23 26 27						
		Detailed	Summary Page			28a	28b 28c x 29 30b						
	ny information copied from such Reports and State for commercial purposes, other than using the na												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			_	-								
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	irou	р н 	JAC))						
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Brent Hill						Date of Disbursement						
	Mailing Address 1010 South 2nd East						07 09 2019						
	City Rexburg	State ID	Zip Code 83440				FEC Identification Number						
	Purpose of Disbursement Contribution						С						
	Candidate Name)11		Transaction ID : 43663461						
	Hill, Brent, , ID Sen.,			Cate T	egor ype	ry/	Amount of Each Disbursement this Period						
		ement For:					500.00						
	Senate President	Primary Other (spe	General				Contribution						
	State: District:		ury) ▼				Memo Item						
_	Full Name (Last, First, Middle Initial)												
в.	Citizens for Hughes						Date of Disbursement						
	Mailing Address PO Box 13031		07 / D D / Y Y Y Y 09 2019										
	City	State PA	Zip Code				FEC Identification Number						
	Philadelphia Purpose of Disbursement		19101	_	_		С						
	Contribution			C)11		Transaction ID : 43663462						
	Candidate Name Hughes, Vincent, , PA Sen.,	Ca				ry/	Amount of Each Disbursement this Period						
		ement For:		Туре			1000.00						
	Senate	Primary	General				Contribution						
	State: District:	Other (spec	сіту)				Memo Item						
_	Full Name (Last, First, Middle Initial)												
С.	Citizens for Stan Saylor						Date of Disbursement						
	Mailing Address 208 Robin Dr						07 09 2019						
	City Red Lion	State PA	Zip Code 17356				FEC Identification Number						
	Purpose of Disbursement			-	_		С						
	Contribution Candidate Name			0)11		Transaction ID : 43663463						
	Saylor, Stanley, , PA Rep.,			Cate T	egor ype	ry/	Amount of Each Disbursement this Period						
	Office Sought: House Disburse	ement For:	L				1000.00						
	Senate President	Primary Other (spec	General				Contribution						
	State: District:	Other (spe	uiy) ▼				Memo Item						
Γ	UDTOTAL of Diphyrophoto This Dars (arthurs)						2500.00						
F	UBTOTAL of Disbursements This Page (optional).					•							
т	OTAL This Period (last page this line number only	y)					, ,						

SC	HEDULE B (FEC Form 3X)			FC	DR L	INE N	IUMBER:			F	PAGE	E 331 OF 339
ITE	MIZED DISBURSEMENTS	Use sepa for each		heck	only 21b		27					
			Summary Page			210 28a	22 28b		23 28c	26 x 29	L	30b
or f	r information copied from such Reports and State or commercial purposes, other than using the na				any	perso	n for the	purp	ose c	f solicit	ting	contributions
	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	pР	AC)						
Ľ		``			·							
A.	Full Name (Last, First, Middle Initial) Citizens for Jake Wheatley						Date of Disbursement					
_	Mailing Address PO BOX 53044		1				07		09	9		2019
	City Pittsburgh	State PA	Zip Code 15219-0000				FEC Id	entifi	catior	Numb	er	
Ī	Purpose of Disbursement Contribution			0	11	1	С					
	Candidate Name	Rep., Jr.					ID:430 Disburs		ent this Period			
	Wheatley, Jake, , PA Rep., Jr. Office Sought: House Disburse	ement For:		I	ype							1000.00
	State: District:	Primary Other (spec	General cify) ▼				Me	mo l'		Contribu	ution	
	State: District: Full Name (Last, First, Middle Initial)											
В.	Friends of Matt Bradford						Date of	[:] Dist	ourse		Y	YYYY
ſ	Mailing Address PO BOX 349						07		Q			2019
	City Norristown	State PA	Zip Code 19404-0000				FEC Id	entifi	catior	Numb	er	
Ē	Purpose of Disbursement Contribution		011					near	tion	434 · חו	634	80
	Candidate Name		Category/				Transaction ID : 43663480 Amount of Each Disbursement this Peric					
	Bradford, Matthew, , PA Rep., Dffice Sought: House Disburse	ement For:		Туре			1000.00					
	Senate	Primary	General				Contribution					
S	State: District:	Other (spec	cify)				Me	mo l	tem			
-	Full Name (Last, First, Middle Initial)						Date of	Dist	ourse	ment		
.	Friends of Joanna McClinton						M M	/	D		Y	Y Y Y
ſ	Mailing Address PO BOX 16668						07		09	9		2019
	City Philadelphia	State PA	Zip Code 19139-9998				FEC Id	entifi	catior	Numb	er	
	Purpose of Disbursement Contribution			0	11		С					
	Candidate Name			Cate	egory	/	Transaction ID: 43663481 Amount of Each Disbursement this Period					
_	McClinton, Joanna, , PA Rep., Dffice Sought: House Disburse	ement For:		Ту	ype							1000.00
	Senate	Primary	General					-7		Contrib	ution	
ç	State: District:	Other (spec	cify) ▼				Me	mo l				
						I		-	-		_	2002.00
SL	IBTOTAL of Disbursements This Page (optional).						+		-			3000.00
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SCHEDULE B (FEC Form 3	X) ┌			FC	DR L	INE N		:		P	AGE	332 OF 339
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck	only only only only only only only only	one) 22 23 26 27					
		Detailed S	Summary Page			28a	28b	\mid	28c	x 29		30b
Any information copied from such Reports a or for commercial purposes, other than usin										of soliciti		
NAME OF COMMITTEE (In Full)				.								
UnitedHealth Group Incorpo	rated PA			srou	р Р 	AC)						
Full Name (Last, First, Middle Initial) A. Friends of John Gordner				Date of Disbursement								
							M M		D		Y	YY
Mailing Address 1914 BRITTAIN ST							07		09	9	_2	019
City Berwick	Sta	ate PA	Zip Code 18603				FEC Id	entifi	catior	Numbe	ər	
Purpose of Disbursement		~	10003	_	_		С	-				-
Contribution				0	11			ansa	ction	ID : 436	6348	2
Cardner John DA Sen					egory	/	Amoun	t of I	Each	Disburs	emen	t this Period
Gordner, John, , PA Sen.,	Disburseme	ent For		Tj	pe							1000.00
Senate		rimary	General							Contrib	-	1 40 1
President	0	ther (spec	ify) 🔻				Me	emo l		Contribu	tion	
State: District: Full Name (Last, First, Middle Initial)												
B. Benninghoff for Representa	tive						Date o	f Dis	burse	ment		
							M M	/	D	D /	Y Y	YY
Mailing Address 328 E. LAMB ST			1				07		0	9	2	019
City Bellefonte		ate PA	Zip Code 16823-0000				FEC Id	entifi	catior	Numbe	ər	
Purpose of Disbursement	Purpose of Disbursement											-
Contribution							Transaction ID : 43663517					7
Candidate Name Benninghoff, Kerry, , PA Re	n				Category/ Type			Amount of Each Disbursement this Period				
Office Sought: House	P., Disburseme	ent For:		13	he		1000.00					
Senate		rimary	General				Contribution					
President	O	ther (spec	ify)				Me	emo l				
State: District: Full Name (Last, First, Middle Initial)												
C. Friends For Donna Oberland	der						Date o	f Dis	burse	ment		
							MM	/	D			Y Y
Mailing Address 44 W MAIN ST							07		09	<u>,</u>	2	019
City		ate	Zip Code				FEC Id	entifi	catior	Numbe	ər	
Clarion Purpose of Disbursement	F	PA	16214-0000				С	-				-
Contribution				0	11			ansa	ction	ID · 436	6351	8
Candidate Name					gory	/	Transaction ID : 43663518 Amount of Each Disbursement this Period					
Oberlander, Donna, , PA Re		nt For		Ту	ype							
Senate	Disburseme	rimary	General									1000.00
President		ther (spec					Ma	emo l		Contribu	ition	
State: District:							IVIE		lem			
SUBTOTAL of Disbursements This Page (optional)								,			3000.00
TOTAL This Period (last page this line nur	nber only)								,			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 333 OF 339				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial) A. Senate Republican Campaign Con	nmittee			Date of Disbursement				
Mailing Address PO Box 792				07 09 / Y Y Y Y Y 2019				
Harrisburg	State PA	Zip Code 17108		FEC Identification Number				
Purpose of Disbursement Contribution			011	C Transaction ID : 43663519				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period 1000.00				
Senate President	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item				
State: District: Full Name (Last, First, Middle Initial) B. Re-Elect Jeffrey Wardlaw Mailing Address 2017 Bradley Road 33				Date of Disbursement				
City Hermitage Purpose of Disbursement Contribution	011	FEC Identification Number						
Candidate Name Wardlaw, Jeff, , AR Rep., Office Sought: Benate President State: Disburser Disburser Disburser	ment For: Primary Other (spec	General Cify)	Category/ Type	Transaction ID : 43663520 Amount of Each Disbursement this Period 500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Advancing Florida Agriculture				Date of Disbursement				
Mailing Address 1103 Hays Street				07 16 / Y Y Y Y Y 2019				
City Tallahassee Purpose of Disbursement Contribution Candidate Name	State FL	Zip Code 32301	011 Category/ Type	FEC Identification Number C Transaction ID : 43690113 Amount of Each Disbursement this Period				
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	туре	2500.00 Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)				4000.00				

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 334 OF 339					
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	iroup PAC)					
Full Name (Last, First, Middle Initial) A. Vickrey for Representative									
Mailing Address 502 S Countryside Dr				07 / 18 / Y Y Y Y 2019					
City Louisburg Purpose of Disbursement	KS 66053								
Contribution Candidate Name	011 Category/	C Transaction ID : 43691562 Amount of Each Disbursement this Period							
Vickrey, Jene, , Representa, Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	500.00 Contribution Memo Item					
Full Name (Last, First, Middle Initial) B. John Barker for State Representat Mailing Address 103 Wassinger Ave		Date of Disbursement							
City Abilene Purpose of Disbursement Contribution		FEC Identification Number							
Candidate Name Barker, John, , KS Rep.,	P., Disbursement For:		011 Category/ Type	Transaction ID : 43691563 Amount of Each Disbursement this Period 500.00 Contribution					
State: District:	Other (spec	cify)		Memo Item					
Full Name (Last, First, Middle Initial) C. Finch for Kansas Representative				Date of Disbursement					
Mailing Address 5 SW Fairview Dr				07 18 2019					
City Ottawa Purpose of Disbursement Contribution Candidate Name	State KS	Zip Code 66067	011	FEC Identification Number C Transaction ID : 43691564					
Finch, Blaine, , KS Rep.,	ment For: Primary Other (spec	General cify) ▼	Category/ Type	Amount of Each Disbursement this Period 500.00 Contribution Memo Item					
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			F	1500.00					

SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 335 OF 339				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(ch	eck only 21b 28a	v one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Group	PAC	;)				
Full Name (Last, First, Middle Initial) A. Dan Hawkins for State Representa	ative				Date of Disbursement				
Mailing Address 9406 Harvest Ln					07 18 2019				
City Wichita Purpose of Disbursement	State KS	Zip Code 67212			FEC Identification Number				
Contribution Candidate Name			01 Categ		Transaction ID : 43691565 Amount of Each Disbursement this Period				
Hawkins, Daniel, , KS Rep., Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Тур	pe	500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Ron Ryckman Jr for State Represe Mailing Address 14232 W 158th St	entative				Date of Disbursement				
City Olathe Purpose of Disbursement Contribution	Zip Code 66062	01	11	FEC Identification Number					
Candidate Name Ryckman, Ronald, , KS Rep., Jr. Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Cify)	Cateo Typ		Transaction ID : 43691566 Amount of Each Disbursement this Period 500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Waymaster for Kansas House					Date of Disbursement				
Mailing Address 3528 192nd Street					07 / 18 / Y Y Y Y 2019				
City Bunker Hill Purpose of Disbursement Contribution	State KS	Zip Code 67626	01	1	FEC Identification Number				
Candidate Name			Cateo	gory/	Transaction ID : 43691567 Amount of Each Disbursement this Period				

SC	HEDULE B (FEC Form 3X)			F	OR L	INE N	NUMBER: PAGE 336 OF 339					
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the	(C		only 21b	one)					
			Summary Page			210 28a	22 23 26 27 28b 28c x 29 30b					
or	v information copied from such Reports and State						on for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)						N					
\backslash	UnitedHealth Group Incorporated	PAC (Un	litedHealth G	rou	рΡ	AC))					
	Full Name (Last, First, Middle Initial) Landwehr for Kansas House						Date of Disbursement					
							M M / D D / Y Y Y					
	Mailing Address 2611 N Bayside Ct						07 18 2019					
	City Wichita	State KS	Zip Code 67205				FEC Identification Number					
	Purpose of Disbursement		07203	_	_		С					
	Contribution			0	11		Transaction ID : 43691568					
	Candidate Name Landwehr, Brenda, , KS Rep.,				egory ype	/	Amount of Each Disbursement this Period					
		ement For:			, , , , , , , , , , , , , , , , , , , ,		500.00					
	Senate President	Primary Other (apor	General				Contribution					
	State: District:	Other (spec	city) 🔻				Memo Item					
	Full Name (Last, First, Middle Initial)											
В.	Olson for Senate						Date of Disbursement					
	Mailing Address 15944 S Clairborne St		07 18 Y Y Y Y Y 2019									
	City Olathe	State KS	Zip Code 66062				FEC Identification Number					
	Purpose of Disbursement	_	_		С							
-				C)11		Transaction ID : 43691569					
	Candidate Name Olson, Robert, , KS Sen.,			Category/ Type			Amount of Each Disbursement this Period					
		ment For:					1000.00					
	Senate President	Primary	General				Contribution					
	State: District:	Other (spec	ciry)				Memo Item					
	Full Name (Last, First, Middle Initial)											
C.	Pete Ricketts for Governor						Date of Disbursement					
	Mailing Address 1610 N Street, Suite 100						07 18 2019					
	City	State NE	Zip Code 68508				FEC Identification Number					
	Lincoln Purpose of Disbursement		00000	_	_		С					
	Contribution			0	11		Transaction ID : 43691570					
	Candidate Name Ricketts, Pete, , Gov.,				egory ype	/	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ement For:					10000.00					
	Senate President	Primary Other (spec	General				Contribution					
	State: District:		City) V				Memo Item					
sı	JBTOTAL of Disbursements This Page (optional).					►	11500.00					
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 337 OF 339			
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	iroup PAC)			
Full Name (Last, First, Middle Initial) A. John Eplee for Kansas House	Date of Disbursement						
Mailing Address 820 Raven Hill Drive Suite 102		07 18 2019					
Atchison	State KS	Zip Code 66002		FEC Identification Number			
Contribution							
Candidate Name Eplee, John, , KS Rep., Office Sought: House Disburser	mont For:		Category/ Type	Transaction ID : 43691571 Amount of Each Disbursement this Period 500.00			
State: District:	nent For: Primary General Other (specify) ▼			Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. McGinn for Kansas Senate Mailing Address P.O. Box A		Date of Disbursement					
City Sedgwick Purpose of Disbursement	State KS	Zip Code 67135		FEC Identification Number			
Contribution Candidate Name McGinn, Carolyn, , KS Sen., Office Sought: House Disburser Senate President State: District:	011 Category/ Type	C Transaction ID : 43691572 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item					
Full Name (Last, First, Middle Initial) C. Kansans for Fred Patton		Date of Disbursement					
Mailing Address 339 NE 46th Street		07 18 2019					
City State Zip Code Topeka KS 66617 Purpose of Disbursement Contribution 011				FEC Identification Number			
Candidate Name Patton, Fred, , KS Rep., Office Sought: House Disburser Senate President State: District:	Amount of Each Disbursement this Period 500.00 Contribution Memo Item						
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				2000.00			

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the Detailed Summary Page		FO	R LINE	NUMBER: PAGE 338 OF 339			
ITEMIZED DISBURSEMENTS			(cheo	eck only 21b 28a	/ one) 22 23 26 27 28b 28c x 29 30b			
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	Group) PAC	;)			
Full Name (Last, First, Middle Initial) A. Kyle Hoffman for Kansas House	Date of Disbursement							
Mailing Address 1318 T Avenue					07 / D D / Y Y Y Y 2019			
City Coldwater	State KS	Zip Code 67029			FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	ution 011							
Hoffman, Kyle, , KS Rep.,	ement For:	Category/ Type			Amount of Each Disbursement this Period 500.00			
State: District:	Primary Other (spec	General cify) ▼			Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Suellentrop for Kansas Senate Mailing Address 6813 West Northwind Circle					Date of Disbursement			
City Wichita	State KS	Zip Code 67205			FEC Identification Number			
Purpose of Disbursement Contribution 011 Candidate Name Current Connect I/C Connect Co					Transaction ID : 43691575 Amount of Each Disbursement this Period			
Suellentrop, Gene, , KS Sen., Office Sought: House Senate President State: District:	ement For: Primary Other (spec	General Cify)	Type 1000 Contribution Memo Item		Contribution			
Full Name (Last, First, Middle Initial) C. Berger for Kansas Senate					Date of Disbursement			
Mailing Address 2501 Briarwood Lane					07 18 2019			
City Hutchinson Purpose of Disbursement Contribution	State KS	Zip Code 67502	01	1	FEC Identification Number			
Candidate Name Category/ Type Berger, Edward, , KS Sen., Category/ Type Office Sought: House					Amount of Each Disbursement this Period			
State: District:	nent For: Primary General Other (specify) ▼				Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional).				····· >	2500.00			
TOTAL This Period (last page this line number only	/)			►				

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SCHEDULE B (FEC Form 3X)		oroto ochodula (-)	FOR LINE		
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 28b 28c x 29 30b	
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				N N	
UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth G	iroup PAC)	
Full Name (Last, First, Middle Initial) A. Nebraska Republican Party	Date of Disbursement				
Mailing Address 1610 N Street	07 18 2019				
City	State NE	Zip Code		FEC Identification Number	
Lincoln Purpose of Disbursement Contribution		68508	011	C Transaction ID : 43691577	
Candidate Name					
Office Sought: House Disburs Senate President	sement For: Primary Other (spe	General ecify) ▼		5000.00 Contribution	
State: District:		27		Memo Item	
Full Name (Last, First, Middle Initial) B. Nebraska Democratic Party Mailing Address 201 N 8th Street	Date of Disbursement 07 18 2019				
Suite 210 City	State	Zip Code		FEC Identification Number	
Lincoln Purpose of Disbursement Contribution	NE	68508	011	С	
Candidate Name Category/ Type				Transaction ID : 43691578 Amount of Each Disbursement this Period	
Office Sought: House Disburs Senate President	sement For: Primary Other (spe	General ecify)		2500.00 Contribution Memo Item	
State: District:					
Full Name (Last, First, Middle Initial)	Date of Disbursement				
Mailing Address					
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement	C				
Candidate Name	Amount of Each Disbursement this Period				
Office Sought: House Disbursement For: Senate Primary General					
State: District:	Other (spe	ecify) 🔻		Memo Item	
SUBTOTAL of Disbursements This Page (optional)		····· ►	7500.00	
TOTAL This Period (last page this line number or	ıly)		•••••• •	124000.00	