

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 12 / 01 / 2019 through [MM] / [DD] / [YYYY] 12 / 31 / 2019

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

Signature of Treasurer Davis, Kelly, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 01 / 31 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="940764.59"/>	<input type="text" value="940764.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1130908.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="218222.42"/>	<input type="text" value="2252116.28"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1349130.87"/>	<input type="text" value="3192880.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="348375.00"/>	<input type="text" value="2192125.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1000755.87"/>	<input type="text" value="1000755.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	199227.73	2087531.51
(ii) Unitemized .....	1576.12	145001.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	200803.85	2232533.27
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	200803.85	2232533.27
12. Transfers From Affiliated/Other Party Committees.....	17418.57	19583.01
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	218222.42	2252116.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	218222.42	2252116.28

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	924000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	281875.00	1268125.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	348375.00	2192125.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	348375.00	2192125.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	200803.85	2232533.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	200803.85	2232533.27
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. SONSTEGARD, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4216 Zenith Ave S  
 City Minneapolis State MN Zip Code 55410-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 13 / 2019  
**Transaction ID : 44302259**  
 Amount of Each Receipt this Period 14.04  
 Memo Item

**B. PENN, JULIET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 734 Courtney Ave  
 City Morgantown State WV Zip Code 26501-5300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedExpress Occupation (for Individual) Chief Marketing and Strategy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : 44367732**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**C. FORKER, JUDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5109 WEST 56TH STREET  
 City EDINA State MN Zip Code 55436-2427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Enterprise Comp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 21 / 2019  
**Transaction ID : 44367737**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5014.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. STREB, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 NORTH STAR ROAD  
 City UPPER ARLINGTON State OH Zip Code 43221-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Capability  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159794156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CLARKE, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 MCNULTY DRIVE  
 City EAST HARTFORD State CT Zip Code 06118-2413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159802256342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

**C. SWAN, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 STEAMBOAT CROSSING  
 City DRIPPING SPRINGS State TX Zip Code 78620-4342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Strat Acct Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159803256342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 67.24  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ELLISTON, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 S 52ND ST  
 City OMAHA State NE Zip Code 68132-3544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159805956342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. GAUDIO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 E MOUNTAIN VIEW RD  
 City PARADISE VALLEY State AZ Zip Code 85253-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159811856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WICHMANN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 ANTRIM ROAD  
 City EDINA State MN Zip Code 55439-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159814756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	789.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KALLMEYER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR1159817456342**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. QUIRK, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6458 ORCHID LANE  
 City DALLAS State TX Zip Code 75230-4121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR1159819156342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. FALK, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 323 LAWRENCE AVE  
 City HIGHLAND PARK State NJ Zip Code 08904-1851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR1159820256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MIGLIORI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 72  
 City WAYZATA State MN Zip Code 55391-0072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, UHG Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1159827456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HOCK, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 215 WINDMILL HILL  
 City WETHERSFIELD State CT Zip Code 06109-2746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1551128956342**  
 Amount of Each Receipt this Period 23.08  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. MATTEO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 JEREMIAHS WAY  
 City SOUTH GLASTONBURY State CT Zip Code 06073-3621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Client Officer  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1551133456342**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	638.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CARR, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5400 THOROUGHbred LN  
 City SOUTHWEST RANCHES State FL Zip Code 33330-2411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) AES Natl VP Sls & Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1554323456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HARRIS, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 JUSTIN LANE  
 City WETHERSFIELD State CT Zip Code 06109-2542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1554323656342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. MILLER, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2321 HARBOR LAKE DRIVE  
 City ORANGE PARK State FL Zip Code 32003-7799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1554324356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	789.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ANDERSON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 AMATO CIRCLE  
 City WETHERSFIELD State CT Zip Code 06109-3971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1575957356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ERICKSON, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Optum Exec  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1575957656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. VALENTA, LEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5033 PARK TERRACE  
 City EDINA State MN Zip Code 55436-1098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1575958556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KELLY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 PLEASANT AVENUE  
 City SAINT PAUL State MN Zip Code 55102-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1575959756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WEBB, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1580865356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUGHES, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 COUNTY ROAD 44  
 City MINNETRISTA State MN Zip Code 55364-9572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596304156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. JOHNSON, THAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9741 GLACIER BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596304356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SCHUMACHER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 LARADA LANE  
 City EDINA State MN Zip Code 55436-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596305456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THEISEN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596305656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ANDERSON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17907 INVERNESS CURVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596309356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FLYNN, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3318 FOXRIDGE CIRCLE  
 City TAMPA State FL Zip Code 33618-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596309756342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. BORCA, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1649 SPRING VALLEY ROAD  
 City HARTLAND State WI Zip Code 53029-2056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596310456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BRODIGAN, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2159 BRINKER ST  
 City CHANHASSEN State MN Zip Code 55317-9361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596310656342**  
 Amount of Each Receipt this Period 48.46  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**B. DAVIDSON, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6058 HARBOUR TOWN CIR  
 City WESTERVILLE State OH Zip Code 43082-8144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596311656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUNLOP, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2964 WYSE COURT  
 City LEWIS CENTER State OH Zip Code 43035-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596312356342**  
 Amount of Each Receipt this Period 392.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.06
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HAFERMANN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5525 ZENITH AVENUE SOUTH  
 City EDINA State MN Zip Code 55410-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596313456342**  
 Amount of Each Receipt this Period 1428.56  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HEUMANN, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 MUIRFIELD COURT  
 City SAINT LOUIS State MO Zip Code 63141-7372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1149.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596313756342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$44.23 Bi-Weekly)

**C. HIGGINS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 BELCREST ROAD  
 City WEST HARTFORD State CT Zip Code 06107-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596313856342**  
 Amount of Each Receipt this Period 138.46  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1667.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. KAJA, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 BAHIA POINT  
 City NAPLES State FL Zip Code 34103-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) COO Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596314556342**  
 Amount of Each Receipt this Period 4999.90  
 Memo Item  
 P/R Deduction (\$4999.90 Bi-Weekly)

**B. MALLATT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 SOUTH 167 AVENUE  
 City OMAHA State NE Zip Code 68135-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596315456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ROSENTHAL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 VIA HERMOSA  
 City ORINDA State CA Zip Code 94563-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596317356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5769.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RUTH, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16621 ALEXANDER MANOR DRIVE  
 City SILVER SPRING State MD Zip Code 20905-5028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596317456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STURKEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 MARINA ROAD  
 City IRMO State SC Zip Code 29063-8579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596318456342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. TODD, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 467 PRAIRIE WAY SOUTH  
 City BAYPORT State MN Zip Code 55003-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596319056342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	512.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. VAVRA, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4828 OAK RIDGE DRIVE  
 City HERMANTOWN State MN Zip Code 55811-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 976.69

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1596319256342**  
 Amount of Each Receipt this Period 142.56  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SANDY, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1600598756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PETERSON, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2260 FOX STREET  
 City ORONO State MN Zip Code 55356-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1602669956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	911.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MALONEY, JEFFREY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6327 PASADENA POINT BLVD S

City GULFPORT	State FL	Zip Code 33707-3867
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR1613243556342**

Amount of Each Receipt this Period  
192.30

Memo Item

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

**B. CELLI, PAT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1210 COUNTRY CLUB DR

City CUTCHOGUE	State NY	Zip Code 11935-1728
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4807.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR1613243756342**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. SEVIGNY, BRIAN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 137 CREEKVIEW LANE

City LORETTO	State MN	Zip Code 55357-2111
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Director Tech Support
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR1653445756342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SULLIVAN, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 QUORN HUNT ROAD  
 City WEST SIMSBURY State CT Zip Code 06092-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Proj-Prgm Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1653445856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ARCHER, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2781 SADDLE CLUB ROAD  
 City GREENWOOD State IN Zip Code 46143-9211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1806750156342**  
 Amount of Each Receipt this Period 23.08  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

**C. EMERSON, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18855 MEADOW VIEW BLVD  
 City PRIOR LAKE State MN Zip Code 55372-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1806750356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ULLOA, SHAUNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 STRATFORD ROAD  
 City FARMINGTON State CT Zip Code 06032-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1832379156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ANDERSON, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 SIMMONS LANE  
 City SEVERNA PARK State MD Zip Code 21146-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903550756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUFEK, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 PROMONTORY PLACE  
 City EAGAN State MN Zip Code 55123-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Info Security  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903577156342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	462.68
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JOHNSON, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12880 53RD STREET NORTH  
 City STILLWATER State MN Zip Code 55082-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903591156342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. SANTELLI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25510 BIRCH BLUFF ROAD  
 City EXCELSIOR State MN Zip Code 55331-8520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903622056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STEERUP, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7019 DONLEA LANE  
 City EDEN PRAIRIE State MN Zip Code 55346-3164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903628656342**  
 Amount of Each Receipt this Period 143.60  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	606.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WEYMOUTH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 WRIGHTS MILL RD  
 City COVENTRY State CT Zip Code 06238-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CTO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR1903636956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BEATY, JON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32860 SE DIVERS RD  
 City ESTACADA State OR Zip Code 97023-7507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119467856342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. CADRIEL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26023 NORTH 53RD DRIVE  
 City PHOENIX State AZ Zip Code 85083-6349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Manager Client Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119469856342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CAMPBELL, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4936 LONGMEADOW PARK ST  
 City ORLANDO State FL Zip Code 32811-7485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119469956342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. DEMBROSKI, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1390 FINCH LN  
 City GREEN BAY State WI Zip Code 54313-6400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119472856342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. DUNGAN, TARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 HIGH COUNTRY RIDGE  
 City SAN ANTONIO State TX Zip Code 78260-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir, Clin Appeals  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119473256342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 80.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GILDERNICK, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2709 WILLIAMS GRANT  
 City DE PERE State WI Zip Code 54115-9456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2119475256342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. HANSEN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 VIA CONOCIDO  
 City SAN CLEMENTE State CA Zip Code 92673-7044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2119476756342**  
 Amount of Each Receipt this Period 270.00  
 Memo Item  
 P/R Deduction (\$135.00 Bi-Weekly)

**C. HARLAN, MADELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3444 CORTES PLACE  
 City ROUND ROCK State TX Zip Code 78665-5666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2119476956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	338.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HARVEY, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 THOR WAY  
 City CARMICHAEL State CA Zip Code 95608-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119477256342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. HAYES, PAULINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7651 YORKTOWN AVENUE  
 City HUNTINGTON BEACH State CA Zip Code 92648-7803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119477456342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. KANNE, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4826 PALOMINO COURT  
 City ERIE State PA Zip Code 16506-6624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119479656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KNOTSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19312 FAIRHAVEN EXT  
 City SANTA ANA State CA Zip Code 92705-6310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119480256342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. LUKER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3115 S GOTHIC CIRCLE  
 City GREEN BAY State WI Zip Code 54313-4384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119482356342**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 P/R Deduction (\$8.00 Bi-Weekly)

**C. MACEMEADOR, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13531 CARLTON OAKS  
 City SAN ANTONIO State TX Zip Code 78232-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119482556342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MURRAY, CAROLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 834 WOODTACK COVE WAY  
 City HENDERSON State NV Zip Code 89002-8294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119484856342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. NYGARD, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9620 W RUSSELL ROAD #1063  
 City LAS VEGAS State NV Zip Code 89148-4505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Reg Adhr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119485056342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. OLLMANNWAGNER, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2839 TIMBER LANE  
 City GREEN BAY State WI Zip Code 54313-5841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119485256342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PAXSON, LYNDA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3924 E GARNET PL  
 City HIGHLANDS RANCH State CO Zip Code 80126-5044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Sr Field Acct Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119485856342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. PETE, DIANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4737 S 16TH DRIVE  
 City RIDGEFIELD State WA Zip Code 98642-7405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 312.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119486356342**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

**C. KOLLROSS, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1128 COUNTRYSIDE DR  
 City DE PERE State WI Zip Code 54115-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119486456342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	104.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PROCHNOW, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 143 RUSTIC OAK DRIVE  
 City LUXEMBURG State WI Zip Code 54217-7320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119487256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. RICCIUTI, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 PERENNIAL  
 City IRVINE State CA Zip Code 92603-0621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Qlty  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119487956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SING, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9407 LLANO VERDE  
 City HELOTES State TX Zip Code 78023-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119490156342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 76.08  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STETTLER, RONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11527 TRAILS END RD  
 City LEANDER State TX Zip Code 78641-5813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119490456342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. VANASTEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N2249 NICOLE COURT  
 City KAUKAUNA State WI Zip Code 54130-9462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Telesls Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119492656342**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**C. WESTPHAL, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4536 ROCKY RUN LN  
 City OCONTO State WI Zip Code 54153-9268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2119493256342**  
 Amount of Each Receipt this Period 23.08  
 Memo Item  
 P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	123.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WRIGHT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10471 STRAND TERRACE  
 City SANTA ANA State CA Zip Code 92705-1495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119494156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. YOUNG, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36296 N 98TH WAY  
 City SCOTTSDALE State AZ Zip Code 85262-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119494456342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. YOUNG, STEVEN C, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10765 QUAIL CREEK DRIVE EAST  
 City PARKER State CO Zip Code 80138-3064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) SB Acct Exec  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2119494556342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MASON, JOHN, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 524 N CRESCENT HEIGHTS BLVD  
 City LOS ANGELES State CA Zip Code 90048-2208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2387.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2126373856342**  
 Amount of Each Receipt this Period 8.50  
 Memo Item  
 P/R Deduction (\$84.61 Bi-Weekly)

**B. BURKE, FORREST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1020 TONKAWA ROAD  
 City ORONO State MN Zip Code 55356-9238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133132456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COLEMAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 290 US ROUTE 202  
 City RINDGE State NH Zip Code 03461-7108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133132556342**  
 Amount of Each Receipt this Period 24.00  
 Memo Item  
 P/R Deduction (\$12.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	417.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CUMMINGS, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1929 FAIRMOUNT AVE  
 City SAINT PAUL State MN Zip Code 55105-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133132656342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. HULTGREN, BROR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 22ND ST  
 City GOLDEN State CO Zip Code 80401-2452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133133256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133134256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	799.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHIELDS, ANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 473 WOOD WILLOW POINT  
 City CHAPIN State SC Zip Code 29036-9585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2133134756342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. COLE, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9790 FOXWORTH DRIVE  
 City JOHNS CREEK State GA Zip Code 30022-6259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2145728356342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. FALKENBERG, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 LANTANA  
 City NEWPORT COAST State CA Zip Code 92657-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2145728456342**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	270.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. RUMMEL, LEAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12100 TRAUTWEIN ROAD  
 City AUSTIN State TX Zip Code 78737-9358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2145729556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SMITH, DANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 ALDEN DRIVE  
 City EDINA State MN Zip Code 55416-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2145729956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BENSON, MARYNELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 IRON WORKS WAY  
 City WAYNE State PA Zip Code 19087-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Regn Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2162866956342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	481.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LEWIS, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 961 RIVER FOREST DRIVE  
 City MAINEVILLE State OH Zip Code 45039-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2203967556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BEAULE, JEAN-FRANCOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 STRATFORD RD  
 City FARMINGTON State CT Zip Code 06032-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2225813656342**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 DRURY LANE  
 City WYCKOFF State NJ Zip Code 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2225818856342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. RYAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 WESTMORELAND LN  
 City NAPERVILLE State IL Zip Code 60540-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2225819656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SAILOR, ROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921-7631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2225819756342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. GREENMAN, DEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 536 HIGH DR  
 City CARMEL State IN Zip Code 46033-2338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2231350256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	566.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARCIONE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 CARRIAGE WAY  
 City WHITE PLAINS State NY Zip Code 10605-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2247626856342**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. KANTOLA, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7031 HALSTEAD DRIVE  
 City MINNETRISTA State MN Zip Code 55364-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2247627056342**  
 Amount of Each Receipt this Period 647.40  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OBRIEN, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 LOUGHLIN AVE  
 City COS COB State CT Zip Code 06807-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2247627356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1147.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GARODIA, SANJAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 COVINGTON COURT  
 City OAK BROOK State IL Zip Code 60523-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2247627856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. PRINCE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 546 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2259738456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CRONN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 COLORADO STREET SUITE 2399  
 City AUSTIN State TX Zip Code 78701-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2270522956342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CURRY, CAROLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 411 FLEECE FLOWER DRIVE  
 City GAITHERSBURG State MD Zip Code 20878-2646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402315756342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. FRASCINO, MJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4575 SOUTH ATLANTIC AVENUE # 6311  
 City PONCE INLET State FL Zip Code 32127-7096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402316556342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. JACOBS, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19495 VINE RIDGE ROAD  
 City EXCELSIOR State MN Zip Code 55331-9173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402317356342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. KEPLEYCARRIER, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3219 PENINSULA DRIVE  
 City JAMESTOWN State NC Zip Code 27282-8717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402317756342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LEWIS, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4574 SEAGULL CIRCLE NE  
 City PRIOR LAKE State MN Zip Code 55372-1296  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402318056342**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 P/R Deduction (\$8.00 Bi-Weekly)

**C. MCGRATH, STACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 CHOWEN AVE S  
 City EDINA State MN Zip Code 55410-2759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402318556342**  
 Amount of Each Receipt this Period 43.60  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	99.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MORRISONDAVIS, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 LAKESHIRE COURT  
 City OWINGS MILLS State MD Zip Code 21117-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402318956342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. ROSSI, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 510 BUFFALO TOM DRIVE  
 City GREENSBORO State NC Zip Code 27455-8344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402319656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BARRINGER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3709 WILLIAMS LANE  
 City CHEVY CHASE State MD Zip Code 20815-4951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402444356342**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BECKER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 378 FERNDAL ROAD WEST  
 City WAYZATA State MN Zip Code 55391-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402445156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COLEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 WEST 66TH STREET  
 City EDINA State MN Zip Code 55435-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402445256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HIGA, JOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 ELM AVENUE  
 City MANHATTAN BEACH State CA Zip Code 90266-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2402446256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ALEXANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4203 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Corp Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2405428856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SAELENS, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5180 E COMANCHE DRIVE  
 City COTTONWOOD State AZ Zip Code 86326-5715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2408544856342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. WEE, KATHLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 46TH ST NW  
 City WASHINGTON State DC Zip Code 20007-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2408545056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	809.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. FUENTEVILLA, ANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 N CALLE COLMADO  
 City TUCSON State AZ Zip Code 85718-5002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2895.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437119856342**  
 Amount of Each Receipt this Period 2.00  
 Memo Item  
 P/R Deduction (\$1.00 Bi-Weekly)

**B. HAGAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6536 E GREYTHORN DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437120056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THOMAS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 841 LAKE ROAD  
 City BRADFORDWOODS State PA Zip Code 15015-1331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437120456342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	406.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BALTHAZOR, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 SUGARWOOD DRIVE  
 City ORONO State MN Zip Code 55356-9339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437120756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NESS, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10550 PINNACLE WAY  
 City WOODBURY State MN Zip Code 55129-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437121556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COSGRIFF, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1837 SUMMIT LANE  
 City MENDOTA HEIGHTS State MN Zip Code 55118-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437121656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EDELSON, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437127156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RAINEY, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8850 COUNTY ROAD 26  
 City MINNETRISTA State MN Zip Code 55359-9445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2437127556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LIPPERT, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 A ST SE  
 City WASHINGTON State DC Zip Code 20003-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2439928056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HEYMAN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5300 SHERRILL AVENUE  
 City CHEVY CHASE State MD Zip Code 20815-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategy & Partnerships  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2444265756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ULLSPERGER, DEWAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 AVONDALE  
 City MINNETONKA State MN Zip Code 55345-2754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.93

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2444561356342**  
 Amount of Each Receipt this Period 769.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LANGER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2445015456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1538.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ADLINGTONSHKABERIN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3890 SUNSET DRIVE  
 City SPRING PARK State MN Zip Code 55384-9634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2445016456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ALCOREZA, LENYS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 THALIA POINT RD  
 City VIRGINIA BEACH State VA Zip Code 23452-1815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2445016856342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SIEGEL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 264 LAKEWOOD DRIVE  
 City BLOOMFIELD HILLS State MI Zip Code 48304-3531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2445017156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	432.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. RENFRO, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8656 BLUE FLAG WAY  
 City NAPLES State FL Zip Code 34109-3399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Vice Chairman UHG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2460168156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ORBUCH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 CEDAR LAKE PKWY  
 City MINNEAPOLIS State MN Zip Code 55416-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2460168256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WALKOWSKI, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6359 COUNTRY ROAD  
 City EDEN PRAIRIE State MN Zip Code 55346-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Data Analytics  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2463723456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 DENBIGH LANE  
 City WAYNE State PA Zip Code 19087-4644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2480620556342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KNARR, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4806 HUTCHINS PLACE NW  
 City WASHINGTON State DC Zip Code 20007-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2484542356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. TROPEANO, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 BROOKSIDE AVE  
 City WAYNE State PA Zip Code 19087-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2484542856342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MANDERFELD, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3760 WEST CALHOUN PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55410-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2486697956342**  
 Amount of Each Receipt this Period 655.41  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCMAHON, DIRK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 WILDHURST ROAD  
 City EXCELSIOR State MN Zip Code 55331-8461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2491457056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, KARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 CRESTWOOD DRIVE  
 City ALEXANDRIA State VA Zip Code 22302-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2540175356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1424.61
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PURDY, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7417 LYNNHURST STREET  
 City CHEVY CHASE State MD Zip Code 20815-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2541300656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HOSTETLER, BRENDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2309 W WINNEMAC AVE  
 City CHICAGO State IL Zip Code 60625-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2542541956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RAMSAY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2542542256342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	869.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4982.83

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2543582556342**  
 Amount of Each Receipt this Period 482.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DAVENPORT, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 PELHAM ROAD  
 City PHILADELPHIA State PA Zip Code 19119-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552313656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BLOCHER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 78 PATTI LYNN LANE  
 City HOUSTON State TX Zip Code 77024-7120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552960756342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	886.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BRYANT, JEREMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4534 MYSTIQUE WAY  
 City ROSWELL State GA Zip Code 30075-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552961356342**  
 Amount of Each Receipt this Period 83.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. COLEMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 NAGLE STREET  
 City HOUSTON State TX Zip Code 77003-1266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552961456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CONTE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6017 ABBOTT AVE S  
 City EDINA State MN Zip Code 55410-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Real Estate Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552961556342**  
 Amount of Each Receipt this Period 16.00  
 Memo Item  
 P/R Deduction (\$8.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EHLMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10051 VALLEY RIDGE COURT  
 City LAS VEGAS State NV Zip Code 89148-7602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552962256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. FLANNERY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552962356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. JAMES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 KINGS POINT DRIVE  
 City LARGO State FL Zip Code 33774-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552963256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KIDAMBI, NARASIMHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18477 85TH AVE N  
 City MAPLE GROVE State MN Zip Code 55311-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552963856342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. LANTER, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2016 RICHVIEW DRIVE  
 City SAINT JACOB State IL Zip Code 62281-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe Acct Opt Out Mk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552964056342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. LOVELADY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5378 BUENA VISTA DR  
 City FRISCO State TX Zip Code 75034-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552964256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	444.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARTO, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 149 WILLIAMSBURG COURT  
 City ALBANY State NY Zip Code 12203-5502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 789.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552964756342**  
 Amount of Each Receipt this Period 105.44  
 Memo Item  
 P/R Deduction (\$14.60 Bi-Weekly)

**B. MATTSON, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 RAILROAD PLACE UNIT 206  
 City SARATOGA SPRINGS State NY Zip Code 12866-3057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552964856342**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. MORRIS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2624 N HARTLAND COURT  
 City CHICAGO State IL Zip Code 60614-4955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552965056342**  
 Amount of Each Receipt this Period 30.76  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PAULUS, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 E TUCKEY LN  
 City PHOENIX State AZ Zip Code 85012-1048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552965256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. PEKA, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8650 SOUTH FAIRWAY POINT  
 City VICTORIA State MN Zip Code 55386-9630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Six Sigma  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552965356342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. POTTER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 FULLER LANE  
 City WINNETKA State IL Zip Code 60093-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 899.99

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552965456342**  
 Amount of Each Receipt this Period 80.76  
 Memo Item  
 P/R Deduction (\$34.61 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SAMSEL, KRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 91 WAVERLY RD  
 City HUNTINGTON State CT Zip Code 06484-5835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552965756342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. STREIT, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Telesales & Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552966756342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. TINKER, ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 530 HUNTER FLAT STREET  
 City LAS VEGAS State NV Zip Code 89138-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2552966856342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	209.84
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WACKER, AARON, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4704 CAVAN ROAD

City MOUND	State MN	Zip Code 55364-1877
---------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Sr Principal Engineer, TLCP
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2552967056342**

Amount of Each Receipt this Period  
28.00

Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

**B. NAASZ, SCOTT, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3311 WILDS RIDGE NW

City PRIOR LAKE	State MN	Zip Code 55372-4540
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2553474756342**

Amount of Each Receipt this Period  
76.92

Memo Item

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

**C. TUFTO, DARLA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 221 1ST AVENUE NE  
UNIT 35

City MINNEAPOLIS	State MN	Zip Code 55413-3205
---------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Gen Mgmt
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2553474956342**

Amount of Each Receipt this Period  
125.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.92
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PROSKAUER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 DERBY STREET  
 City NEWTON State MA Zip Code 02465-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2553475056342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. RAYBURN, MONICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5127 JACKSON PONDS CT  
 City SUGAR LAND State TX Zip Code 77479-4656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2553475156342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. THOMAS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 DUPONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2522.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2553475456342**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 WALKER AVE S  
 City WAYZATA State MN Zip Code 55391-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2553475556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ZERAFA, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61234 ADMIRAL DRIVE  
 City WASHINGTON TOWNSHIP State MI Zip Code 48094-1242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2553475756342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. FLAGSTAD, KARSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1002 141ST LANE NE  
 City HAM LAKE State MN Zip Code 55304-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Info Tech  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2554013056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOORE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 226 5TH AVENUE NORTH #805  
 City ST PETERSBURG State FL Zip Code 33701-2959  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Sr Sls Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2554013256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. REIDY, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4836 W SUNSET BLVD  
 City TAMPA State FL Zip Code 33629-6448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2554013356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ALEXANDER, JOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5116 NORTH TIOGA WAY  
 City LAS VEGAS State NV Zip Code 89149-5830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560064156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	132.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BENNETT, JIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3724 PINE TIP ROAD  
 City TALLAHASSEE State FL Zip Code 32312-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560064256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CLUTE, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7756 N 85TH STREET  
 City OMAHA State NE Zip Code 68122-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560064456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. COY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6970 SUZANNE COURT  
 City SCHENECTADY State NY Zip Code 12303-5285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560064556342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GAZELEY, PAULA, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL	State NY	Zip Code 12198-8018
---------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Clnt Svc Acct Mgt
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2560064856342**

Amount of Each Receipt this Period  
28.00

Memo Item

P/R Deduction (\$14.00 Bi-Weekly)

**B. GIANCURSIO, DONALD, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS	State NV	Zip Code 89135-1680
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Health Plan of Nevada	Occupation (for Individual) Hlth Plan CEO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2560064956342**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**C. KUNEMUND, GREGG, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2409 COMMERCE STREET

City ALPHARETTA	State GA	Zip Code 30009-3803
--------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2560065356342**

Amount of Each Receipt this Period  
384.60

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CLIFFFIELD ROAD  
 City BEDFORD State NY Zip Code 10506-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2522.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560065456342**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. LOBERG, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2837 EAST PARK PLACE  
 City MILWAUKEE State WI Zip Code 53211-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560065556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MARONEY, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5052 NORMAN DRIVE  
 City MINNETONKA State MN Zip Code 55345-4636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560065756342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	298.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560066056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OBRYANT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3425 CHICKASAW  
 City SAN ANTONIO State TX Zip Code 78261-2139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560066156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. VAIL, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 CLEVELAND AVENUE  
 City SAYVILLE State NY Zip Code 11782-1322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560066856342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BURDICK, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28961 SOMERS DRIVE  
 City NAPLES State FL Zip Code 34119-0915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.48

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560349856342**  
 Amount of Each Receipt this Period 125.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DICKMAN, KRISTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2533 ONYX DRIVE  
 City SHAKOPEE State MN Zip Code 55379-2770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Proj Mgr III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560398156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MURRAY, GARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13093 GROUSE POINTE COVE  
 City DRAPER State UT Zip Code 84020-8258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Risk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560398756342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.84
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

**A. NOEL, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4316 FREMONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55409-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560398856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WULF, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 622 N 11TH ST  
 City WAUSAU State WI Zip Code 54403-5004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560398956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CRONIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 241 WALLACE RD  
 City BEDFORD State NH Zip Code 03110-5144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560821156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. O'BRIEN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 BARRINGTON DRIVE  
 City BEDFORD State NH Zip Code 03110-5601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560821456342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. PERO, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 APPLE LANE  
 City HARLEYSVILLE State PA Zip Code 19438-2549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Sls Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2560821556342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. THOMPSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 LONGFELLOW CIRCLE  
 City LITTLE ROCK State AR Zip Code 72207-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2561358956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. LUND, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11471 NORTH SHORE DRIVE  
 City GRANTSBURG State WI Zip Code 54840-8059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2561457656342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. CAVANAUGH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 NE 20TH ST # 1010  
 City WILTON MANORS State FL Zip Code 33305-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Spc Ben Govt Dntl Sls Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2563211056342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. DAMATO, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1300 DALHART DRIVE  
 City ALLEN State TX Zip Code 75013-5339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2564802256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	184.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WILLSON, JOSH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 ADAMS CT  
 City COLLEYVILLE State TX Zip Code 76034-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2564802556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CARLSON, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10618 WEST RIVER ROAD  
 City BROOKLYN PARK State MN Zip Code 55443-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Innovation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2564802656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HANSEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 62ND PLACE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2522.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2564802756342**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	655.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GOODWIN, MARYELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3216 PLAYERS VIEW CIRCLE  
 City LONGWOOD State FL Zip Code 32779-3154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564802956342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. KENNY, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22408 FITZGERALD DRIVE  
 City LAYTONSVILLE State MD Zip Code 20882-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564803256342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. MARDEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564803356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOQUIST, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 ARDEN AVE  
 City EDINA State MN Zip Code 55424-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564803456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BELLMAN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10011 GLEN CANYON DR  
 City DALLAS State TX Zip Code 75243-4609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564803556342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. OHARE, TAMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SAINT GEORGE WAY  
 City BROOKEVILLE State MD Zip Code 20833-3265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2564803956342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	490.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WICKS, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CASCO CIRCLE  
 POBOX 352  
 City WAYZATA State MN Zip Code 55391-9717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2565448656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CARTER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 920679  
 City HOUSTON State TX Zip Code 77292-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2565448756342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KUNST, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4872 103RD STREET  
 City PLEASANT PRAIRIE State WI Zip Code 53158-6516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2566302156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEISS, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7425 N BEACH COURT  
 City FOX POINT State WI Zip Code 53217-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2566302356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MANSUKHANI, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2681 N FLAMINGO RD # 1006S  
 City PLANTATION State FL Zip Code 33323-1766  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) AES Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2567129456342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. ZAMORE, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 FELT ROAD  
 City SOUTH WINDSOR State CT Zip Code 06074-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2567129556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STEARNS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5118 FAIRGLEN LANE  
 City CHEVY CHASE State MD Zip Code 20815-6517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.87

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2571777956342**  
 Amount of Each Receipt this Period 588.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PARRILLO, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9501 WEXCROFT DRIVE  
 City BRENTWOOD State TN Zip Code 37027-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2002.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2571778256342**  
 Amount of Each Receipt this Period 154.00  
 Memo Item  
 P/R Deduction (\$77.00 Bi-Weekly)

**C. MOYER, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4242 BROADWAY STREET #802  
 City SAN ANTONIO State TX Zip Code 78209-6463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2571778356342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	820.22
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HINTON, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W132N6475 MARACH RD  
 City MENOMONEE FALLS State WI Zip Code 53051-6085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2571978756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ROBINSON, MARCUS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 590 SPENDER TRACE  
 City DUNWOODY State GA Zip Code 30350-5018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2572588956342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. JACQUET, SHAUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4332 FOREST RIDGE DRIVE  
 City SUAMICO State WI Zip Code 54313-8557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2572589356342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARLSON, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 BROWDALE AVENUE  
 City EDINA State MN Zip Code 55424-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572590056342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. WACKER, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2747 WEST VIEW DRIVE  
 City NEW PRAGUE State MN Zip Code 56071-8989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Client Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572590156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. BECK, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 GLORIA LANE  
 City CADIZ State KY Zip Code 42211-8824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572590356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OBRIEN, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 931 FRENCH ST  
 City NEW ORLEANS State LA Zip Code 70124-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572590656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. CHEEK, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38150 TRANQUIL WAY  
 City CAREFREE State AZ Zip Code 85377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572590956342**  
 Amount of Each Receipt this Period 810.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MILLER, KIMBERLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 CELONOVA PLACE  
 City FOOTHILL RANCH State CA Zip Code 92610-1942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572591256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	866.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WIFFLER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City BOLINGBROOK State IL Zip Code 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2572992756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. QUINN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16933 TODD EVAN TRAIL  
 City CHESTERFIELD State MO Zip Code 63005-4641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2573518756342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. BENSON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2206 EAGLE VALLEY LN  
 City WAUSAU State WI Zip Code 54403-8154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Sls Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2573518956342**  
 Amount of Each Receipt this Period 28.84  
 Memo Item  
 P/R Deduction (\$14.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SHAW, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11844 DUNHILL ROAD  
 City EDEN PRAIRIE State MN Zip Code 55344-3238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574971356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. BUCCHIANERI, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 GOVERNORS  
 City MEDFORD State MA Zip Code 02155-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR257497156342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. KANE, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 ROANOAKE ROAD  
 City GOLDEN VALLEY State MN Zip Code 55422-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574979156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	451.14
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HARE, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9029 SHEEP RANCH CT  
 City LAS VEGAS State NV Zip Code 89143-5432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574979456342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. MASTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1894 VILLAGE GLEN DRIVE  
 City SAINT JOHNS State FL Zip Code 32259-9215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574979656342**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. WOHNOUTKA, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17597 HIBISCUS AVE  
 City LAKEVILLE State MN Zip Code 55044-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1002.61

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574981956342**  
 Amount of Each Receipt this Period 124.34  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	229.34
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIMPSON, TRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 NORCREST AVE N  
 City STILLWATER State MN Zip Code 55082-1779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574985056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CIANFROCCO, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4478 MIDDLE ROAD  
 City ALLISON PARK State PA Zip Code 15101-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574986256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WASHUTA, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3926 CHERRY AVE  
 City MOUND State MN Zip Code 55364-9703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574987656342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	481.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. BURNETT, JAMIE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 4625 EWING AVENUE SOUTH		<b>Transaction ID : PR2574988256342</b>
City MINNEAPOLIS	State MN	Zip Code 55410-1745
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.00
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP IT	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. STRAIT, DENISE, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 4362 SPORTSMAN CLUB RD		<b>Transaction ID : PR2574989356342</b>
City JOHNSTOWN	State OH	Zip Code 43031-9461
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.46
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04	P/R Deduction (\$14.03 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LANG, HEATHER, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 11382 MOUNT CURVE RD		<b>Transaction ID : PR2574991456342</b>
City EDEN PRAIRIE	State MN	Zip Code 55347-2918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Deputy Gen Counsel Mgr	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 90 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PARSOW, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 S 67 STREET  
 City OMAHA State NE Zip Code 68106-1106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Client Executive II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.97

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574993256342**  
 Amount of Each Receipt this Period 71.42  
 Memo Item  
 P/R Deduction (\$35.71 Bi-Weekly)

**B. DELISIS, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 WANDERWOOD WAY  
 City SANDY State UT Zip Code 84092-4866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Sr Acct Exe Acct Opt Out Mk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574994656342**  
 Amount of Each Receipt this Period 73.00  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**C. AGEE, SHELONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6317 BUNKER DRIVE  
 City LOCUST GROVE State GA Zip Code 30248-7065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2574997656342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	164.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NEWKIRK, MEGHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10162 BEAVER CIR  
 City CYPRESS State CA Zip Code 90630-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575008756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. SJOBLAD, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10730 PERRY DRIVE NORTH  
 City BROOKLYN PARK State MN Zip Code 55443-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Quality  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575009156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. FLOWER, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N54W20825 CARTERS CROSSING CIR  
 City MENOMONEE FALLS State WI Zip Code 53051-6281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575011656342**  
 Amount of Each Receipt this Period 160.00  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KEMMER, HEIDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2211 WEST ROCKROSE PLACE  
 City CHANDLER State AZ Zip Code 85248-4208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.64

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575021356342**  
 Amount of Each Receipt this Period 28.28  
 Memo Item  
 P/R Deduction (\$14.14 Bi-Weekly)

**B. DUNCAN, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3038 FAIRWAY CIRCLE  
 City CHASKA State MN Zip Code 55318-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575029656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OBRIEN, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 WOODLAWN AVE  
 City SAINT PAUL State MN Zip Code 55105-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575034556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JONCZYK, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6336 URBAN DALE LANE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-1384  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575038756342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$48.07 Bi-Weekly)

**B. MADDOX, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7810 HANOVER ST  
 City DALLAS State TX Zip Code 75225-8220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575039556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ALLENBURG, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6620 IROQUOIS TRAIL  
 City EDINA State MN Zip Code 55439-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575039856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HEATH, SEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1292 CASTLE CT  
 City GOLDEN VALLEY State MN Zip Code 55427-4453  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575048756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. JORDAN, GARELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6104 S 64TH DRIVE  
 City LAVEEN State AZ Zip Code 85339-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575050256342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. FITZPATRICK, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575053756342**  
 Amount of Each Receipt this Period 333.32  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LINDSAY, VIVIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 SW 39 ST  
 City DAVIE State FL Zip Code 33331-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575054956342**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CLACKO, MARY ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6358 COTEAU TRAIL  
 City EDEN PRAIRIE State MN Zip Code 55344-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575057956342**  
 Amount of Each Receipt this Period  
 153.84  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. MCCARTY, CARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 RUMFIELD RD  
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575059456342**  
 Amount of Each Receipt this Period  
 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ALLEN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11359 ENTREVAUX DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.99

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575060256342**  
 Amount of Each Receipt this Period 353.86  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. MCEVOY, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10551 GREENBRIER RD APT 132  
 City MINNETONKA State MN Zip Code 55305-3460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575062256342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. SWAN, RICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2554 CHRISTIAN PKWAY  
 City CHASKA State MN Zip Code 55318-1986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575062656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	421.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CURRIE, ULYSSES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 STILES WAY  
 City WEST FRIENDSHIP State MD Zip Code 21794-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575064156342**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. VERCHICK, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9916 DUSTY WINDS AVE  
 City LAS VEGAS State NV Zip Code 89117-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575068956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ISMERT, JENNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8494 E HAWAII LN  
 City DENVER State CO Zip Code 80231-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575070056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	213.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ENLOW, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 LOCUST GROVE LANE  
 City VERSAILLES State KY Zip Code 40383-8807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575071056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. CHRISTIAN, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 WINGATE COURT  
 City FLOURTOWN State PA Zip Code 19031-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575071456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$88.24 Bi-Weekly)

**C. NICHOLS, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12706 YOUNG LANE  
 City NORTH POTOMAC State MD Zip Code 20878-6112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Natl Inptnt Care Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575074556342**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	412.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BECK, RALPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W155 N5314 SHARPTAIL COURT  
 City MENOMONEE FALLS State WI Zip Code 53051-6771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575074956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. BURNAM, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 377 CALABRIA BEACH ST  
 City HENDERSON State NV Zip Code 89015-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575076256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CALAMIA, EDITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 ROYAL OAK DRIVE  
 City FAR HILLS State NJ Zip Code 07931-2569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575076656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ONEILL, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 CHESTNUT RIDGE RD  
 City QUEENSBURY State NY Zip Code 12804-7317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575089456342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. HEROLD, STACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15008 GREEN OAKS TR SE  
 City PRIOR LAKE State MN Zip Code 55372-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575093056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. VIESTA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 COMPASS COURT  
 City OYSTER BAY State NY Zip Code 11771-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575098556342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.22
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JACOBY, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3315 IRVING AVE  
 City MINNEAPOLIS State MN Zip Code 55408-3321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Qlty Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575099256342**  
 Amount of Each Receipt this Period 32.00  
 Memo Item  
 P/R Deduction (\$16.00 Bi-Weekly)

**B. CHAMPION, PHEBE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 E GERMANN RD #45  
 City SAN TAN VALLEY State AZ Zip Code 85140-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575108356342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. HAYDEN, KARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6109 BANEY COURT  
 City MINNETONKA State MN Zip Code 55345-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575110356342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MADDIGAN, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25131 TERRACE LANTERN  
 City DANA POINT State CA Zip Code 92629-2864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575114856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MORSCH, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6344 GOLDEN LILY WAY  
 City SAN DIEGO State CA Zip Code 92130-6836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1015.30

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575115156342**  
 Amount of Each Receipt this Period 125.44  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LYDON, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 PLOWBOY PATH  
 City COMMACK State NY Zip Code 11725-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575122256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 181.52  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DOERFLER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7015 OAKLAND AVE  
 City RICHFIELD State MN Zip Code 55423-3256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575131556342**  
 Amount of Each Receipt this Period 32.00  
 Memo Item  
 P/R Deduction (\$14.60 Bi-Weekly)

**B. HUNT, ZOE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4030 SERANGO COURT  
 City WEST LINN State OR Zip Code 97068-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575136256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. MCDONNEL, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9664 LAFORET DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-3538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575136356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	88.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CARTER, JOCELYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1471 COOPER ROAD  
 City SCOTCH PLAINS State NJ Zip Code 07076-2833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575141956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DEWALL, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7662 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575145356342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MCGANN, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 VILLAGE ROAD  
 City FLORHAM PARK State NJ Zip Code 07932-2415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575146956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PETERSOHN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16413 BIRCH STREET  
 City OVERLAND PARK State KS Zip Code 66085-7842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575148356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PELNER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 WEST MINNEHAHA PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55419-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Real Estate Svs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 485.45

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575155956342**  
 Amount of Each Receipt this Period 44.40  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. THOMAS, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2701 KING JAMES AVE  
 City ST CHARLES State IL Zip Code 60174-7827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575156456342**  
 Amount of Each Receipt this Period 235.28  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	664.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RAZVI, NIGHET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1015 S CLINTON AVENUE  
 City OAK PARK State IL Zip Code 60304-1823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 369.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575168656342**  
 Amount of Each Receipt this Period 28.46  
 Memo Item  
 P/R Deduction (\$14.23 Bi-Weekly)

**B. HAMANN, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7638 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575170156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WIELAND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6741 EAST SHADOW LAKE DRIVE  
 City CIRCLE PINES State MN Zip Code 55014-1348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir I O Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575181656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	441.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 107 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MCGUIRE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 CUMBERLAND ROAD  
 City WEST HARTFORD State CT Zip Code 06119-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575185456342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MELLO, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 65 CLARK LANE  
 City SWANSEA State MA Zip Code 02777-4550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575191356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. DEMARIS, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 OLIVER AVE S  
 City MINNEAPOLIS State MN Zip Code 55405-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575191856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MUELLER, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6919 OLD WHISKEY CREEK DR  
 City FORT MYERS State FL Zip Code 33919-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575192256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MOORE, KRISTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3021 ROSEDALE AVENUE  
 City DALLAS State TX Zip Code 75205-1451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575194456342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. GRANBERG, MITCHELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6721 GALWAY DRIVE  
 City EDINA State MN Zip Code 55439-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575196156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CONDON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 OAK LANDING WAY  
 City SEVERNA PARK State MD Zip Code 21146-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575203156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FRANCIS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15815 MINNETONKA BLVD  
 City MINNETONKA State MN Zip Code 55345-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575203356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DURKO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7029 KINGSBURY BLVD  
 City UNIVERSITY CITY State MO Zip Code 63130-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575210856342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 110 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CARRIS, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 WEST WILLOW LN  
 City CHARLESTOWN State RI Zip Code 02813-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575212556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. STORDAHL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7001 W 175TH AVENUE  
 City EDEN PRAIRIE State MN Zip Code 55346-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575213056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MARTIN, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7091 HIGHOVER DRIVE  
 City CHANHASSEN State MN Zip Code 55317-7572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575213656342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MEYERHOFER, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6624 IROQUOIS TRAIL  
 City EDINA State MN Zip Code 55439-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575214656342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. KOENIG, ERICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5985 PRESTWICK COURT  
 City EXCELSIOR State MN Zip Code 55331-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575215056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CARNISH, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7640 SOUTH BAY DR  
 City BLOOMINGTON State MN Zip Code 55438-2900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.93

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575215556342**  
 Amount of Each Receipt this Period 769.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1307.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILSON, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 SALEM CHURCH ROAD  
 City SUNFISH LAKE State MN Zip Code 55118-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575218656342**  
 Amount of Each Receipt this Period 187.50  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. GOODMAN, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17928 BRENT DRIVE  
 City DALLAS State TX Zip Code 75287-5976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 374.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575220156342**  
 Amount of Each Receipt this Period 57.68  
 Memo Item  
 P/R Deduction (\$14.42 Bi-Weekly)

**C. CONLIN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 PARTRIDGE LANE  
 City NORTH OAKS State MN Zip Code 55127-6308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575220556342**  
 Amount of Each Receipt this Period 909.08  
 Memo Item  
 P/R Deduction (\$454.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1154.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHORS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4649 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575222356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. REILLY, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 LEGHORN LANE  
 City CROMWELL State CT Zip Code 06416-1671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575222356342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. KRUTA, DARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9243 GREEN BRIAR RD  
 City BLOOMINGTON State MN Zip Code 55437-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575232556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	481.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. GRUNDHOEFER, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 STAG MEADOW  
 City SAN ANTONIO State TX Zip Code 78248-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575232756342**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. KIRKPATRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 STERLING STREET  
 City LANCASTER State MA Zip Code 01523-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575233656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. RUSSELL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10205 GROOMSBRIDGE ROAD  
 City JOHNS CREEK State GA Zip Code 30022-5645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Empl Rel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575238656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	488.92
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHUEY, JOANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2694 WEST CREEK DRIVE  
 City FRISCO State TX Zip Code 75033-4759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHC Sis RVP KA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575241656342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. CHOATE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 STONE MASON CT  
 City WINDERMERE State FL Zip Code 34786-5624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575247856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DIMARTINO, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49605 KEYCOVE ST  
 City CHESTERFIELD State MI Zip Code 48047-2361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.86

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575248156342**  
 Amount of Each Receipt this Period 97.88  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	194.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DARRAH, JACQUELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6725 YORK AVENUE SOUTH #532  
 City EDINA State MN Zip Code 55435-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575248556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BRANT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 ROCKY BROOK ROAD  
 City WILTON State CT Zip Code 06897-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575250256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MATTILA, LUCAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22829 N 52ND ST  
 City PHOENIX State AZ Zip Code 85054-7202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575250656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. KORF, GRETCHEN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 3180 CYPRESS CIRCLE S			<b>Transaction ID : PR2575252256342</b>		
City MEDINA	State MN	Zip Code 55340-8807	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP External Affs	P/R Deduction (\$192.30 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4999.80			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KUETER, DANIEL, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 1500 WINGATE DRIVE			<b>Transaction ID : PR2575255856342</b>		
City DELAWARE	State OH	Zip Code 43015-9200	Amount of Each Receipt this Period 625.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) NVP Network	P/R Deduction (\$192.30 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BACHMANN, ANITA, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 815 NORTHERN SHORES POINT			<b>Transaction ID : PR2575258456342</b>		
City GREENSBORO	State NC	Zip Code 27455-3459	Amount of Each Receipt this Period 153.86		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Hlth Plan CEO	P/R Deduction (\$76.93 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2000.18			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1163.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REICHEL, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 TUSCANY ROAD  
 City BALTIMORE State MD Zip Code 21210-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2538.38

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575259956342**  
 Amount of Each Receipt this Period 313.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. BROOMFIELD, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12501 WEST 156TH STREET  
 City OVERLAND PARK State KS Zip Code 66221-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575260456342**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. ZARN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11192 BLUESTEM LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-4731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575269156342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	559.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. ZAFFIRIS, NICHOLAS, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 9365 HUNTCLIFF TRCE			<b>Transaction ID : PR2575270656342</b>
City SANDY SPRINGS	State GA	Zip Code 30350-1608	Amount of Each Receipt this Period 28.08
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Hlth Plan CEO	P/R Deduction (\$14.04 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. JONES, TERRY, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 11856 NW 12TH MANOR			<b>Transaction ID : PR2575279256342</b>
City CORAL SPRINGS	State FL	Zip Code 33071-5035	Amount of Each Receipt this Period 28.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) KA Dir Acct Mgmt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. HAMBLIN, JILLIAN, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 3103 BEACON GROVE ST			<b>Transaction ID : PR2575290356342</b>
City SPRING	State TX	Zip Code 77389-4348	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir, Health Plan Operations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 999.96		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SAUER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 HILLARY FARM LN  
 City SAINT PAUL State MN Zip Code 55110-5934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575290856342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MUELLER, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6895 LAKE HARRISON CIRCLE  
 City CHANHASSEN State MN Zip Code 55317-4589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575294556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. HEWITT, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1443 RAYMOND AVE  
 City SAINT PAUL State MN Zip Code 55108-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.19

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575296756342**  
 Amount of Each Receipt this Period 135.40  
 Memo Item  
 P/R Deduction (\$67.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	337.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MONAGHAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1432 E AMBERWOOD DRIVE  
 City PHOENIX State AZ Zip Code 85048-4056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575296856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HUGHES, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 68 OCEAN DRIVE  
 City SEABROOK State NH Zip Code 03874-4712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mgr Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575304256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CUEVAS, BRANDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 CLOISTER COURT  
 City LADERA RANCH State CA Zip Code 92694-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575305656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 122 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HUNT, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6636 W SHORE DR  
 City EDINA State MN Zip Code 55435-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575310456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GRIMM, JAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3608 WEST 85TH STREET  
 City LEAWOOD State KS Zip Code 66206-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575314856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. DRAWZ, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4848 SPARROW ROAD  
 City MINNETONKA State MN Zip Code 55345-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575315956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. GOLDBERG, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3410 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575326956342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. PEEL, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7185 GUNFLINT TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575329856342**  
 Amount of Each Receipt this Period 227.68  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. MYERS, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10028 PURITAN WAY  
 City DAMASCUS State MD Zip Code 20872-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575340356342**  
 Amount of Each Receipt this Period 45.62  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	351.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. VANHAM, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575341956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WHITE, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8727 W BUCKHORN TRL  
 City PEORIA State AZ Zip Code 85383-4852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.64

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575342356342**  
 Amount of Each Receipt this Period 505.40  
 Memo Item  
 P/R Deduction (\$196.15 Bi-Weekly)

**C. HUYSMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9441 OAK GROVE CIRCLE  
 City DAVIE State FL Zip Code 33328-6939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575342656342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	909.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SIMONE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 SCALIA COURT  
 City HAMILTON State NJ Zip Code 08690-1363  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575346756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. IMDIEKE, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15900 WHITE PINE DRIVE  
 City WAYZATA State MN Zip Code 55391-2125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Bus Anlys Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575347956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. TELESKY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs SB KA  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575350956342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 390
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. PHILLIPS, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 HERITAGE TRAIL  
 City SUFFIELD State CT Zip Code 06078-2376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575354056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. PROSPECT, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3440 BAYOU SOUND  
 City LONGBOAT KEY State FL Zip Code 34228-3000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Act Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575356056342**  
 Amount of Each Receipt this Period 625.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GUSTIN, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5717 AYRSHIRE BLVD  
 City EDINA State MN Zip Code 55436-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1999.91

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575357756342**  
 Amount of Each Receipt this Period 363.62  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1016.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NIELSEN, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 AMHERST COURT  
 City NORTH BRUNSWICK State NJ Zip Code 08902-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575361756342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BROWN, SALLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 192 HOMEWOOD DRIVE  
 City CLINTON State NY Zip Code 13323-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575363656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. ADAM, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15607 SUMMIT DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575364056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COOK, JORDANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1016 GLISTENING WAY  
 City BELMONT State NC Zip Code 28012-8883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575371656342**  
 Amount of Each Receipt this Period 312.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. PIETROSIMONE, RALPH A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 ROSES FARM ROAD  
 City EAST HAVEN State CT Zip Code 06512-4665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Ntwk Prgm Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 247.52

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575373856342**  
 Amount of Each Receipt this Period 19.04  
 Memo Item  
 P/R Deduction (\$9.52 Bi-Weekly)

**C. CUNNINGHAM, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 ROLLING HILLS RD  
 City CHARLESTON State WV Zip Code 25314-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575375956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	408.56
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CIAVARELLA, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 LORRAINE DRIVE  
 City BEACON FALLS State CT Zip Code 06403-1256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575377956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. DOLL, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3184 MULLIGAN LANE  
 City CHASKA State MN Zip Code 55318-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575385156342**  
 Amount of Each Receipt this Period 20.66  
 Memo Item  
 P/R Deduction (\$21.15 Bi-Weekly)

**C. FENLON, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4925 DREW AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575392056342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	241.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. POST, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23415 FAIRMOUNT BLVD  
 City SHAKER HEIGHTS State OH Zip Code 44122-2231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575395256342**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. BRATTEBO, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10202 HARMONY CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575397256342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. FELLER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 HUNTINGTON AVE  
 City ST LOUIS PARK State MN Zip Code 55416-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575400356342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	361.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. UNDERWOOD, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14625 SW SUNRISE LN  
 City TIGARD State OR Zip Code 97224-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575403356342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. VENKATESAN, CHANDRAMOULEESWARAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17698 62ND COURT NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575410156342**  
 Amount of Each Receipt this Period 625.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MILLER, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11671 45TH PLACE NE  
 City SAINT MICHAEL State MN Zip Code 55376-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Security Risk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575418156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 1163.44  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GOTTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16492 BROOKLANE BOULEVARD  
 City NORTHVILLE State MI Zip Code 48168-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 992.68

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575419156342**  
 Amount of Each Receipt this Period 76.36  
 Memo Item  
 P/R Deduction (\$38.18 Bi-Weekly)

**B. MCGAVICK, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 NOTTINGHAM COURT  
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575421956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ARMSTRONG, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 808 CAREN DRIVE  
 City ELDERSBURG State MD Zip Code 21784-8569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575427956342**  
 Amount of Each Receipt this Period 390.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	543.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. OHARA, KARIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1431 HENRY COURT  
 City CHANHASSEN State MN Zip Code 55317-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1449.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575428756342**  
 Amount of Each Receipt this Period 176.92  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. CASTILLO, EFREM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 JOLIET AVE  
 City SAN ANTONIO State TX Zip Code 78209-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3692.27

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575441356342**  
 Amount of Each Receipt this Period 11.02  
 Memo Item  
 P/R Deduction (\$134.61 Bi-Weekly)

**C. SPILKER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 FITCH LANE  
 City NEW CANAAN State CT Zip Code 06840-5051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575446356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	572.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BOOKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16632 HANSON BLVD NW  
 City ANDOVER State MN Zip Code 55304-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Info Security Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575447256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FLOCCO, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3281 S VINE STREET  
 City CHANDLER State AZ Zip Code 85248-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575448656342**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. GEHLBACH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5380 YELLOWSTONE TRAIL  
 City MINNETRISTA State MN Zip Code 55331-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575448856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RUNICE, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4622 BRUCE AVENUE  
 City EDINA State MN Zip Code 55424-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3444.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575451556342**  
 Amount of Each Receipt this Period 369.00  
 Memo Item  
 P/R Deduction (\$184.50 Bi-Weekly)

**B. MCGLINCH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MIDWEST TRAIL NORTH  
 City LAKE ELMO State MN Zip Code 55042-9658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575451656342**  
 Amount of Each Receipt this Period 576.92  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MURPHY, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 BLAKE ROAD  
 City EDINA State MN Zip Code 55436-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575453756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1330.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

**A. PEGG, JACK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4917 KAMA LANE NE  
 City ALBERTVILLE State MN Zip Code 55301-3536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575456056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. SMITH, DAYNITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4828 ISLAND VIEW DR  
 City MOUND State MN Zip Code 55364-9391  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575460656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STUCKMAYER, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24005 RIVERS EDGE ROAD  
 City ROGERS State MN Zip Code 55374-4781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575462856342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 137 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GLATT, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 631 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Aviation Corp Pilots  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575464956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. PHINNEY, ASHLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 GATEHOUSE ROAD  
 City GRANBY State CT Zip Code 06035-1922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575468456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SADUSKE, NANETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4276 NICOLET DRIVE  
 City GREEN BAY State WI Zip Code 54311-9798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 994.76

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575470256342**  
 Amount of Each Receipt this Period 76.52  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BARTHEL, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9713 HEMLOCK LANE NORTH  
 City MAPLE GROVE State MN Zip Code 55369-3665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575484356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MACLAUCLAN, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1833 HILLTOP RD  
 City JENKINTOWN State PA Zip Code 19046-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575492756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STARMANN, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 WEMBLEY RD  
 City LOS ALAMITOS State CA Zip Code 90720-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575494556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. DITTBERNER, LINDSAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 962 WOODVIEW CIRCLE  
 City CARVER State MN Zip Code 55315-4519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575496956342**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. VESLEDAHL, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15598 MICHELE LANE  
 City EDEN PRAIRIE State MN Zip Code 55346-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575499256342**  
 Amount of Each Receipt this Period 285.70  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SUNDAL, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5109 WEST 66TH ST  
 City EDINA State MN Zip Code 55439-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Innovation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575502956342**  
 Amount of Each Receipt this Period 3079.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3564.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HAGEN, ALDIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 152 OCEAN AVENUE  
 City BREEZY POINT State NY Zip Code 11697-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Capability  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575506756342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. DELREAL, MAGDALENA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 WILLOW CREEK LANE  
 City WILLOW SPRINGS State IL Zip Code 60480-1277  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575507756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. JONES, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7597 S OLD FARM LANE  
 City MERIDIAN State ID Zip Code 83642-7132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575509656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOWELL, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 ORANGE GROVE AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575510056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TSENG, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 TEMPLE PLACE UNIT 5  
 City BOSTON State MA Zip Code 02111-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575511456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. SHAPIRO, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1727 EAST MYRTLE AVENUE  
 City PHOENIX State AZ Zip Code 85020-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575512056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MUNSON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4707 HAZELTINE LANE  
 City EAGAN State MN Zip Code 55123-2172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575512456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KELLY, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23420 COVELLO STREET  
 City WEST HILLS State CA Zip Code 91304-5333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575518056342**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. JOSEPH, MOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 GRAND SUMMIT BLVD  
 City DRIPPING SPRINGS State TX Zip Code 78620-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575521756342**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	860.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DIRE, BERNADETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 NORFOLK LANE  
 City HOLLISTON State MA Zip Code 01746-2362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575522556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KAPLAN, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 PARTRIDGE LANDING  
 City GLASTONBURY State CT Zip Code 06033-2849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575524056342**  
 Amount of Each Receipt this Period 543.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CROCKETT, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2837 SERENE PARK DR  
 City RIVERTON State UT Zip Code 84065-3139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575526056342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	735.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 144 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. COHEN, SANFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 CRESCENT LANE  
 City LEVITTOWN State NY Zip Code 11756-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CMO, Clinical Policy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575526156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HUNTER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9236 PRESTON PLACE  
 City EDEN PRAIRIE State MN Zip Code 55347-3396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.84

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575528356342**  
 Amount of Each Receipt this Period 1882.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HERNANDEZ, MAYRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 SW 189TH AVENUE  
 City PEMBROKE PINES State FL Zip Code 33029-6047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575529256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2343.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOLOVIA, KRISTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 LAKEVIEW DRIVE  
 City EDINA State MN Zip Code 55424-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575533056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HILL, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34301 299TH PLACE  
 City AITKIN State MN Zip Code 56431-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575533156342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BAHL, ALISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 W RIVO ALTO  
 City MIAMI BEACH State FL Zip Code 33139-1262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575534456342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 146 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MULLANEY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 169 HUNNEWELL STREET  
 City NEEDHAM State MA Zip Code 02494-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575535156342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. HAMLIN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NEWMAN  
 City HOUSTON State TX Zip Code 77098-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575536256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SULLIVAN, EILEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9675 WATERWAY PASSAGE DRIVE  
 City WINTER GARDEN State FL Zip Code 34787-4957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2575537256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 147 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HAUF, NADINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1008 WIMBERLY COURT  
 City ALLEN State TX Zip Code 75013-1195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575538856342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**B. LUQUE, JOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11700 PRESTON RD #660  
 City DALLAS State TX Zip Code 75230-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575539256342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. SUN, TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 ENSLEY PLACE  
 City LEAWOOD State KS Zip Code 66206-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575540256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROSENZWEIG, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 DAVID RD  
 City BALA CYNWYD State PA Zip Code 19004-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Behvrl CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1999.85

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575540656342**  
 Amount of Each Receipt this Period 173.90  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. WENTZIEN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6350 SUMMIT CIRCLE  
 City CHANHASSEN State MN Zip Code 55317-9138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Health Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575540856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STEINBRECHER, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 LILAC LANE  
 City FRISCO State TX Zip Code 75034-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575544556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BALCK, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N3681 VINE RD  
 City FREEDOM State WI Zip Code 54913-6928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575548456342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. DAIKEN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5002 ONEIDA ST  
 City DULUTH State MN Zip Code 55804-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575549656342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. SCHWEITZER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 GREEN FARMS ROAD  
 City EDINA State MN Zip Code 55436-1068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR257555356342**  
 Amount of Each Receipt this Period 33.18  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.64
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STAFFORD, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9413 W 131ST STREET  
 City OVERLAND PARK State KS Zip Code 66213-3079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575561256342**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**B. CHERRYHOMES, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5921 CREEK POINT  
 City MINNETONKA State MN Zip Code 55345-6224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575573556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. MOCK, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KELTON STREET  
 City REHOBOTH State MA Zip Code 02769-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575579256342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	335.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WINSOR, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 WILDERS PASS  
 City CANTON State CT Zip Code 06019-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575582856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. EULL, MARY ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11204 BEDFORDSHIRE AVE  
 City POTOMAC State MD Zip Code 20854-2003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575583756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. HARRIS, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2832 HARBORSIDE WAY  
 City SOUTHPORT State NC Zip Code 28461-8373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Brkr Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575585456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LYON, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2069 CIRCLE DRIVE  
 City KRONENWETTER State WI Zip Code 54455-9062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575585956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MORABITO, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 TUCKER HILL ROAD  
 City MIDDLEBURY State CT Zip Code 06762-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575586156342**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FINCH, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 STATION CIR NO  
 City HUDSON State WI Zip Code 54016-9555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575586656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	306.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SOLLER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 S 2ND STREET  
 UNIT 614  
 City MINNEAPOLIS State MN Zip Code 55415-1375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575586756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GISCH, SHAWNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PRESERVE COURT  
 City CHANHASSEN State MN Zip Code 55317-8717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575592156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JORGE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 DELPHI ROAD  
 City STAFFORD SPRINGS State CT Zip Code 06076-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575593656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 797.20  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 154 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MILLER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CANAL STREET  
 410  
 City BOSTON State MA Zip Code 02114-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575595656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. IVERSON, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13341 CARRACH AVENUE  
 City ROSEMOUNT State MN Zip Code 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575603256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MCNUTT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 CLAY CLIFFE DRIVE  
 City EXCELSIOR State MN Zip Code 55331-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575604556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COSTA, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 WESTCHESTER AVENUE  
 City SHAKOPEE State MN Zip Code 55379-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575605856342**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. KING, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CUTLER ROAD  
 City GREENWICH State CT Zip Code 06831-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575612856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STOCKHOWER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2108 MANOR DRIVE  
 City BURNSVILLE State MN Zip Code 55337-2036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575619956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WAULTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 HEMLOCK COURT  
 City MANALAPAN State NJ Zip Code 07726-4254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575622156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KELLEYBURNS, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2279 STEARNLEE AVE  
 City LONG BEACH State CA Zip Code 90815-1934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Manager Data Analytics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575623056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. THOMPSON, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17829 63RD AVE N  
 City MAPLE GROVE State MN Zip Code 55311-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO UHC Govt Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575634656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 DURHAM MANOR DRIVE  
 City FRANKLIN State TN Zip Code 37064-5266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2480.72

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575636156342**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. CLARK, TERENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575636956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CABANILLAS, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2411 WORDSWORTH ST  
 City HOUSTON State TX Zip Code 77030-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3749.85

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575637356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1019.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. COLLINS, NEIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8465 MISSION HILLS LANE  
 City CHANHASSEN State MN Zip Code 55317-7712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575637656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. DAVIS, BENTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 NORTH 53RD PLACE  
 City PARADISE VALLEY State AZ Zip Code 85253-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575639256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. NICOLL, DEREK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 MEADOWVIEW LANE  
 City MEDINA State MN Zip Code 55340-4510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575648656342**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	528.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HERMAN, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 WYOMING CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575650256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAYHURST, JENNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23A MOUNT HYGIEIA ROAD  
 City FOSTER State RI Zip Code 02825-1434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575651856342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SJODIN, CARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1751 HAMPSHIRE AVENUE  
 City SAINT PAUL State MN Zip Code 55116-2457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575652456342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KANE, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7624 N MOUNTAIN VIEW PASS  
 City PARADISE VALLEY State AZ Zip Code 85253-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4995.84

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575657456342**  
 Amount of Each Receipt this Period 538.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PIZZANO, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 387 DEPOT HILL ROAD  
 City POUGHQUAG State NY Zip Code 12570-5763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575662156342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. HUXLEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2465 EDGERTON ST  
 City LITTLE CANADA State MN Zip Code 55117-1674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575664256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	719.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. WARSHAW, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 CARLSON DRIVE  
 City PORTLAND State CT Zip Code 06480-1699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR257566556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ZIGLER, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 TREVINO CIRCLE  
 City ANGEL FIRE State NM Zip Code 87710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575665656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. EVERETT, RICARDO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10507 WALPOLE LANE  
 City AUSTIN State TX Zip Code 78739-1554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575667656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALLEN, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8675 AZURE SKY DRIVE  
 City LAS VEGAS State NV Zip Code 89129-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575669356342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. BOGATYRENKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 FRANKLIN STREET APT 2C  
 City EXETER State NH Zip Code 03833-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1497.34

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575675456342**  
 Amount of Each Receipt this Period 115.18  
 Memo Item  
 P/R Deduction (\$57.59 Bi-Weekly)

**C. PRIEST, BRADY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 COUNTRY CLUB RD  
 City EDINA State MN Zip Code 55424-1148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575677256342**  
 Amount of Each Receipt this Period 909.08  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1102.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 163 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MITCHELL, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11499 ASHLEY COURT  
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575678356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SIMONSON, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6284 CLOVIS POINT ST  
 City LAS VEGAS State NV Zip Code 89135-1496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575682356342**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. STIDMAN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575683856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.82
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OCHIPINTI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 DEAN STREET  
 City ANNAPOLIS State MD Zip Code 21401-2716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575685756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BURCH, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 TALL TIMBERS ROAD  
 City GLASTONBURY State CT Zip Code 06033-3389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575686456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. FINE, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 STONINGTON ROAD  
 City SILVER SPRING State MD Zip Code 20902-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575692856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 165 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FARRELL, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 MAJOR DOANE RD  
 City WELLFLEET State MA Zip Code 02667-7836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575696256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PROKOCKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9091 KORNBRUST DR  
 City LONE TREE State CO Zip Code 80124-5333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575705856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THIERY, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 LABEAUX AVE NE  
 City ST MICHAEL State MN Zip Code 55376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575707856342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 STUART STREET  
 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575708856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. VOLLRATH, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7647 MARKER ROAD  
 City SAN DIEGO State CA Zip Code 92130-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Client Mngt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575719856342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. CREED, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6813 67TH STREET NE  
 City ALBERTVILLE State MN Zip Code 55301-4643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575720556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	528.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CAIN, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 COUNTRYSIDE CT  
 City DANVILLE State CA Zip Code 94506-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575724356342**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. MCKEE, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6500 TRANQUIL RIVER LANE  
 City WAUSAU State WI Zip Code 54401-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575726756342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. CRANDALL, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6016 BRIGIDS CLOSE DRIVE  
 City DUBLIN State OH Zip Code 43017-3428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575731256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1128.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HELLAND, ROBYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9089 PARTRIDGE RD  
 City MINNETRISTA State MN Zip Code 55375-4513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575733856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. OLSON, KRISTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5901 TRACY AVENUE  
 City EDINA State MN Zip Code 55436-2516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575734456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. GROSKLAGS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3233 TIMBERWOLF CIRCLE  
 City PRIOR LAKE State MN Zip Code 55372-3272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575735756342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 169 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KRAL, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4358 COOLIDGE AVE  
 City SAINT LOUIS PARK State MN Zip Code 55424-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575736156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MURRAY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CIRCLE WEST  
 City EDINA State MN Zip Code 55436-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575736556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LEWIS, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 PLEASANT VIEW ROAD  
 City CHANHASSEN State MN Zip Code 55317-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Act Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575737456342**  
 Amount of Each Receipt this Period 285.70  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1054.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CESARETTI, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 CIRCLE DOWN  
 City GOLDEN VALLEY State MN Zip Code 55416-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575739056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STRICKLAND, JULIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3207 SUNNYWOOD DRIVE  
 City FULLERTON State CA Zip Code 92835-1858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575740956342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. WAITE, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2501 S HORIZON DR  
 City APPLETON State WI Zip Code 54915-5851  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Capability Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575743256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	440.68
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CONE, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4321 EAST LAKE HARRIET BLVD  
 City MINNEAPOLIS State MN Zip Code 55409-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575743756342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PORTZ, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2119 SHERIDAN HILLS RD  
 City WAYZATA State MN Zip Code 55391-2327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575744556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. PINERSKI, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7501 HART LN  
 City AUSTIN State TX Zip Code 78731-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575752856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 172 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. LAMOINE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6075 LINCOLN DR APT 110  
 City EDINA State MN Zip Code 55436-1649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575755156342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FULTON, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 805 LANEWOOD LANE NORTH  
 City PLYMOUTH State MN Zip Code 55447-4347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575756956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. JOHNSON, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8351 E REDFIELD RD  
 City SCOTTSDALE State AZ Zip Code 85260-3535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Director Data Science  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 587.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575758356342**  
 Amount of Each Receipt this Period 8.00  
 Memo Item  
 P/R Deduction (\$21.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	113.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 173 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EKLO, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3942 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575761856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HOWARTH, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1820 NAPOLI DRIVE  
 City APEX State NC Zip Code 27502-9659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575762456342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. NEESE, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 DUNLEIGH COURT  
 City MADISON State MS Zip Code 39110-6806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Sls & AM-Producing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575766156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	537.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CUNNINGHAM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 SOUTH 16TH STREET  
 UNIT 4706  
 City PHILADELPHIA State PA Zip Code 19102-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO NA Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575767856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MONTOYA, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12370 BRADFORD DR  
 City PARKER State CO Zip Code 80134-3609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575777656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. PAIK, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 BUTTONWOOD LANE EAST  
 City RUMSON State NJ Zip Code 07760-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575783156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MADDUX, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16426 FARMERS MILL LANE  
 City CHESTERFIELD State MO Zip Code 63005-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Pharm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575783856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. REILLY, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 LEGHORN LANE  
 City CROMWELL State CT Zip Code 06416-1671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575784656342**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

**C. SUAREZ, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21294 SMOKEHOUSE CT  
 City ASHBURN State VA Zip Code 20147-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575787356342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	221.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERGDOLL, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 523 LOS DOLCES ST  
 City LAS VEGAS State NV Zip Code 89138-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575793756342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JELINEK, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16601 S MOUNTAIN STONE TRAIL  
 City PHOENIX State AZ Zip Code 85048-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575795656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SANKEN, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3018 ASPEN LAKE DRIVE  
 City BLAINE State MN Zip Code 55449-7517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575798556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 177 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WIX, LACOSTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MANILA ST  
 City NASHVILLE State TN Zip Code 37206-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575800056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GALIAN, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 SEQUAMS LANE WEST  
 City WEST ISLIP State NY Zip Code 11795-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575803256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LEVINE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 LARKSPUR LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575803356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HJERPE, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13932 UTAH AVE S  
 City SAVAGE State MN Zip Code 55378-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575806256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RUSSELL, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1014.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575812156342**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. LATINO, DAYNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 RAINBOW TRAIL  
 City VERNON State CT Zip Code 06066-5950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575813256342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHENEMAN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 8TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575813456342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SHAPIRO, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 MORGAN AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Cnsmr Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575814256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SPAULDING, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15174 53RD ST NW  
 City ANNANDALE State MN Zip Code 55302-3576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 299.91

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575814656342**  
 Amount of Each Receipt this Period 46.14  
 Memo Item  
 P/R Deduction (\$11.53 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	507.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. TAYLOR, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3712 NE 34TH  
 UNIT 2C  
 City VANCOUVER State WA Zip Code 98665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575818156342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. NESTOR, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 HUMBLE LANE  
 City WESTON State CT Zip Code 06883-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgng Dir Optuml Cons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575821756342**  
 Amount of Each Receipt this Period 125.06  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. SEXTON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14750 CRESTWOOD COURT  
 City ELM GROVE State WI Zip Code 53122-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575823256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCNATT, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 KENSINGTON COURT  
 City ALPHARETTA State GA Zip Code 30022-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Ops & Reg Field Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt: 12 / 31 / 2019  
**Transaction ID : PR2575824956342**  
 Amount of Each Receipt this Period: 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BRADLEY, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 TWIN OAKS CT  
 City KINGSTON SPRINGS State TN Zip Code 37082-8906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 479.96

Date of Receipt: 12 / 31 / 2019  
**Transaction ID : PR2575825856342**  
 Amount of Each Receipt this Period: 36.92  
 Memo Item  
 P/R Deduction (\$18.46 Bi-Weekly)

**C. KAUFMAN, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1580 BOHNS POINT ROAD  
 City WAYZATA State MN Zip Code 55391-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: 12 / 31 / 2019  
**Transaction ID : PR2575829856342**  
 Amount of Each Receipt this Period: 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	498.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCHMITT, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3045 25TH AVENUE  
 City SAN FRANCISCO State CA Zip Code 94132-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575830056342**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. VERITY, CLAIRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3220 NE 94TH STREET  
 City SEATTLE State WA Zip Code 98115-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.97

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575830256342**  
 Amount of Each Receipt this Period 434.78  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HELLER, ALYSIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22331 W 44TH TER  
 City SHAWNEE State KS Zip Code 66226-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575830556342**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	681.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 183 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HENRY, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8970 VINCENT CIRCLE  
 City BLOOMINGTON State MN Zip Code 55431-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575831056342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HUNTLEY, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24905 MILLER BAY ROAD  
 City CROSBY State MN Zip Code 56441-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575832056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HARPER, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8206 WEST 16TH STREET  
 City SAINT LOUIS PARK State MN Zip Code 55426-1904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575835556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	537.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. JERDE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 EAST VERA LANE  
 City TEMPE State AZ Zip Code 85284-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575837456342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. MANDELL, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 720 MISSION HILL WAY  
 City COLORADO SPRINGS State CO Zip Code 80921-2672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575837856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BEESON, MARY JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 204 BLUE INDIGO CT  
 City PONTE VEDRA BEACH State FL Zip Code 32082-6543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575839556342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	374.22
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. HARRISON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10603 MILLET SEED HILL

City COLUMBIA	State MD	Zip Code 21044-4150
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Med Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : PR2575840356342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

**B. WILLIAMS, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8559 ALISA CT

City CHANHASSEN	State MN	Zip Code 55317-9371
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Sr Dir Info Security
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : PR2575849256342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

**C. BOROCH, BLAIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 BELFRY DRIVE

City BLUE BELL	State PA	Zip Code 19422-1210
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir, Health Plan Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019

**Transaction ID : PR2575849956342**

Amount of Each Receipt this Period  
80.00

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	136.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GOLDEN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 SOUND COURT  
 City NORTHPORT State NY Zip Code 11768-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575859356342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. COTTINGTON, NYLE BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15050 47TH STREET NE  
 City SAINT MICHAEL State MN Zip Code 55376-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4998.42

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575865356342**  
 Amount of Each Receipt this Period 990.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ADAMO, BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3109 E DESERT LN  
 City PHOENIX State AZ Zip Code 85042-7198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575867856342**  
 Amount of Each Receipt this Period 142.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1325.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 187 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ROSS, CHRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 JIM CANNON RD  
 City VAN ALSTYNE State TX Zip Code 75495-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575873356342**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**B. LU, RANYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 EXPLORATION  
 City IRVINE State CA Zip Code 92618-8850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575878356342**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. PEZHMAN, PAYMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 GROVELAND SCHOOL ROAD  
 City WAYZATA State MN Zip Code 55391-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575883556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	628.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. RANDALL, RHONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 INTERLAKEN ROAD  
 City ORLANDO State FL Zip Code 32804-3418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575889656342**  
 Amount of Each Receipt this Period 1014.04  
 Memo Item  
 P/R Deduction (\$1000.00 Bi-Weekly)

**B. SCHMUKER, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2575 TALL TIMBER COURT SE  
 City GRAND RAPIDS State MI Zip Code 49546-6787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575906656342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. ALT, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 133 PHEASANT FIELDS LANE  
 City MOORESTOWN State NJ Zip Code 08057-1431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Prov Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575907356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1080.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 189 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARGHERIO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6412 JEFFERSON STREET  
 City KANSAS CITY State MO Zip Code 64113-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575916356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. CZAJKA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8590 BIG MANGROVE DRIVE  
 City FORT MYERS State FL Zip Code 33908-7694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575918656342**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. OLSON, TRUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7208 WOODDALE AVE SOUTH  
 City EDINA State MN Zip Code 55435-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575918756342**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	389.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 190 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JENSENPFIEFFER, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9449 ASPEN RD  
 City LAKEVILLE State MN Zip Code 55044-8148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575929756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MCGOLDRICK, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 MOUNTAIN TERRACE ROAD  
 City WEST HARTFORD State CT Zip Code 06107-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Broker & Consulting  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.32

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575930456342**  
 Amount of Each Receipt this Period 543.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ZITZER, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2848 FRANCE AVE S  
 City ST LOUIS PARK State MN Zip Code 55416-4204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4997.52

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575933356342**  
 Amount of Each Receipt this Period 648.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1219.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. MATTERA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 LOCUST HILLS DRIVE  
 City WAYZATA State MN Zip Code 55391-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575938456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RILEY, FELICITY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3330 EDMUND BLVD  
 City MINNEAPOLIS State MN Zip Code 55406-2348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575943356342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. DONAHUE, JEANINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 MORNINGSDRIVE  
 City MANDEVILLE State LA Zip Code 70448-7571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575959256342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NEFF, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1158 DESERT ROCK DRIVE  
 City REXBURG State ID Zip Code 83440-3697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575961856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SALVO, GIANCARLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 SW 149 LANE  
 City SUNRISE State FL Zip Code 33326-1957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575964956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CORBETT, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8217 STONE MASON CT  
 City WINDERMERE State FL Zip Code 34786-5624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2575965956342**  
 Amount of Each Receipt this Period 57.68  
 Memo Item  
 P/R Deduction (\$14.42 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 193 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KISCH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7715 GIBRALTER TERRACE  
 City APPLE VALLEY State MN Zip Code 55124-6124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575966056342**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. DICELLO, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 SAND CRANE CT  
 City BRADENTON State FL Zip Code 34212-5226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575977956342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SIEBERT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 VIA BELLEZA  
 City SAN CLEMENTE State CA Zip Code 92673-6910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575979656342**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 194 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RICHARDS, ALISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 WEST GRANTLEY  
 City ELMHURST State IL Zip Code 60126-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575987956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GOLD, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2821 E SWISS OAKS DR  
 City SANDY State UT Zip Code 84093-6587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575988656342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. SCHULTZ, STACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 S XERXES AVENUE  
 City MINNEAPOLIS State MN Zip Code 55410-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2575990956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHAMBUNDABONGSE, KUNJORN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9128 WOODLAND DRIVE  
 City MINNETRISTA State MN Zip Code 55375-4515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4997.66

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576000256342**  
 Amount of Each Receipt this Period 1676.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BRIGGS, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13534 TUSCALEE HILL CIR  
 City DRAPER State UT Zip Code 84020-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576001656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHOENER, SHAUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 884 LAS PALOMAS DR  
 City LAS VEGAS State NV Zip Code 89138-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576012756342**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 P/R Deduction (\$16.34 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2145.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 196 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SONERHOLM, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7210 HEGGIE AVE  
 City LAS VEGAS State NV Zip Code 89131-3233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576033256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. HOLZERSPARR, CYNTHIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 BRIDGHAM FARM ROAD  
 City RUMFORD State RI Zip Code 02916-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576034856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. ADAMS, GAYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 CANYON RIDGE DRIVE  
 City SANDIA PARK State NM Zip Code 87047-8509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategic Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576040356342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BYRNES, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3920 GLENWOOD STREET  
 City DULUTH State MN Zip Code 55804-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576042856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KANDALFT, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4189 WINDSOR POINT PLACE  
 City EL DORADO HILLS State CA Zip Code 95762-3797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4153.89

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576043656342**  
 Amount of Each Receipt this Period 446.76  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STONE, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4644 VENETO DRIVE  
 City FRISCO State TX Zip Code 75033-7135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Contract Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576045156342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	859.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GROENENDAAL, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1017 N EUCLID  
 City OAK PARK State IL Zip Code 60302-1321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Executive Compensation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576046256342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. NELSON, KRISTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3320 SHAVERS LAKE ROAD  
 City WAYZATA State MN Zip Code 55391-3341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576047956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. VINCENT, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2515 HERON LANE  
 City VICTORIA State MN Zip Code 55386-4579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576049156342**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	118.96
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 199 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 E PIEDRA DRIVE  
 City SCOTTSDALE State AZ Zip Code 85255-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Medicare STARS  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576051356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. REED, BARTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16716 MAYFIELD DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576059256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. HUANG, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6838 IDLEWOOD WAY  
 City EDEN PRAIRIE State MN Zip Code 55346-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576059956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. REX, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576060056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCEWAN, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 ALDRICH AVE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-5353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576085756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GRANT, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 FAIRLAWN DR  
 City WALLINGFORD State CT Zip Code 06492-2588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576089056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUDA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 RICHWOOD DRIVE  
 City EDINA State MN Zip Code 55436-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576089956342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. FREIBERG, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9605 LEXINGTON CT  
 City WESTON State WI Zip Code 54476-6730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.91

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576093656342**  
 Amount of Each Receipt this Period 363.62  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. OLUJIC, TAMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14908 SE 66TH STREET  
 City BELLEVUE State WA Zip Code 98006-5022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576097356342**  
 Amount of Each Receipt this Period 30.76  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	586.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HARBISON, CECILIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 233 MAGNOLIA STREET  
 City DRESHER State PA Zip Code 19025-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576100156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. DAHL, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 HOEFER ST  
 City LATHAM State NY Zip Code 12110-4742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576100256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. DIAMOND, TIFFANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HARVEY DRIVE  
 City GOFFSTOWN State NH Zip Code 03045-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576105556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 133.08  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CASEY, TAMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5400 LAKESIDE DRIVE  
 City LAKE WALES State FL Zip Code 33898-8812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576107356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MELNICK, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5185 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576111956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KIEWEL, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1137 PRAIRIE VIEW DR SW  
 City HUTCHINSON State MN Zip Code 55350-6725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Lead Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576117556342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEDIN, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 EAGLE COVE  
 City MADISON State MS Zip Code 39110-6629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576122356342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. SANCHEZ, VINCENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 BRANFORD COURT  
 City DUBLIN State CA Zip Code 94568-7241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576126956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STINE, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 265  
 City CRESSON State PA Zip Code 16630-0265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576133456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 205 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KERAN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6631 108TH CT  
 City BROOKLYN PARK State MN Zip Code 55445-6503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Product  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576137856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. LIRETTE, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 WEST WOODLAWN DRIVE  
 City DESTREHAN State LA Zip Code 70047-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576138956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BOADO, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576144656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 206 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GROSSMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15725 56TH AVE N  
 City PLYMOUTH State MN Zip Code 55446-2984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.90

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2576145856342**  
 Amount of Each Receipt this Period **111.10**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FRIDNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 782 PENFIELD DR  
 City CAROL STREAM State IL Zip Code 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP Sls/Gen  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1014.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2576147556342**  
 Amount of Each Receipt this Period **78.00**  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. SCOTT, GARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8018 PERLETTE COURT  
 City KERNERSVILLE State NC Zip Code 27284-9957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.95

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2576151056342**  
 Amount of Each Receipt this Period **90.90**  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>280.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WARN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2079 AUSTRIAN PINE LN  
 City MINNETONKA State MN Zip Code 55305-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576157856342**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. PAUNOVICH, VUKASIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 KEITH RD  
 City WAKE FOREST State NC Zip Code 27587-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576306756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BENSON, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14951 HIGHLAND COURT NE  
 City PRIOR LAKE State MN Zip Code 55372-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2576310956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	831.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. COMBSMORGAN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 RIVERVIEW DRIVE  
 City FRANKLIN State TN Zip Code 37064-5512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578719856342**  
 Amount of Each Receipt this Period 38.40  
 Memo Item  
 P/R Deduction (\$19.20 Bi-Weekly)

**B. TIDMARSH, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14425 NORTH 15TH STREET  
 City PHOENIX State AZ Zip Code 85022-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SCE 2 NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.52

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578724256342**  
 Amount of Each Receipt this Period 28.04  
 Memo Item  
 P/R Deduction (\$14.02 Bi-Weekly)

**C. LONG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12352 PRINCETON AVE  
 City EDEN PRAIRIE State MN Zip Code 55347-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578734956342**  
 Amount of Each Receipt this Period 264.42  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. EGELAND, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2659 E LAKE OF THE ISLES PKWY  
 City MINNEAPOLIS State MN Zip Code 55408-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578741056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STRODE, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 MIRA SEGURA  
 City RANCHO SANTA MARGARITA State CA Zip Code 92688-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578819256342**  
 Amount of Each Receipt this Period 28.84  
 Memo Item  
 P/R Deduction (\$14.42 Bi-Weekly)

**C. ASNER, BARTLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 OFFSHORE  
 City NEWPORT BEACH State CA Zip Code 92657-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578819456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	798.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUFFEY, KRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42095 N 109TH PLACE  
 City SCOTTSDALE State AZ Zip Code 85262-3293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2578823256342**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6958 DELOACH COURT  
 City FRISCO State TX Zip Code 75034-7436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2578824356342**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BUSBEE, NATHANAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 ORPINGTON RD  
 City BALTIMORE State MD Zip Code 21229-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2578826756342**  
 Amount of Each Receipt this Period  
 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 211 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MILLER, TRACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 PINE TRAIL  
 City ARNOLD State MD Zip Code 21012-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2578829956342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. FARMER, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1846 SOUTH COLUMBINE STREET  
 City BATON ROUGE State LA Zip Code 70808-5227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2595208356342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. ELLIS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6001 DRIPPING SPRINGS  
 City FRISCO State TX Zip Code 75034-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 425.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2595209156342**  
 Amount of Each Receipt this Period 32.76  
 Memo Item  
 P/R Deduction (\$16.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BOWES, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 583 BATTERY STREET 908N  
 City SEATTLE State WA Zip Code 98121-1682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2595226956342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. SNYDER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 HIGH WINDS DRIVE  
 City YARMOUTH State ME Zip Code 04096-5958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2595229356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCOTT, WESTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16333 VANCE JACKSON APT 1215  
 City SAN ANTONIO State TX Zip Code 78257-5090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.02

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601125356342**  
 Amount of Each Receipt this Period 61.54  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	484.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHORT, MARIANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 SUMMIT AVENUE  
 City SAINT PAUL State MN Zip Code 55105-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601133556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PATRICK, ALLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 225 W ESCALONES  
 City SAN CLEMENTE State CA Zip Code 92672-5102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601136856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LEVAY, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17190 ROBB PL  
 City LAKE OSWEGO State OR Zip Code 97034-5829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601147456342**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 P/R Deduction (\$1.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	437.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OLDHAM, LORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20039 E BRIGHTWAY  
 City MOKENA State IL Zip Code 60448-1404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Dir of Brkr Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601147656342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

**B. MCBRIEN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 305 HONEYBEE DRIVE  
 City WEXFORD State PA Zip Code 15090-8699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601148956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 SOUTHERN OAKS DRIVE  
 City CLINTON State MS Zip Code 39056-9772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601151156342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 172.32  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LESTER, SHAUNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1180 TRUMPET VINE LANE  
 City SAN RAMON State CA Zip Code 94582-5183  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601154756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. KIMES, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1917 SW 27TH STREET  
 City TOPEKA State KS Zip Code 66611-1643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601162056342**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. PERERA, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 UNITY AVE N  
 City GOLDEN VALLEY State MN Zip Code 55422-4735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601168856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	305.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ESCHERJR, DELBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 ARBOR LAKE COURT  
 City BALLWIN State MO Zip Code 63021-7362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.91

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601171056342**  
 Amount of Each Receipt this Period 56.14  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**B. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4825 DAVIS ROAD  
 City MIAMI State FL Zip Code 33143-6141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2601176856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUDSON, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1536 BREWSTER DRIVE  
 City CARROLLTON State TX Zip Code 75010-6444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605703056342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCBEATH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2537 RED ARROW DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605708956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HUTCHINS, LEIGH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16786 RAINY VALE AVE  
 City RIVERSIDE State CA Zip Code 92503-6535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primecare Medical Network, Inc Occupation (for Individual) CEO Med Grp Non Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605717856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. RICKS, RHONDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5084 JERICHO ROAD  
 City COLUMBIA State MD Zip Code 21044-5409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605733456342**  
 Amount of Each Receipt this Period 30.76  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVIS, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 N LEBANON ST  
 City ARLINGTON State VA Zip Code 22205-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605734256342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. FINLAY, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3221 COLFAX AVE S  
 City MINNEAPOLIS State MN Zip Code 55408-3555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605735156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LEIGH PITSTICK, EMILY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17307 97TH DR SE  
 City SNOHOMISH State WA Zip Code 98296-8168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2605735256342**  
 Amount of Each Receipt this Period 117.64  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	338.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 219 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MALONE, TRACY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 S 22ND ST

City ARLINGTON	State VA	Zip Code 22202-2625
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) SVP External Affs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4999.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2605736956342**

Amount of Each Receipt this Period  
384.60

Memo Item

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

**B. PETERSON, ERIC, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6615 W DEERFIELD DR

City ZIONSVILLE	State IN	Zip Code 46077-8588
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Mktg
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2605750456342**

Amount of Each Receipt this Period  
222.22

Memo Item

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

**C. JAEGER, MICHELLE, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14506 MCGINTY ROAD WEST

City WAYZATA	State MN	Zip Code 55391-2541
-----------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Enterprise Growth
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2605753956342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	634.90
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 220 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SMITH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1164 RUE CHINON  
 City MANDEVILLE State LA Zip Code 70471-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2605760656342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. HECKERT, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1555 BARRINGTON DRIVE  
 City WEXFORD State PA Zip Code 15090-9378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 986.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2605763056342**  
 Amount of Each Receipt this Period 116.00  
 Memo Item  
 P/R Deduction (\$58.00 Bi-Weekly)

**C. SONSTEGARD, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4216 Zenith Ave S  
 City Minneapolis State MN Zip Code 55410-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2606844456342**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 221 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RAWLINSON, DORIEN, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4795 W RED ROCK DRIVE

City LARKSPUR	State CO	Zip Code 80118-8413
------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Ntwk Contrctng
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR2606854656342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

**B. EYER, JAN, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6241 CRESTBROOK DRIVE

City MORRISON	State CO	Zip Code 80465-2225
------------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Regn Exec Dir
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR2606857556342**

Amount of Each Receipt this Period  
28.08

Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

**C. FICKER, MARK, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 173 LAURELWOOD DRIVE

City NOVATO	State CA	Zip Code 94949-8427
----------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Ops
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2019

**Transaction ID : PR2607806756342**

Amount of Each Receipt this Period  
76.92

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 222 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SCHWARTZ, SHAWN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 SNELLING AVE S  
 City SAINT PAUL State MN Zip Code 55105-2048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2608059356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. LANDO, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 PINEAPPLE STREET APT 3J  
 City BROOKLYN State NY Zip Code 11201-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2608059556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FERGUSON, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 SOUTH SHERATON DRIVE  
 City AKRON State OH Zip Code 44319-1918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2608061956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SAVOIE, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8756 STONEFIELD LN  
 City CHANHASSEN State MN Zip Code 55317-4713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2609809556342**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. BODELL, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18710 34TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2609811356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WRIGHT, NORMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Customer Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2609812356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 1019.20  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 224 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PATEL, KETAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4682 WARNER AVE #C304  
 City HUNTINGTON BEACH State CA Zip Code 92649-3990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2612523356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PELUSO, JOSIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 WITHERS STREET 1ST FLOOR  
 City BROOKLYN State NY Zip Code 11211-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) C&S Medicr Dir NYC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2612525356342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. STEVENS, J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 CONSERVATION ROAD  
 City SUFFIELD State CT Zip Code 06078-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Tech Proj-Prgm Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2612528556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BAKER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2383 HIGHOVER TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2612530556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SHILTS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 WOODLAND ROAD  
 City EDINA State MN Zip Code 55424-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1199.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2612533256342**  
 Amount of Each Receipt this Period 184.60  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. RIVERS, CAROLINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6368 TIMBER TRACE  
 City BROWNSBURG State IN Zip Code 46112-8641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.26

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2612533756342**  
 Amount of Each Receipt this Period 28.02  
 Memo Item  
 P/R Deduction (\$14.01 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 226 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KIECKHAFFER, REGINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 BINNACLE LANE  
 City KENNEBUNKPORT State ME Zip Code 04046-5434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2612536256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HANSEN, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6227 UPLAND LN N  
 City MAPLE GROVE State MN Zip Code 55311-4003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2613383256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. DEIDESHEIMER, THERESA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6319 21 ST AVE NE  
 City SEATTLE State WA Zip Code 98115-6915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2613383456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.24
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CORCORAN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 DONBUSH ROAD  
 City NORTH OAKS State MN Zip Code 55127-2095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2613385356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KREJCI, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19880 LAKEVIEW AVENUE  
 City EXCELSIOR State MN Zip Code 55331-9352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.08

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2614310756342**  
 Amount of Each Receipt this Period 56.16  
 Memo Item  
 P/R Deduction (\$28.08 Bi-Weekly)

**C. THOMPSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 DEVIN PLACE NE  
 City ATLANTA State GA Zip Code 30305-4409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2614322356342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	171.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BURKHOLDER, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 DUBONNET DRIVE  
 City MACUNGIE State PA Zip Code 18062-8857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615073456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RHODES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1604 EAGLE PEAK WAY  
 City LAS VEGAS State NV Zip Code 89134-6404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615075156342**  
 Amount of Each Receipt this Period 83.32  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. BARELA, ERNEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12059 VIBRATO COURT  
 City LAS VEGAS State NV Zip Code 89138-4654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615080856342**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	967.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 229 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. OCONNOR, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 JAMES STREET  
 City DURHAM State NC Zip Code 27707-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615082056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SOLOMON, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 HAIGHT STREET  
 City SAN FRANCISCO State CA Zip Code 94117-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615671556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BIRNBAUM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DEAN STREET  
 City BROOKLYN State NY Zip Code 11201-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615671656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KNOTSON, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5321 EMPIRE LANE NORTH  
 City PLYMOUTH State MN Zip Code 55446-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615923956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SCALLY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 601 PLYMOUTH RD  
 City BALTIMORE State MD Zip Code 21229-2213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615929156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. YOUNG, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 939 OCEAN BLVD UNIT 15  
 City HAMPTON State NH Zip Code 03842-1442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615929456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.08
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 231 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GARVEY, MARISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1986 MABEL COURT  
 City CHASKA State MN Zip Code 55318-1241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Strat Mkt Allis  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615937756342**  
 Amount of Each Receipt this Period 119.26  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. KIRBY, WESLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3301 SANDY TRAIL LN  
 City PLANO State TX Zip Code 75023-5639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Manager, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615957056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. OSTRANDER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 BARTON COURT  
 City PLEASANT HILL State CA Zip Code 94523-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2615960656342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	301.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LONGORIA, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 906 BLUEBIRD  
 City MANCHACA State TX Zip Code 78652-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2617361156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. PASSINEAU, MEGHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 BUROAK DRIVE  
 City HOPEWELL JUNCTION State NY Zip Code 12533-6434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2617363656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. TRAW, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 13TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2617365656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 133.08  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BAUBLIT, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2201 RIDGEWIND WAY  
 City WINDERMERE State FL Zip Code 34786-5823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2617927156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. GARNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6025 CHERRYWOOD RD  
 City MOUND State MN Zip Code 55364-8515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Architecture  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2617933456342**  
 Amount of Each Receipt this Period 15.46  
 Memo Item  
 P/R Deduction (\$7.73 Bi-Weekly)

**C. MISKELLCLOUTIER, DOMINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 STRETFORD FOREST COURT  
 City BRISTOW State VA Zip Code 20136-2078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2618984956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	71.62
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 234 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CONNOR, MARSHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3845 WEST 143RD TERRACE  
 City LEAWOOD State KS Zip Code 66224-3911  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2618994356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. BROWN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 EAST STATE AVE  
 City PHOENIX State AZ Zip Code 85020-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2622557956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OLSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13454 E JEWELL AVE 202  
 City AURORA State CO Zip Code 80012-5465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2622561656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TROCINSKI, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1030 ROBIN COURT  
 City WEST SALEM State WI Zip Code 54669-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2623691056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MOURAS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6376 MARSH ROAD  
 City COTTRELLVILLE State MI Zip Code 48039-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2623702956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CAMP, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 WOODFIELD BLVD  
 City MECHANICVILLE State NY Zip Code 12118-3038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2624436856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MULES, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1136 BATTERY AVENUE  
 City BALTIMORE State MD Zip Code 21230-4112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2624442656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SINGH, KANWAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10422 VERDI COURT  
 City ELLICOTT CITY State MD Zip Code 21042-2586  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Agile Practitioner 3  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2624445956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. STALLWOOD, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 JUNIPER DR  
 City PALM HARBOR State FL Zip Code 34685-2688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2625499056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. COLLETTE, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4776 MANITOU ROAD  
 City EXCELSIOR State MN Zip Code 55331-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2625499556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RELLER, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2625501956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5040 INTERLACHEN BLUFF  
 City EDINA State MN Zip Code 55436-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2625503756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LAWTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 CROSS PINES DR  
 City FLEMING ISLAND State FL Zip Code 32003-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2625505456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LIVERS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 402 DERBY COURT  
 City MEBANE State NC Zip Code 27302-9452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626346056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. CULHANE, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15412 ALSASK CIRCLE  
 City PORT CHARLOTTE State FL Zip Code 33981-3101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626356056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	797.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TERRAL, RECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6828 SIMMONS RD  
 City NORTH RICHLAND HILLS State TX Zip Code 76182-4259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626359656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HINES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3127 GABRI CT  
 City WEST SACRAMENTO State CA Zip Code 95691-5292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626886556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BONAR, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2589 HONEYBELL LANE  
 City ESCONDIDO State CA Zip Code 92027-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Mgr, Software Engineering  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626906856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STOCKSTAD, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5190 MEADVILLE STREET  
 City EXCELSIOR State MN Zip Code 55331-8790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2626915556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SCHENCK, ERIK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18236 DOE TRAIL  
 City BRAINERD State MN Zip Code 56401-7987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Dir Clin Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627730456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. GRABSKI, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 UPTON AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627731656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SCOTT, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29039 HOBBLEBUSH  
 City SAN ANTONIO State TX Zip Code 78260-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB Dir Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627731956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MORRIS, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1045 SWEET GUM WAY  
 City MEBANE State NC Zip Code 27302-6511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627735556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LINDLEY, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3656 WINDING WOOD LANE  
 City LEXINGTON State KY Zip Code 40515-1283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 361.40

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627739856342**  
 Amount of Each Receipt this Period 27.80  
 Memo Item  
 P/R Deduction (\$13.90 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SENDEN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6285 BUTTERWORTH LANE  
 City CORCORAN State MN Zip Code 55340-9406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Security Risk Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627743456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. RUSH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4735 BYWOOD CT  
 City COLORADO SPRINGS State CO Zip Code 80906-5936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627743856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SEGUIN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 CALYPSO RD  
 City HOLT State MI Zip Code 48842-7704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Proj Mgr II  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2627749256342**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 243 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NAKAJIMA, KENICHI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15822 BELFAST LANE  
 City HUNTINGTON BEACH State CA Zip Code 92647-3104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Act Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2628319056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MANNING, KIM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12703 DEER CREEK DRIVE  
 City OMAHA State NE Zip Code 68142-1762  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2628331456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. VANDERWALDE, LAMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 AUDUBON CAUSEWAY  
 City LANTANA State FL Zip Code 33462-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Govt Research  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2628332356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PIAZZA, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HILLSIDE LN  
 City POTTSTOWN State PA Zip Code 19465-8583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628334156342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KORNHAUSER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 SUMMIT LANE  
 City BALA CYNWYD State PA Zip Code 19004-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1506.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628335756342**  
 Amount of Each Receipt this Period 115.92  
 Memo Item  
 P/R Deduction (\$57.96 Bi-Weekly)

**C. BROERSE, DEBRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 443 FARLEY DR  
 City INDIANAPOLIS State IN Zip Code 46214-3572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628791356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	297.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ERICKSON, ALYSSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6430 POLARIS LANE N  
 City MAPLE GROVE State MN Zip Code 55311-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628798956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KOSHY, MATHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 311 HAMLET DRIVE  
 City CHALFONT State PA Zip Code 18914-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Rsch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 366.08

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628799756342**  
 Amount of Each Receipt this Period 28.16  
 Memo Item  
 P/R Deduction (\$14.08 Bi-Weekly)

**C. HANSEN, YVETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10524 MUIRFIELD DRIVE  
 City NAPERVILLE State IL Zip Code 60564-8086  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Recruit  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628807156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 HEDGEROW DRIVE  
 City DALLAS State TX Zip Code 75235-7590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628833656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RILEY, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5636 JAMES AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2628834056342**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. TITA, MARYBETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 BEACH WOOD ROAD  
 City FERNANDINA BEACH State FL Zip Code 32034-6504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632077856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	628.18
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 247 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. SAYEED, OMER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2239 HOLLISTON AVE  
 City ALTADENA State CA Zip Code 91001-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632078256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DREFAHL, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1755 CARRIAGE DRIVE  
 City VICTORIA State MN Zip Code 55386-4512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.85

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632078956342**  
 Amount of Each Receipt this Period 526.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OTTESON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 OXFORD AVE  
 City EDINA State MN Zip Code 55436-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632082556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	987.82
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILLIGANJR, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6901 RIM ROCK CIRCLE NW  
 City ALBUQUERQUE State NM Zip Code 87120-3196  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2632083556342**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. NAPOLITANO, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 CHESTNUT COURT  
 City BASKING RIDGE State NJ Zip Code 07920-3100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Capability  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2632087756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. GORSUCH, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2632087856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TUFFIN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 ASHBY MANOR PLACE  
 City ALEXANDRIA State VA Zip Code 22310-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632087956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**B. MEENTS, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24995 GLEN ROAD  
 City EXCELSIOR State MN Zip Code 55331-8549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632088156342**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$500.00 Bi-Weekly)

**C. BARTEN, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2294 164TH AVE NW  
 City ANDOVER State MN Zip Code 55304-2156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632854956342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	903.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 250 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ORRICK, VERONICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10403 SANTA RITA ST  
 City CYPRESS State CA Zip Code 90630-4221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Ntwk Prgm Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR263285856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. TEMPLE, MARTHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 LITTLE LANE  
 City DURHAM State CT Zip Code 06422-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632873656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WALTHOUR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5049 COLFAX AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Rsch  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632877056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 251 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. RADEL, TRAVIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 SANDBAR CIRCLE  
 City WACONIA State MN Zip Code 55387-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632878856342**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. PLATT, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3830 KING STREET  
 City ALEXANDRIA State VA Zip Code 22302-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632880756342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$0.00 Bi-Weekly)

**C. PARR, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2625 LEROY LANE  
 City WEST BLOOMFIELD State MI Zip Code 48324-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2632883556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	311.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 252 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SARGENT, GLORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3750 CANAL STREET  
 City SAINT CHARLES State MO Zip Code 63301-8510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634119356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HAPGOOD, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 NW 82ND  
 City TOPEKA State KS Zip Code 66617-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634167056342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. ROALDI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 TOURNAMENT DRIVE  
 City AVON LAKE State OH Zip Code 44012-2285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634169556342**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 220.46  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 253 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HACKNEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N 15TH ST  
 City NASHVILLE State TN Zip Code 37206-2774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634170356342**  
 Amount of Each Receipt this Period 133.32  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PRIBLE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1923 SHIVER DR  
 City ALEXANDRIA State VA Zip Code 22307-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634656656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHEID, ADREAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 CATHEDRAL AVENUE NW  
 City WASHINGTON State DC Zip Code 20008-3406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634880456342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	710.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 254 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CRAWFORD, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 NE DREAMWEAVER AVE  
 City LEES SUMMIT State MO Zip Code 64086-8445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634884556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. WOJCIK, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11424 BOULDER DRIVE  
 City ORLAND PARK State IL Zip Code 60467-7419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634886556342**  
 Amount of Each Receipt this Period 45.62  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**C. PESCATELLO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2149 CALIFORNIA STREET NW APT #D  
 City WASHINGTON State DC Zip Code 20008-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634888556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.30
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. POWER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SMITH LANE  
 City SAINT JAMES State NY Zip Code 11780-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2634892856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GILREATH, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 JERRY ROAD  
 City EAST HARTFORD State CT Zip Code 06118-3124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Dvlp Cons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2635426856342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

**C. STOTENBUR, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7640 GLEN ALCOVE  
 City WOODBURY State MN Zip Code 55129-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2635438956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 256 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PAYET, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9608 STONEBLUFF DRIVE  
 City BRENTWOOD State TN Zip Code 37027-1468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2635440056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MANN, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15526 ELM RD  
 City MAPLE GROVE State MN Zip Code 55311-3941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2635442156342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. NGUYEN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17816 PORTO MARINA  
 City PACIFIC PALISADES State CA Zip Code 90272-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Population Hlth  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2635444056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ELLER, JESSE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28108 N 17TH DR  
 City PHOENIX State AZ Zip Code 85085-5352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2635445156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. EICHENLAUB, MANDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6607 CINDY LANE  
 City HOUSTON State TX Zip Code 77008-5110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2635448556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ROOS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3199 KAGEN AVE NE  
 City SAINT MICHAEL State MN Zip Code 55376-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2635451256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NELSON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3253 MARSCHALL RD  
 City SHAKOPEE State MN Zip Code 55379-3337  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2636719356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HILL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 RIDGE AVENUE UNIT 303  
 City EVANSTON State IL Zip Code 60201-5980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2636726556342**  
 Amount of Each Receipt this Period 111.10  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LUSIC, TANYA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20840 SAWMILL ROAD  
 City JORDAN State MN Zip Code 55352-9633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2636727556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	523.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. QUICK, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 MOUNTAIN RIDGE DRIVE  
 City JONESBOROUGH State TN Zip Code 37659-6382  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2637679556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. PEDERSEN, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1862 CLOVER MEADOW DR  
 City CHASKA State MN Zip Code 55318-5400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comp Bus Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2637684756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. LARSON, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3360 VISTA COURT  
 City HASTINGS State MN Zip Code 55033-3347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2637688756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. FLOOD, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4833 TOWNES ROAD  
 City EDINA State MN Zip Code 55424-1239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Director Data Science  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2637693256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. SIVLEYIII, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7218 AVALON BLVD  
 City ALPHARETTA State GA Zip Code 30009-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2638106656342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. HAUSCHILDT, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 4TH AVE N UNIT 703  
 City MINNEAPOLIS State MN Zip Code 55401-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2638114756342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.46
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. ZEGLINSKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 TRIMONT LANE #610A

City PITTSBURGH State PA Zip Code 15211-1206

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

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639701856342**

Amount of Each Receipt this Period 384.60

Memo Item

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

**B. EDWARDS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 379 DURHAM ROAD

City WYCKOFF State NJ Zip Code 07481-1018

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

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639702056342**

Amount of Each Receipt this Period 384.60

Memo Item

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

**C. CALABRESE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 LITTLE POND RD

City NORTHBOROUGH State MA Zip Code 01532-1686

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

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639708356342**

Amount of Each Receipt this Period 384.60

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 1153.80

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KAHL, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2833 GRANITE CT  
 City PRAIRIE GROVE State IL Zip Code 60012-2609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639726156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MESSING, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 BUTTERFIELD DR  
 City GREENLAWN State NY Zip Code 11740-2001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Lead Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639734956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SMITH, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ROCKAWAY AVE  
 City MARBLEHEAD State MA Zip Code 01945-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639746256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WIGGIN, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 MIDDLEBROOK RD  
 City WEST HARTFORD State CT Zip Code 06119-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639759356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ZUCCO, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5212 JAMES AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639760056342**  
 Amount of Each Receipt this Period 363.14  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. JENSENMOORE, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 ROSE AVENUE  
 City MILL VALLEY State CA Zip Code 94941-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 643.76

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639770356342**  
 Amount of Each Receipt this Period 49.52  
 Memo Item  
 P/R Deduction (\$24.76 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLEMING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2016 N HOWE ST  
 UNIT 1S  
 City CHICAGO State IL Zip Code 60614-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639773756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUTTA, SUMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 W WRIGHTWOOD AVE  
 City CHICAGO State IL Zip Code 60614-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639773856342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KETTLEWELL, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 457 N OAK ST  
 City ELMHURST State IL Zip Code 60126-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.87

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639774156342**  
 Amount of Each Receipt this Period 588.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1357.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FITZGERALD, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6206 CLIFTON COURT  
 City PLAINFIELD State IL Zip Code 60586-1761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Mgr I O Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639783056342**  
 Amount of Each Receipt this Period 30.76  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

**B. NELSON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11882 TILDEN PLACE  
 City WELLINGTON State FL Zip Code 33414-6056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639795356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, DELYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 447  
 City MT PROSPECT State IL Zip Code 60056-0447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2639801556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 266 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GALLOWAY, MERCEDEIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6737 LANCER DRIVE  
 City CHARLOTTE State NC Zip Code 28226-7729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640452056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. WEBER, ALISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10633 NW 74TH PLACE  
 City JOHNSTON State IA Zip Code 50131-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1494.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640461056342**  
 Amount of Each Receipt this Period 332.00  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. JOSEPH, TAYLOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2077 BERKELEY AVE  
 City SAINT PAUL State MN Zip Code 55105-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640462456342**  
 Amount of Each Receipt this Period 19.24  
 Memo Item  
 P/R Deduction (\$9.62 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	379.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STOW, CHRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 ALTON PL NW  
 City WASHINGTON State DC Zip Code 20016-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640466456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WILJANENHATHAWAY, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 369 135TH AVE  
 City WAYLAND State MI Zip Code 49348-9402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Dvlp Cons  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640835256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SHARKEY, S PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8607 ELLISTON DRIVE  
 City WYNDMOOR State PA Zip Code 19038-7957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls SB KA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640845456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRISSON, SAMUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3408 YUKON AVENUE  
 City ST LOUIS PARK State MN Zip Code 55426-3840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Bus Systems Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640854556342**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**B. PIERCEHARRIS, PHELISHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3041 DEE ANN DRIVE  
 City MEMPHIS State TN Zip Code 38119-9132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assoc Dir Clin Pract Perf  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640866356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. WAGNER, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3405 MEREDITH RIDGE ROAD  
 City PHOENIX State MD Zip Code 21131-1456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.06

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640875856342**  
 Amount of Each Receipt this Period 84.62  
 Memo Item  
 P/R Deduction (\$42.31 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.70
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WITT, JULIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 155 TALBERT TOWN LOOP  
 City MOORESVILLE State NC Zip Code 28117-8069  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Actuarial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640876056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ESTESS, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 ASHBROOKE TRAIL  
 City MADISON State MS Zip Code 39110-6855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640876556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WONG, PAMELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 575 WARWICK AVENUE  
 City SAN LEANDRO State CA Zip Code 94577-1943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2640876956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	133.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 270 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. METKO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23665 HIGHVIEW LANE  
 City LAKEVILLE State MN Zip Code 55044-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2640877356342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MINTO, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4432 26TH RD N  
 City ARLINGTON State VA Zip Code 22207-4018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2640882456342**  
 Amount of Each Receipt this Period 215.20  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. ADVANI, PROTIMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7618 BRITTANY PARC CT  
 City FALLS CHURCH State VA Zip Code 22043-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2642024156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	676.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. STRAND, UTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 SPRINGDALE DRIVE  
 City NASHVILLE State TN Zip Code 37215-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.86

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642025556342**  
 Amount of Each Receipt this Period 55.54  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. DASTVAR, DEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 ROSS DR  
 City VIENNA State VA Zip Code 22180-6720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642028556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BRUECKMAN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4695 234TH PL SE  
 City SAMMAMISH State WA Zip Code 98075-6828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642029456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	468.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 272 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MARTIN, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7002 N VIA DE MANANA  
 City SCOTTSDALE State AZ Zip Code 85258-3951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642818056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. LONG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 THOMAS AVE S UNIT 1623  
 City MINNEAPOLIS State MN Zip Code 55416-4474  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642831256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FOX, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 NORTH GARFIELD STREET #308  
 City ARLINGTON State VA Zip Code 22201-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2642832056342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KEISERJENKINS, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9325 MARTINS LAKE DRIVE  
 City ROSWELL State GA Zip Code 30076-2865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2642834456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. CRESTA, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 OGDEN LANE  
 City MIDDLETON State MA Zip Code 01949-1669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2642837556342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KUSSIE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8445 NE NEW BROOKLYN ROAD  
 City BAINBRIDGE ISLAND State WA Zip Code 98110-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : PR2642838856342**  
 Amount of Each Receipt this Period 71.42  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	176.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CRAGLE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 MOHAWK TRAIL  
 City EDINA State MN Zip Code 55439-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2643200656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NEELY, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1159 BUFFALO RIDGE RD  
 City CASTLE PINES State CO Zip Code 80108-8190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2643203156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HAMMOND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 NE 59TH TERR  
 City TOPEKA State KS Zip Code 66617-1661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Capability  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644644856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 275 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WINNEROSKI, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 ABBOTT AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-2143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644647156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MCKOY, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 LINCOLN AVE  
 City SAINT PAUL State MN Zip Code 55105-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644651656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CONTRERAS, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11065 E SUNRISE VIEW DRIVE  
 City TUCSON State AZ Zip Code 85748-7768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644652656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 276 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. JEZARIAN, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5251 HUMBOLDT AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Rsch Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644659656342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ZIRKELBACH, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Q ST NW APT #1110  
 City WASHINGTON State DC Zip Code 20009-6349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1498.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2644660256342**  
 Amount of Each Receipt this Period 406.00  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. COOPER, NICOLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 S 1ST STREET UNIT 612  
 City MINNEAPOLIS State MN Zip Code 55401-2564  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2645166056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	472.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MISTRY, RASHMITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 RALEIGH AVE S  
 City ST LOUIS PARK State MN Zip Code 55416-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2645169156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NEALE, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11380 WILD HERON PT  
 City EDEN PRAIRIE State MN Zip Code 55347-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4990.44

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2645175256342**  
 Amount of Each Receipt this Period 742.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MAHRT, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2785 DIVISION STREET  
 City SAINT PAUL State MN Zip Code 55109-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2645176956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1511.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PRICE, CASSANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7903 S 193 AVENUE  
 City GRETNA State NE Zip Code 68028-5017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2646263656342**  
 Amount of Each Receipt this Period 285.70  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KELLNER, KYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1641 WHITE PINE WAY  
 City CARVER State MN Zip Code 55315-4563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2646268356342**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. HOFFMAN, SHERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3409 DEEP WILLOW AVENUE  
 City PIKESVILLE State MD Zip Code 21208-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2646294656342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	412.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ARNESON, TED, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4402 E MONTEROSA ST  
 City PHOENIX State AZ Zip Code 85018-4336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2646295856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. STANKIEWICZ, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17761 WEAVER LAKE DRIVE  
 City MAPLE GROVE State MN Zip Code 55311-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.89

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2646304056342**  
 Amount of Each Receipt this Period 476.18  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WELSH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 BLUEBELL TRAIL SOUTH  
 City MEDINA State MN Zip Code 55340-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.95

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2646306956342**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	595.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROBERTS, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 JACOBS LANE  
 City LOGANVILLE State GA Zip Code 30052-3368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2698345156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ROSENHAUS, MORGANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 724 FARRAGUT STREET NW  
 City WASHINGTON State DC Zip Code 20011-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2698409856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. ZENICK, GEOFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7714 TWISTED OAKS CIRCLE  
 City DALLAS State TX Zip Code 75231-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2698410856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 133.08  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 281 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. RODDIS, SARAH ELIZABETH, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 4512 BRUCE AVENUE			<b>Transaction ID : PR2698413556342</b>
City EDINA	State MN	Zip Code 55424-1121	Amount of Each Receipt this Period 71.42
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Gen Mgmt	P/R Deduction (\$9.61 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.97	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. TAYLOR, JOSHUA, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 37 PINE RIDGE RD			<b>Transaction ID : PR2698416756342</b>
City WOODBIDGE	State CT	Zip Code 06525	Amount of Each Receipt this Period 62.50
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir Clnt Svc Acct Mgt	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. GROSSMAN, BEVERLY, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019
Mailing Address 5 BROOKSIDE AVE			<b>Transaction ID : PR2699179856342</b>
City MENANDS	State NY	Zip Code 12204-2301	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Govt Affs	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 999.96	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 282 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DOWLING, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14205 INDEPENDENCE COURT  
 City BASEHOR State KS Zip Code 66007-5203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.94

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2699182556342**  
 Amount of Each Receipt this Period 117.64  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SELIG, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 WESTMINSTER  
 City BENTON State AR Zip Code 72019-6682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 799.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2699184656342**  
 Amount of Each Receipt this Period 3.84  
 Memo Item  
 P/R Deduction (\$30.76 Bi-Weekly)

**C. AHLSTROM, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 OAKWOOD TERRACE  
 City WASHINGTON State DC Zip Code 20010-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4990.16

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2699187156342**  
 Amount of Each Receipt this Period 476.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.48
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ZHOU, JINGXIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12011 FAIRVIEW CT  
 City MINNETONKA State MN Zip Code 55343-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2699187856342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. EDSON, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6609 DENNY PEAK DRIVE  
 City SNOQUALMIE State WA Zip Code 98065-8996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2699702256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HECK, DARRYL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9801 DORSET LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-3139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Bus Anlys Cnslt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700831956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	489.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 284 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GOMEZ, REYNALDO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2633 SOUTH WEST 31 AVENUE  
 City COCONUT GROVE State FL Zip Code 33133-2905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Agnt Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700833956342**  
 Amount of Each Receipt this Period 45.62  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**B. BOOGERD, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1595 SUMMIT SHORES CIRCLE  
 City BURNSVILLE State MN Zip Code 55306-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Principal Proj-Prgm Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700842356342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. TERRANOVA, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 DANEMAR DRIVE  
 City MIDDLETOWN State NJ Zip Code 07748-3625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Agnt Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700843656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	101.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TAGGART, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7134 BRUNSWICK CIRCLE  
 City BOYNTON BEACH State FL Zip Code 33472-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Agnt Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700846556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. OFFIELD, MIRANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2240 N COUNTRY VISTA BLVD  
 City LIBERTY LAKE State WA Zip Code 99019-5071  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700857556342**  
 Amount of Each Receipt this Period 30.76  
 Memo Item  
 P/R Deduction (\$15.38 Bi-Weekly)

**C. STEARNS, SALLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 COLONIAL HOMES DRIVE NW #1505  
 City ATLANTA State GA Zip Code 30309-1293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700861756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FULBRIGHT, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47-645 UAKEA PLACE  
 City KANEEOHE State HI Zip Code 96744-5427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Agnt Mgr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 319.28

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700865856342**  
 Amount of Each Receipt this Period 24.56  
 Memo Item  
 P/R Deduction (\$12.28 Bi-Weekly)

**B. WARNER, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 258 CAMBRIDGE DRIVE  
 City RAMSEY State NJ Zip Code 07446-1260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700873556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. GALIMI, GAVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 S JUANITA AVENUE  
 City REDONDO BEACH State CA Zip Code 90277-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1599.91

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700913156342**  
 Amount of Each Receipt this Period 246.14  
 Memo Item  
 P/R Deduction (\$61.53 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	298.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WAYLAND, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 SWEETBRIAR RD  
 City RICHMOND State VA Zip Code 23229-6619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1799.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2700924656342**  
 Amount of Each Receipt this Period 276.92  
 Memo Item  
 P/R Deduction (\$69.23 Bi-Weekly)

**B. MCSWEENEY, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 NOUVELLE WAY SUITE 805  
 City NATICK State MA Zip Code 01760-1570  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701818056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BERMAN, ABRAHAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 CLARENDON ROAD  
 City BELMONT State MA Zip Code 02478-3719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 531.25

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701818556342**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	724.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FRINGER, TRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 STANFORD AVE  
 City DALLAS State TX Zip Code 75225-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701818656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OCONNELL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 W 18TH AVENUE  
 City DENVER State CO Zip Code 80204-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.02

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701819656342**  
 Amount of Each Receipt this Period 211.54  
 Memo Item  
 P/R Deduction (\$105.77 Bi-Weekly)

**C. BRUCE, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 THOREAU BLVD  
 City O FALLON State MO Zip Code 63366-7451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701823056342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	980.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SPARKS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10681 S CEDAR NILES BLVD  
 City OLATHE State KS Zip Code 66061-7415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701825556342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KHAN, RITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3901 GLENWOOD AVENUE  
 City GOLDEN VALLEY State MN Zip Code 55422-5301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Digital Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2701826256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MILLER, CORA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 PILOT MOUNTAIN WAY SE  
 City MABLETON State GA Zip Code 30126-2678  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2702484456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. LITKEWYCZ, VASYL, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 317 N BROAD STREET APT 823			<b>Transaction ID : PR2702489656342</b>		
City PHILADELPHIA	State PA	Zip Code 19107-1019	Amount of Each Receipt this Period 42.94		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Assc Dir Fin	P/R Deduction (\$14.03 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 364.99			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. KRAMER, NANCY, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 4672 BITTERN LANE			<b>Transaction ID : PR2702501456342</b>		
City LEBANON	State OH	Zip Code 45036-7562	Amount of Each Receipt this Period 76.92		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Dir RN	P/R Deduction (\$38.46 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 999.96			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. BRENNER, JEFFREY, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2019		
Mailing Address 19 EAST WINDERMERE TERRACE			<b>Transaction ID : PR2702506356342</b>		
City LANSDOWNE	State PA	Zip Code 19050-2104	Amount of Each Receipt this Period 384.60		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP Integrated Hlth Human Svs	P/R Deduction (\$192.30 Bi-Weekly)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 4999.80			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	504.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ABERLE, SHARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5521 BENTON AVENUE  
 City EDINA State MN Zip Code 55436-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2702506656342**  
 Amount of Each Receipt this Period 312.50  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. CHURCHES, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 713 WEALD BRIDGE RD  
 City COTTAGE GROVE State WI Zip Code 53527-8310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2702506756342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. MERZLICKE, CAREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 BENTLEY PARK CIRCLE  
 City O FALLON State MO Zip Code 63368-8022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703246956342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	417.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BROWN, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 502 BERRYMANS LANE  
 City REISTERSTOWN State MD Zip Code 21136-6003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clin Pract Perf  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703250856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. HARVEY, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 541 E ERIE ST UNIT 602  
 City MILWAUKEE State WI Zip Code 53202-6251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703637056342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. CRIPPIN, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 RUSTICVIEW DRIVE  
 City BALLWIN State MO Zip Code 63011-4266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703639556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	248.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SABASTEANSKI, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4307 FALLGOLD PARKWAY N  
 City BROOKLYN PARK State MN Zip Code 55443-1889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703652056342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. YOUNG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 654 CHISWELL CT  
 City BRENTWOOD State TN Zip Code 37027-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2703655456342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. WESTRA, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4042 E ROBIN LANE  
 City PHOENIX State AZ Zip Code 85050-6875  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) AES VP of Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 364.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2704143456342**  
 Amount of Each Receipt this Period 45.62  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ROLLINS, CARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6805 CHEYENNE TRAIL  
 City EDINA State MN Zip Code 55439-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2704188956342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HOROHO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13516 COMPTON ROAD  
 City CLIFTON State VA Zip Code 20124-1203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2704194656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DELANY, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 GARLAND AVENUE  
 City DECATUR State GA Zip Code 30030-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2704196356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HAYEK, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 ADAMS AVENUE  
 City GLENCOE State IL Zip Code 60022-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.35

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705063456342**  
 Amount of Each Receipt this Period 1297.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ROBERTS, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 BRIGHTON RD NE  
 City ATLANTA State GA Zip Code 30309-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705063556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHARFF, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 RUMSON ROAD  
 City BIRMINGHAM State AL Zip Code 35209-4312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705063656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2066.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHAR, RAVI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 405 ARGUS MANOR CT  
 City CHESTERFIELD State MO Zip Code 63017-2469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2705065156342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. FELLEBAUM, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8309 FOX RUN  
 City POTOMAC State MD Zip Code 20854-2576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Assc Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2705065956342**  
 Amount of Each Receipt this Period 14.04  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. BUNTEN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 TATLOW DR  
 City COLUMBIA State MO Zip Code 65203-6130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **12 / 31 / 2019**  
**Transaction ID : PR2705070556342**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	157.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAUN, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W273N6194 BASHAM LANE  
 City SUSSEX State WI Zip Code 53089-4702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA & SB Dir Sls  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705966256342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ZELLER, TRISHA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9230 SHETLAND ROAD  
 City EDEN PRAIRIE State MN Zip Code 55347-3747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705971456342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. SPADE, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 ELLIOTT LANE  
 City YORK State PA Zip Code 17403-3421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705987056342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BARBARO, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 ARBUTUS STREET  
 City MIDDLETOWN State CT Zip Code 06457-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705988256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WOODCOCK, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5207 NORTH SHORE DRIVE  
 City DULUTH State MN Zip Code 55804-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP I O Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705988756342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. KMIEC, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4736 PRAIRIE DUNES WAY  
 City EAGAN State MN Zip Code 55123-2352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4986.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705989256342**  
 Amount of Each Receipt this Period 554.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	707.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. NELSON, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 RIDGEVIEW DR  
 City WAYZATA State MN Zip Code 55391-1015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2705992356342**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item  
 P/R Deduction (\$2500.00 Bi-Weekly)

**B. PETRONE, DAMIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 DEAN CT  
 City WEST CHESTER State PA Zip Code 19382-2100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2706418956342**  
 Amount of Each Receipt this Period 333.32  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. STILLO, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15 HENDERSON AVE  
 City PRINCETON State NJ Zip Code 08540-2607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2706451056342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2910.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BARTHOLET, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5918 VALEWOOD DRIVE  
 City MINNETONKA State MN Zip Code 55345-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2706451156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CHEN, HONG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 LOCKE LANE  
 City LEXINGTON State MA Zip Code 02420-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2706452256342**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MULDOON, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 CLARENDON BLVD APT 129  
 City ARLINGTON State VA Zip Code 22201-3835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Assc Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2706452756342**  
 Amount of Each Receipt this Period 136.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	597.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 301 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MOORE, KEVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9405 EAGLE NEST LANE

City MIDDLETON	State WI	Zip Code 53562-5647
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Regl Affs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.94

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2706453556342**

Amount of Each Receipt this Period  
71.42

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

**B. MCMAHON, ANDREW, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4125 DREW AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55410-1018
---------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Regl Affs
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2740509056342**

Amount of Each Receipt this Period  
48.66

Memo Item

P/R Deduction (\$14.03 Bi-Weekly)

**C. HUNT, TIMOTHY, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5594 MARSHALL HOUSE CT

City BURKE	State VA	Zip Code 22015-2141
---------------	-------------	------------------------

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

Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir Gen Mgmt
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : PR2740514056342**

Amount of Each Receipt this Period  
166.66

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	286.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. TICICH, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7613 RIVER FORK DRIVE  
 City NASHVILLE State TN Zip Code 37221-4687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.93

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2740514356342**  
 Amount of Each Receipt this Period 769.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MATHIS, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4632 RESERVOIR ROAD NW  
 City WASHINGTON State DC Zip Code 20007-1917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.20

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2740758756342**  
 Amount of Each Receipt this Period 4422.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PONS, NATALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 GALLERIA UNIT 803  
 City EDINA State MN Zip Code 55435-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2740761956342**  
 Amount of Each Receipt this Period 454.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5645.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALTIERI, DOMINIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6611 HIGHWAY 100  
 City NASHVILLE State TN Zip Code 37205-4226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 364.86

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2740762556342**  
 Amount of Each Receipt this Period 40.54  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

**B. FEHR, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 BLACKFOOT PASS  
 City EDINA State MN Zip Code 55439-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2748020556342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ATCHLEY, JODELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2055 SIDEWINDER COURT  
 City GRAND JUNCTION State CO Zip Code 81507-8791  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2749688656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	453.22
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 304 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. GORDON, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4129 IRVING STREET  
 City DENVER State CO Zip Code 80211-1626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 349.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2749697156342**  
 Amount of Each Receipt this Period 77.76  
 Memo Item  
 P/R Deduction (\$13.46 Bi-Weekly)

**B. WEISS, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 ADAMS STREET NW  
 City WASHINGTON State DC Zip Code 20001-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.03

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2749722856342**  
 Amount of Each Receipt this Period 179.54  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CHECKA, SREENIVAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11049 JAMES CURVE  
 City WOODBURY State MN Zip Code 55129-6267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2750285556342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 305 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ROBINO, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17725 NE BAKER CREEK ROAD  
 City BRUSH PRAIRIE State WA Zip Code 98606-9556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2750290956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. MUNSONREGALA, EMMANUEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 969 FAIRMOUNT AVENUE  
 City SAINT PAUL State MN Zip Code 55105-3120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754210656342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**C. TAIT, ROBYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 LIPTON LANE  
 City LANGHORNE State PA Zip Code 19047-5782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Process  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754215956342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUGHESANLIKER, CINDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5692 STAGECOACH DRIVE  
 City WEST DES MOINES State IA Zip Code 50266-3866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 365.04

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754240856342**  
 Amount of Each Receipt this Period 28.08  
 Memo Item  
 P/R Deduction (\$14.04 Bi-Weekly)

**B. ORIE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 BISHOP LANE  
 City SUDBURY State MA Zip Code 01776-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.93

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754244156342**  
 Amount of Each Receipt this Period 769.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MUSSLEWHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3033 UNIVERSITY TERRACE NW  
 City WASHINGTON State DC Zip Code 20016-3462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754659956342**  
 Amount of Each Receipt this Period 1428.56  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2225.86
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SIMON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1388 DIAMOND COURT  
 City PITTSBURGH State PA Zip Code 15241-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754663256342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KONTOR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123A SPA VIEW AVE  
 City ANNAPOLIS State MD Zip Code 21401-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754673656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. BOTHRA, SIDDHARTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17200 SE 45TH STREET  
 City BELLEVUE State WA Zip Code 98006-6510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2754720756342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHRISTY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 FOUNTAIN WAY  
 City SHAKOPEE State MN Zip Code 55379-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755315256342**  
 Amount of Each Receipt this Period 333.32  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SEVILLE, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 ADAMS ST  
 City DECATUR State GA Zip Code 30030-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Capability Manager  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755317256342**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MAYER, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13159 DANUBE LANE  
 City ROSEMOUNT State MN Zip Code 55068-4378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.10

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755343956342**  
 Amount of Each Receipt this Period 111.90  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 309 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

**A. WEILER, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 CANTON AVENUE  
 City MILTON State MA Zip Code 02186-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755347656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ABRAHAM, SANTIAGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 ARCOLA LANE  
 City WAYZATA State MN Zip Code 55391-9703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755652156342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CHA, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 POTOMAC AVENUE SOUTHEAST  
 City WASHINGTON State DC Zip Code 20003-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2755767356342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 310 OF 390
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ASHENHURST, KARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 SOUTH AVON DRIVE  
 City NEW BERLIN State WI Zip Code 53151-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2756173656342**  
 Amount of Each Receipt this Period 127.40  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. MASONER, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15400 MAPLE STREET  
 City OVERLAND PARK State KS Zip Code 66223-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1004.75

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2756359856342**  
 Amount of Each Receipt this Period 93.40  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. HERMELINGIII, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 5TH STREET  
 City WILMETTE State IL Zip Code 60091-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2756521656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.40
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SATTERWHITE, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2209 PARIS AVENUE N  
 City WEST LAKE LAND State MN Zip Code 55082-1357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2757435756342**  
 Amount of Each Receipt this Period 285.70  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MALLEY, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 764 WEST SADDLE RIVER ROAD  
 City HO HO KUS State NJ Zip Code 07423-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2757436656342**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. AZAM, MISHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 629 JEFFERSON AVENUE  
 City CHERRY HILL State NJ Zip Code 08002-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759343856342**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 747.30  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUNT, BRITTNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3360 MICANOPY TRAIL  
 City TALLAHASSEE State FL Zip Code 32312-3670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.90

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759756456342**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SCHLAIFER, MARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 N STUART ST #400  
 City ARLINGTON State VA Zip Code 22201-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759756856342**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BROWN, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21425 NORMAN SHORES DR  
 City CORNELIUS State NC Zip Code 28031-6697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759888656342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	644.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DIFRONZO, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 CRAIG LN  
 City HINGHAM State MA Zip Code 02043-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759978156342**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ROBERT, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79373 FITZGERALD CHURCH ROAD  
 City COVINGTON State LA Zip Code 70435-7809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2759986056342**  
 Amount of Each Receipt this Period 285.70  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. GRUHN, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 WEATHER VANE DRIVE  
 City MORRISTOWN State NJ Zip Code 07960-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760769456342**  
 Amount of Each Receipt this Period 625.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 1064.54  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 314 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. MASTEN, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9845 BENNINGTON DRIVE  
 City SHARONVILLE State OH Zip Code 45241-3619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.97

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760775856342**  
 Amount of Each Receipt this Period 434.78  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DELMONICO, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 MULBERRY CIRCLE  
 City JOHNSTON State RI Zip Code 02919-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.89

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760781756342**  
 Amount of Each Receipt this Period 260.86  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. GALLE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5314 VALLARTA DRIVE  
 City SAINT LOUIS State MO Zip Code 63128-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760798856342**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	820.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 315 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BARR, CHRISTY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6348 CARRIAGE OAK WAY  
 City LIBERTY TWP State OH Zip Code 45011-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760819656342**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HARRIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9436 S 47TH PLACE  
 City PHOENIX State AZ Zip Code 85044-7507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2668.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760820756342**  
 Amount of Each Receipt this Period 232.00  
 Memo Item  
 P/R Deduction (\$116.00 Bi-Weekly)

**C. CRAWFORD, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1350 ROSA L PARKS BLVD 462  
 City NASHVILLE State TN Zip Code 37208-2689  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2999.92

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760825156342**  
 Amount of Each Receipt this Period 272.72  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1004.72  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 316 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. VELASCO, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6352 31 PLACE NW ST  
 City WASHINGTON State DC Zip Code 20015-2358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Intl Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4986.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760938556342**  
 Amount of Each Receipt this Period 554.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WINN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 GREGG ROAD  
 City BROOKEVILLE State MD Zip Code 20833-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2760940256342**  
 Amount of Each Receipt this Period 320.00  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. OBRIEN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11017 CAVELL CIR  
 City BLOOMINGTON State MN Zip Code 55438-2284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2761138256342**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$48.07 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1066.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 317 OF 390
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BUTT, FAWAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1006 ROSE AVE  
 City Piedmont State CA Zip Code 94611-4345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2761791856342**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. ZITO, MOLLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3059 W DIVERSEY AVE UNIT 3R  
 City Chicago State IL Zip Code 60647-1951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2762092856342**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$9.61 Bi-Weekly)

**C. SONNIER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 DEMONBREUN ST UNIT 1805  
 City Nashville State TN Zip Code 37201-2248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2999.99

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2762649956342**  
 Amount of Each Receipt this Period 352.94  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	810.08
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CLAYTON, JUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 TUCKER ST  
 UNIT 434  
 City RALEIGH State NC Zip Code 27603-1870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2762749956342**  
 Amount of Each Receipt this Period 333.32  
 Memo Item  
 P/R Deduction (\$39.23 Bi-Weekly)

**B. LAFFERTY, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 203RD ST W  
 City LAKEVILLE State MN Zip Code 55044-5952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2762750756342**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. WHITLOW, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1903 MOUNT CURVE AVE  
 City MINNEAPOLIS State MN Zip Code 55403-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.87

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2762750956342**  
 Amount of Each Receipt this Period 588.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1321.54
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GUNDBERG, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6609 DOVRE DR  
 City EDINA State MN Zip Code 55436-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2763080556342**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DAVIS, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3347 RIVER LANDINGS BLVD  
 City HILLIARD State OH Zip Code 43026-7800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2763180356342**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 P/R Deduction (\$23.07 Bi-Weekly)

**C. LEFF, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2633 WEST VIEWMONT WAY WEST  
 City SEATTLE State WA Zip Code 98199-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.93

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2767366856342**  
 Amount of Each Receipt this Period 769.22  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1889.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DEDERICHS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5621 JOHNSON DRIVE  
 City EDINA State MN Zip Code 55436-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2767367456342**  
 Amount of Each Receipt this Period 357.14  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FOLEY, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6260 BLACK FOX WAY  
 City TALLAHASSEE State FL Zip Code 32312-4504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2769239256342**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. MOORE, MALVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4520 SUNSET RIDGE  
 City MINNEAPOLIS State MN Zip Code 55416-3333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2769866456342**  
 Amount of Each Receipt this Period 182.50  
 Memo Item  
 P/R Deduction (\$14.03 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	839.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 390
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. RICHARDSON, GENEVRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3618 N 51ST PLACE  
 City PHOENIX State AZ Zip Code 85018-6158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1349.95

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2778357556342**  
 Amount of Each Receipt this Period 385.70  
 Memo Item  
 P/R Deduction (\$51.92 Bi-Weekly)

**B. BAKER, OMAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 WEST 19TH STREET MANHATTAN  
 City NEW YORK State NY Zip Code 10011-2883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2778986656342**  
 Amount of Each Receipt this Period 1666.66  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DOCIMO, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 S 4TH STREET  
 City PHILADELPHIA State PA Zip Code 19106-4217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4999.98

Date of Receipt 12 / 31 / 2019  
**Transaction ID : PR2779271856342**  
 Amount of Each Receipt this Period 1666.66  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3719.02
<b>TOTAL</b> This Period (last page this line number only).....	199227.73

**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 322 OF 390
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Equian, LLC. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9390 Bunsen Pkwy

City Louisville	State KY	Zip Code 40220
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FEC ID number of contributing federal political committee. **C** C00340828

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
17418.57

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : 44367733**

Amount of Each Receipt this Period  
17418.57

Memo Item

Affiliated PAC Transfer

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	17418.57
<b>TOTAL</b> This Period (last page this line number only).....	17418.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Ben McAdams**

Mailing Address PO Box 522167

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**McAdams, Ben, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: UT District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2019

FEC Identification Number

C C00658633

Transaction ID : 44246653

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Angie Craig For Congress**

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Craig, Angela, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MN District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 06 / 2019

FEC Identification Number

C C00575209

Transaction ID : 44246654

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Mikie Sherrill For Congress**

Mailing Address P.O. Box 43032

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Sherrill, Rebecca, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2019

FEC Identification Number

C C00640003

Transaction ID : 44252673

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Donald Norcross For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement Contribution

Candidate Name  
**Norcross, Donald, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NJ District: 01

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: **C00558320**  
Transaction ID : **44252676**  
Amount of Each Disbursement this Period: 2500.00  
Contribution

Memo Item

**B. Jobs and Innovation Matter PAC (JIM PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: **C00494112**  
Transaction ID : **44252677**  
Amount of Each Disbursement this Period: 2000.00  
Contribution

Memo Item

**C. First State PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 11 / 2019

FEC Identification Number: **C00363648**  
Transaction ID : **44252682**  
Amount of Each Disbursement this Period: 2000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Limitless Horizons**

Mailing Address PO Box 63992

City  
Phoenix

State  
AZ

Zip Code  
85082

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2019			

FEC Identification Number

C C00683458

**Transaction ID : 44252683**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. HoulaPAC**

Mailing Address PO Box 65322

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2019			

FEC Identification Number

C C00708636

**Transaction ID : 44252684**

Amount of Each Disbursement this Period

2500.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Debbie For Congress**

Mailing Address PO Box 566442

City  
Miami

State  
FL

Zip Code  
33256

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Mucarsel-Powell, Debbie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2019			

FEC Identification Number

C C00652065

**Transaction ID : 44252685**

Amount of Each Disbursement this Period

1500.00
---------

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stephanie Murphy For Congress**

Mailing Address PO Box 205

City  
Winter Park

State  
FL

Zip Code  
32790

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Murphy, Stephanie, , Rep.,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 07

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2019			

FEC Identification Number

C C00620443

**Transaction ID : 44252688**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jersey Values PAC**

Mailing Address PO Box 65322

City  
Washington

State  
DC

Zip Code  
20035

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2019			

FEC Identification Number

C

**Transaction ID : 44252700**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Connecticut Democratic State Central Committee**

Mailing Address 30 Arbor St  
Suite 106A

City  
Hartford

State  
CT

Zip Code  
06106

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303448**

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)  
**A. Connecticut Republican Party**

Mailing Address 176 Laning St

City Southington State CT Zip Code 06489

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 17 / 2019

FEC Identification Number: C

Transaction ID : 44303451

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Mike Johnson For Louisiana**

Mailing Address 2900 Clearview Pkwy Suite 206

City Metairie State LA Zip Code 70006

Purpose of Disbursement Contribution

Candidate Name Johnson, James, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: LA District: 04

Date of Disbursement: 12 / 17 / 2019

FEC Identification Number: C C00608695

Transaction ID : 44311617

Amount of Each Disbursement this Period: 2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Cole For Congress**

Mailing Address P.O. Box 722256

City Norman State OK Zip Code 73070

Purpose of Disbursement Contribution

Candidate Name Cole, Tom, , Rep.,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OK District: 04

Date of Disbursement: 12 / 17 / 2019

FEC Identification Number: C C00379735

Transaction ID : 44311831

Amount of Each Disbursement this Period: 1500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 9000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. William Timmons For Congress**

Mailing Address PO Box 3416

City Greenville State SC Zip Code 29602

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Timmons, William, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: SC District: 04

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00668491

**Transaction ID : 44312217**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends to Elect Dr. Greg Murphy to Congress**

Mailing Address 502 Queen Annes Rd

City Greenville State NC Zip Code 27858

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Murphy, Gregory, Francis, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NC District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00697649

**Transaction ID : 44312344**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kustoff For Congress**

Mailing Address 1661 Aaron Brenner Dr Ste 300

City Memphis State TN Zip Code 38120

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Kustoff, David, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: TN District: 08

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00614826

**Transaction ID : 44312345**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Katko For Congress**

Mailing Address 228 S Washington St  
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Katko, John, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NY District: 24

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00556365

**Transaction ID : 44312346**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 94

City Corning State NY Zip Code 14830

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Reed, Thomas, W., Rep., II**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00464032

**Transaction ID : 44312347**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Drew Ferguson For Congress Inc.**

Mailing Address PO Box 71067

City Newnan State GA Zip Code 30271

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Ferguson, Anderson, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C C00607838

**Transaction ID : 44312349**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Michael Guest**

Mailing Address Post Office Box 470

City Brandon State MS Zip Code 39043

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Guest, Michael, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MS District: 03

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number  
C C00665752  
**Transaction ID : 44312350**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Zeldin For Congress**

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Zeldin, Lee, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 01

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number  
C C00552547  
**Transaction ID : 44312351**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Belief in Life and Liberty PAC (Bill's PAC)**

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number  
C C00545079  
**Transaction ID : 44317697**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BRETT PAC**

Mailing Address 504 Derek Avenue

City  
Elizabethtown

State  
KY

Zip Code  
42701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number

C C00483487

**Transaction ID : 44317788**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210-0137

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  Primary  General  
 Other (specify)

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number

C C00390476

**Transaction ID : 44317790**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Joyce**

Mailing Address 9856 Archer Lane

City  
Dublin

State  
OH

Zip Code  
43017

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Joyce, Dave, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number

C C00527457

**Transaction ID : 44317791**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rodney for Congress**

Mailing Address PO Box 344

City  
Taylorville

State  
IL

Zip Code  
62568-0344

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C00521948

**Transaction ID : 44317792**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Next Century Fund**

Mailing Address 116 S Royal Street

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C00343947

**Transaction ID : 44317793**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tina Smith for Minnesota**

Mailing Address PO Box 14362

City  
Saint Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Smith, Tina, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C00663781

**Transaction ID : 44317794**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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

66500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Leading Colorado Forward**

Mailing Address PO Box 102766

City  
Denver

State  
CO

Zip Code  
80250

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

FEC Identification Number

**Transaction ID : 44244494**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Better Colorado Alliance**

Mailing Address PO Box 100033

City  
Denver

State  
CO

Zip Code  
80250

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

FEC Identification Number

**Transaction ID : 44244495**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senate Majority Fund**

Mailing Address 2318 Curtis Street

City  
Denver

State  
CO

Zip Code  
80205

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

State:  District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2019			

FEC Identification Number

**Transaction ID : 44244496**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

<input type="text" value="15000.00"/>
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<input type="text"/>
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Values First Colorado**

Mailing Address 601 16th Street  
Ste C, #406

City Golden State CO Zip Code 80401

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44244497**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. The Nurse PAC**

Mailing Address 11187 Elati Street

City Northglenn State CO Zip Code 80234

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44244498**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Romanchuk for Ohio**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Romanchuk, Mark, , ,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44246650**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Adam Holmes for Ohio**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Holmes, Adam, , OH Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44246651**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Terry Johnson for Ohio**

Mailing Address 1609 Offnere Street  
P.O. Box 595

City Portsmouth State OH Zip Code 45662

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Johnson, Terry, , OH Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44246652**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ralph Hise for NC Senate**

Mailing Address PO Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Hise, Ralph, , NC Sen., Jr.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44252689**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joyce Krawiec for NC Senate**

Mailing Address 7030 Interlaken Drive

City Kernersville State NC Zip Code 27284

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Krawiec, Joyce, , NC Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44252691**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Harvey Peeler for Senate**

Mailing Address PO Box 742

City Gaffney State SC Zip Code 29342

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Peeler, Harvey, , SC Sen., Jr.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44252692**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jackson for NC**

Mailing Address 5530 Munford Road Suite 105

City Raleigh State NC Zip Code 27612

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Jackson, Darren, , NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44252697**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Josh Stein for Attorney General**

Mailing Address 434 Fayetteville Street  
Ste 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

**Stein, Joshua, , Atty Gen,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 11 / 2019

FEC Identification Number

C  
**Transaction ID : 44252699**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. AsaPAC**

Mailing Address P.O. Box 242657

City Little Rock State AR Zip Code 72223

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302579**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Leading Colorado Forward**

Mailing Address PO Box 102766

City Denver State CO Zip Code 80250

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302580**  
Amount of Each Disbursement this Period  
30000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

37500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Senate Majority Fund**

Mailing Address 2318 Curtis Street

City  
Denver

State  
CO

Zip Code  
80205

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302581**

Amount of Each Disbursement this Period

[REDACTED] 20000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Alexander**

Mailing Address 150 Cleveland Drive

City  
Walhalla

State  
SC

Zip Code  
29691

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Alexander, Thomas, , SC Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302583**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends for Sydney Batch**

Mailing Address 5530 Munford Road  
Ste 105

City  
Raleigh

State  
NC

Zip Code  
27612

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Batch, Sydney, , NC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302584**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 22000.00

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Donny Lambeth**

Mailing Address 4627 South Main Street

City  
Winston-Salem

State  
NC

Zip Code  
27127

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lambeth, Donny, C., NC Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302585**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Saine Committee**

Mailing Address 417 East Main Street  
Suite 103

City  
Lincolnton

State  
NC

Zip Code  
28092

Purpose of Disbursement  
Contribution

011

Candidate Name

**Saine, Jason, , NC Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302586**

Amount of Each Disbursement this Period

[REDACTED] 1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jay Lucas for House**

Mailing Address PO Drawer 1408

City  
Hartsville

State  
SC

Zip Code  
29550

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lucas, James, , SC Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302587**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 3500.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Simrill for House**

Mailing Address 1515 Alexander Road

City Rock Hill State SC Zip Code 29732

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Simrill, J. Gary, , SC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302588**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sandifer for House**

Mailing Address 112 Cardinal Drive

City Seneca State SC Zip Code 29672

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Sandifer, William, , SC Rep., III**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302589**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. G. Murrell Smith Jr. Candidate for State House**

Mailing Address PO Box 580

City Sumter State SC Zip Code 29150

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Smith, George, , SC Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302590**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Daniel for Arizona**

Mailing Address 1078 E Irvington Rd

City  
Tucson

State  
AZ

Zip Code  
85714

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hernandez, Daniel, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44302591**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alma for Arizona**

Mailing Address 5158 S. 17th Ave

City  
Tucson

State  
AZ

Zip Code  
85706

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hernandez, Alma, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44302592**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Regina E. Cobb 2020**

Mailing Address PO Box 3967

City  
Kingman

State  
AZ

Zip Code  
86402

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Cobb, Regina, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44302593**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Vince Leach for Senate**

Mailing Address 12995 N Oracle Road  
Ste 141 MS 113

City Tucson State AZ Zip Code 85739

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Leach, Vince, , AZ Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44302594**  
Amount of Each Disbursement this Period  
500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Warren Petersen**

Mailing Address 2085 E Avenida del Valle Court

City Gilbert State AZ Zip Code 85298

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Petersen, Warren, , AZ Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44302595**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gowan for Senate**

Mailing Address PO Box 1985

City Sierra Vista State AZ Zip Code 85636

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Gowan, David, , AZ Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44302596**  
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)..... ▶

1250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. VOTE Heather Carter Senate**

Mailing Address 29455 N Cave Creek St 118  
#299

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Carter, Heather, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : 44302598**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Weninger for AZ House**

Mailing Address 1360 S Camellia Ct

City Chandler State AZ Zip Code 85286

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Weninger, Jeff, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : 44302599**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sean Bowie for State Senate**

Mailing Address PO Box 50802

City Phoenix State AZ Zip Code 85076

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Bowie, Sean, , AZ Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**  
**Transaction ID : 44302600**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Contreras for Senate**

Mailing Address 12204 W Mohave St

City Avondale State AZ Zip Code 85323

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Contreras, Lupe, , AZ Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302601**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Espinoza for House**

Mailing Address 803 N Christa Way

City Tolleson State AZ Zip Code 85353

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Espinoza, Diego, , AZ Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302602**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Sierra for Arizona**

Mailing Address PO Box 1002

City Cashion State AZ Zip Code 85329

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Sierra, Lorenzo, , AZ Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302603**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Vote Rick Gray Senate**

Mailing Address 9521 W Cedar Hill Circle

City Sun City State AZ Zip Code 85351

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Gray, Rick, , AZ Sen.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302604**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elect Tony Rivero**

Mailing Address 8011 W Lincoln Street

City Peoria State AZ Zip Code 85345

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Rivero, Tony, , AZ Rep.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302606**  
Amount of Each Disbursement this Period  
500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Vote Livingston LD 22 2020**

Mailing Address 9559 W Menadota Drive

City Peoria State AZ Zip Code 85382

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Livingston, David, , AZ Sen.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302619**  
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)..... ▶

1250.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Conservatives for Toma**

Mailing Address 8707 W Buckhorn Trail

City  
Peoria

State  
AZ

Zip Code  
85383

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Toma, Ben, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302624**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lela Alston AZ Senate 2020**

Mailing Address 69 W Wiletta Street  
Apt 1

City  
Phoenix

State  
AZ

Zip Code  
85003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Alston, Lela, , AZ Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302627**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Amish for Arizona**

Mailing Address PO Box 7070

City  
Phoenix

State  
AZ

Zip Code  
85011

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Shah, Amish, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302630**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1250.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Jen Longdon for House</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO Box 7295		FEC Identification Number C [REDACTED] <b>Transaction ID : 44302633</b>
City Phoenix	State AZ	Zip Code 85011
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 250.00
Candidate Name <b>Longdon, Jennifer, , AZ Rep.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Russel W 'Rusty' Bowers for State Representative - District 25</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 8831 E Quill St		FEC Identification Number C [REDACTED] <b>Transaction ID : 44302634</b>
City Mesa	State AZ	Zip Code 85207
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 500.00
Candidate Name <b>Bowers, Russell, , AZ Rep.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Pace for AZ Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 7227 E Baseline Road Suite 129		FEC Identification Number C [REDACTED] <b>Transaction ID : 44302636</b>
City Mesa	State AZ	Zip Code 85209
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00
Candidate Name <b>Pace, Tyler, , AZ Sen.,</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution <input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rebecca Rios 2020**

Mailing Address 3136 E Beautiful Ln

City Phoenix State AZ Zip Code 85042

Purpose of Disbursement Contribution

Category/Type

Candidate Name Rios, Rebecca, , ,

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302640**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Reginald Bolding**

Mailing Address 6345 W Harwell Road

City Laveen State AZ Zip Code 85339

Purpose of Disbursement Contribution

Category/Type

Candidate Name Bolding, Reginald, , AZ Rep.,

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302642**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kate Brophy McGee AZ - Senate**

Mailing Address 42 E Butler Drive

City Phoenix State AZ Zip Code 85020

Purpose of Disbursement Contribution

Category/Type

Candidate Name Brophy McGee, Kate, , AZ Sen.,

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44302643**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kelli Butler for Arizona**

Mailing Address 5926 N. 33rd St

City  
Paradise Valley

State  
AZ

Zip Code  
85253

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Butler, Kelli, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302644**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elect Aaron Lieberman**

Mailing Address 4237 E Highlands Drive

City  
Paradise Valley

State  
AZ

Zip Code  
85253

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lieberman, Aaron, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302645**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cesar Chavez for Arizona**

Mailing Address PO Box 23317

City  
Phoenix

State  
AZ

Zip Code  
85063

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Chavez, Cesar, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302646**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Robert Meza**

Mailing Address 1021 S Greenfield Road  
Unit 1193

City Mesa State AZ Zip Code 85206

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Meza, Robert, , AZ Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 44302647**  
Amount of Each Disbursement this Period  
500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Navarrete for Senate**

Mailing Address PO Box 18611

City Phoenix State AZ Zip Code 85005

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Navarrete, Otoniel, , AZ Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 44302648**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kavanagh for State Representative**

Mailing Address 16038 E Seminole Ln

City Fountain Hills State AZ Zip Code 85268

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Kavanagh, John, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number  
**C**  
**Transaction ID : 44302649**  
Amount of Each Disbursement this Period  
250.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Shope for Senate**

Mailing Address PO Box 1230

City  
Coolidge

State  
AZ

Zip Code  
85128

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Shope, Thomas, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302650**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jennifer Pawlick for AZ House**

Mailing Address PO Box 2405

City  
Chandler

State  
AZ

Zip Code  
85244

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Pawlick, Jennifer, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302715**

Amount of Each Disbursement this Period

[REDACTED] 250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dr Friese for House 2020**

Mailing Address PO Box 64925

City  
Tucson

State  
AZ

Zip Code  
85728

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Friese, Randall, , AZ Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44302716**

Amount of Each Disbursement this Period

[REDACTED] 500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 1250.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Elect Karen Fann LD1 Senate**

Mailing Address 5691 Hole in One Dr

City Prescott State AZ Zip Code 86301

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Fann, Karen, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302717**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Arizonans for Strong Leadership**

Mailing Address 2211 E Highland Ave Ste 210

City Phoenix State AZ Zip Code 85016

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302723**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Shane Massey For Senate**

Mailing Address P.O. Box 551

City Edgefield State SC Zip Code 29824

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Massey, A. Shane, , SC Sen.,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C  
**Transaction ID : 44302724**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Climer for Senate**

Mailing Address 638 Forest Lane

City Rock Hill State SC Zip Code 29730

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Climer, Wes, , SC Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303309**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Verdin for Senate**

Mailing Address Post Office Box 272

City Laurens State SC Zip Code 29360

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Verdin, Daniel, , SC Sen., III**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303311**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cooper for North Carolina**

Mailing Address 434 Fayetteville Street Ste 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Cooper, Roy, , Gov.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303312**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Donny Lambeth**

Mailing Address 4627 South Main Street

City Winston-Salem State NC Zip Code 27127

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Lambeth, Donny, C., NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303313**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jason Saine Committee**

Mailing Address 417 East Main Street Suite 103

City Lincolnton State NC Zip Code 28092

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Saine, Jason, , NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303314**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bumgardner for NC House**

Mailing Address PO Box 550072

City Gastonia State NC Zip Code 28055

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Bumgardner, Dana, , NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303315**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Todd Johnson for NC Senate**

Mailing Address PO Box 482

City  
Monroe

State  
NC

Zip Code  
28111

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Johnson, Todd, , NC Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303316**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Vickie Sawyer**

Mailing Address 337 Whippoorwill Road

City  
Mooresville

State  
NC

Zip Code  
28117

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sawyer, Vickie, , NC Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303317**

Amount of Each Disbursement this Period

500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jim Burgin For Senate Committee**

Mailing Address PO Box 1

City  
Angier

State  
NC

Zip Code  
27501

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Burgin, James, , NC Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303318**

Amount of Each Disbursement this Period

1000.00

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)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Kevin Corbin NC House**

Mailing Address PO Box 758

City  
Franklin

State  
NC

Zip Code  
28744

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Corbin, Kevin, , NC Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44303319**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Clark Senate Committee**

Mailing Address 603 East Lake Ridge Road

City  
Raeford

State  
NC

Zip Code  
28376

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Clark, Ben, , ,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44303320**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Dan Blue**

Mailing Address PO Box 287

City  
Raleigh

State  
NC

Zip Code  
27602

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Blue, Dan, , NC Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2019

FEC Identification Number

C

**Transaction ID : 44303321**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Verla Insko for House**

Mailing Address 610 Surry Road

City Chapel Hill State NC Zip Code 27514

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Insko, Verla, , Representa,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

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12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44303322**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. John Bell Committee**

Mailing Address 501 Holland Hill Dr

City Goldsboro State NC Zip Code 27530

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Bell, John, , NC Rep., IV**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44303323**  
Amount of Each Disbursement this Period  
1500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Chuck Edwards for NC Senate Committee**

Mailing Address 337 N Main St

City Hendersonville State NC Zip Code 28792

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Edwards, Chuck, , Mr.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44303330**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Mitchell S. Setzer**

Mailing Address PO Box 416

City  
Catawba

State  
NC

Zip Code  
28609

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Setzer, Mitchell, , NC Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [ ]

**Transaction ID : 44303333**

Amount of Each Disbursement this Period

[ ] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jon Hardister for NC House**

Mailing Address PO Box 4113

City  
Greensboro

State  
NC

Zip Code  
27404

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hardister, Jon, , NC Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [ ]

**Transaction ID : 44303334**

Amount of Each Disbursement this Period

[ ] 1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. John Szoka for NC House**

Mailing Address PO Box 87485

City  
Fayetteville

State  
NC

Zip Code  
28304

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Szoka, John, , NC Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [ ]

**Transaction ID : 44303335**

Amount of Each Disbursement this Period

[ ] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 3500.00

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial) <b>A. Rabon for Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 404 West Brunswick Street		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303337</b>
City Southport	State NC	Zip Code 28461
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name <b>Rabon, Bill, , NC Sen.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Paul Lowe NC Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO Box 20262		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303338</b>
City Winston-Salem	State NC	Zip Code 27120
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 1500.00 Contribution
Candidate Name <b>Lowe, Paul, , NC Sen., Jr.</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Gladys A. Robinson</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO Box 20627		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303339</b>
City Greensboro	State NC	Zip Code 27420
Purpose of Disbursement Contribution	Category/Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Robinson, Gladys, A., NC Sen.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Donna White for NC House**

Mailing Address PO Box 1351

City  
Clayton

State  
NC

Zip Code  
27528

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**White, Donna, , NC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303340**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Larry W Potts for North Carolina House of Representatives**

Mailing Address 373 Waitman road

City  
Lexington

State  
NC

Zip Code  
27295

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Potts, Larry, , NC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303341**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee To Elect John Faircloth**

Mailing Address PO Box 5972

City  
High Point

State  
NC

Zip Code  
27262

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Faircloth, John, , NC Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303346**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Supporters of Perrin Jones**

Mailing Address 740 SE Greenville Blvd  
Ste 400-125

City Greenville State NC Zip Code 27858

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Jones, Perrin, , NC Rep., MD**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303347**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Phil Berger Committee**

Mailing Address PO Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Berger, Philip, , NC Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303348**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Tim Moore**

Mailing Address 305 E King St

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement Contribution

Category/  
Type

Candidate Name  
**Moore, Timothy, K., NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303349**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Jay Lucas for House**

Mailing Address PO Drawer 1408

City  
Hartsville

State  
SC

Zip Code  
29550

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Lucas, James, , SC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303351**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Re-Elect Leon Howard**

Mailing Address 2425 Barhamville Rd.

City  
Columbia

State  
SC

Zip Code  
29204

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Howard, Leon, , SC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303353**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Rutherford for House**

Mailing Address 2321 Lincoln St

City  
Columbia

State  
SC

Zip Code  
29201

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rutherford, J. Todd, , SC Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303355**

Amount of Each Disbursement this Period

1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Bill Herbkersman for SC House**

Mailing Address 896 May River Road

City Bluffton State SC Zip Code 29910

Purpose of Disbursement Contribution

Category/Type

Candidate Name Herbkersman, William, , SC Rep.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2019

FEC Identification Number  
  
**Transaction ID : 44303356**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Setzler for Senate**

Mailing Address PO Box 6036

City West Columbia State SC Zip Code 29171

Purpose of Disbursement Contribution

Category/Type

Candidate Name Setzler, Nikki, , SC Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2019

FEC Identification Number  
  
**Transaction ID : 44303357**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Chaudhuri for New North Carolina**

Mailing Address 434 Fayetteville Street Ste 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

Category/Type

Candidate Name Chaudhuri, Jay, , NC Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y  
 12 / 17 / 2019

FEC Identification Number  
  
**Transaction ID : 44303363**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. McMaster for Governor**

Mailing Address P.O. Box 11063

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**McMaster, Henry, , Gov.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44303365**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Robert T. Reives II**

Mailing Address PO Box 36

City Sanford State NC Zip Code 27331

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Reives, Robert, , NC Rep., II**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44303367**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Carla Cunningham Campaign Committee**

Mailing Address 1400 Sansberry Road

City Charlotte State NC Zip Code 28262

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Cunningham, Carla, , NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44303370**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Senate Republican Caucus Committee**

Mailing Address P.O Box 12012

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303373**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Senate Democratic Caucus Committee**

Mailing Address PO Box 11484

City Columbia State SC Zip Code 29211

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303375**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alliance of Health Insurers PAC**

Mailing Address 10 East Doty St Suite 500

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303376**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Idaho Victory Fund**

Mailing Address PO Box 1671

City  
Boise

State  
ID

Zip Code  
83701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303377**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Kim Ward**

Mailing Address P.O. Box 83

City  
Harrisburg

State  
PA

Zip Code  
17108

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ward, Kim, , PA Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303454**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Ed Gainey**

Mailing Address 6451 Apple Street

City  
Pittsburgh

State  
PA

Zip Code  
15206

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Gainey, Ed, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303457**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[REDACTED] 7000.00

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of George Dunbar**

Mailing Address 114 Adella Court

City  
Jeannette

State  
PA

Zip Code  
15644

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Dunbar, George, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303462**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Eric Nelson**

Mailing Address PO Box 43

City  
New Stanton

State  
PA

Zip Code  
15672

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Nelson, Eric, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303465**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Citizens for Jason Ortity**

Mailing Address 228 Ostop Road

City  
Burgettstown

State  
PA

Zip Code  
15021

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ortity, Jason, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303468**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 3000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Jeff Pyle**

Mailing Address PO Box 347

City  
Ford City

State  
PA

Zip Code  
16226

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pyle, Jeffrey, , PA Rep.,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303471**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Adam Ravenstahl**

Mailing Address 6327 Glen View Place

City  
Pittsburgh

State  
PA

Zip Code  
15206

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ravenstahl, Adam, , PA Rep.,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303472**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Pam Snyder**

Mailing Address 286 Center School Road

City  
Jefferson

State  
PA

Zip Code  
15344

Purpose of Disbursement  
Contribution

011

Candidate Name

**Snyder, Pam, , PA Rep.,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303475**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 3000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Jim Struzzi**

Mailing Address 104 Apache Drive

City Indiana State PA Zip Code 15701

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Struzzi, James, , PA Rep., II**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303477**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Jason Dawkins**

Mailing Address 6333 Glenloch Street

City Philadelphia State PA Zip Code 19135

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Dawkins, Jason, , PA Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303479**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Building A Stronger PA**

Mailing Address PO Box 194

City Landisville State PA Zip Code 17538

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303483**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Carmichael for Senate**

Mailing Address 101 N Court Street

City Ripley State WV Zip Code 25271

Purpose of Disbursement Contribution

Category/Type

Candidate Name Carmichael, Mitch, , WV Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303484**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Vote Mesnard**

Mailing Address 1427 W Homestead Ct

City Chandler State AZ Zip Code 85286

Purpose of Disbursement Contribution

Category/Type

Candidate Name Mesnard, JD, , ,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303496**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senate Republican PAC of Idaho**

Mailing Address PO Box 173

City Boise State ID Zip Code 83701

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303500**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Morgan McGarvey for State Senate**

Mailing Address 2250 Winston Ave

City Louisville State KY Zip Code 40205

Purpose of Disbursement Contribution

Category/Type

Candidate Name **McGarvey, Morgan, , KY Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303610**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Re-elect Jim Justice**

Mailing Address PO Box 2178

City Beaver State WV Zip Code 25813

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Justice, James, C, , II**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303611**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Tim Miley**

Mailing Address 229 West Main St Ste 400

City Clarksburg State WV Zip Code 26301

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Miley, Timothy, , WV Del.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303612**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Doug Facemire**

Mailing Address PO Box 215

City  
Sutton

State  
WV

Zip Code  
26601

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Facemire, Douglas, , WV Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303613**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Re-Elect Roman Prezioso 2020**

Mailing Address 1806 Dogwood Drive

City  
Fairmont

State  
WV

Zip Code  
26554

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Prezioso, Roman, , WV Sen., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303615**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tom Takubo for Senate**

Mailing Address 4619 Kanawha Ave SW

City  
South Charleston

State  
WV

Zip Code  
25309

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Takubo, Tom, , WV Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	17	/	2019

FEC Identification Number

C [REDACTED]

**Transaction ID : 44303617**

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 5000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Charles Clements**

Mailing Address 83 Glenview Drive

City New Martinsville State WV Zip Code 26155

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Clements, Charles, , WV Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303618**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Azinger for Senate**

Mailing Address 1007 51st Street

City Vienna State WV Zip Code 26105

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Azinger, Mike, , WV Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303619**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Westfall for West Virginia**

Mailing Address 450 S Church Street

City Ripley State WV Zip Code 25271

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Westfall, Steve, , WV Del.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303624**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Eric Nelson**

Mailing Address PO Box 186

City Charleston State WV Zip Code 25321

Purpose of Disbursement Contribution

Category/Type

Candidate Name Nelson, Eric, , WV Del.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303633**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Hanshaw for House**

Mailing Address 5341 Wallback Road

City Wallback State WV Zip Code 25285

Purpose of Disbursement Contribution

Category/Type

Candidate Name Hanshaw, Roger, , WV Del.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303634**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Charles S. Trump, IV**

Mailing Address 171 S. Washington Street

City Berkeley Springs State WV Zip Code 25411

Purpose of Disbursement Contribution

Category/Type

Candidate Name Trump, Charles, , WV Sen., IV

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303670**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Moore Capito for WV**

Mailing Address 10 West Fern Road

City Charleston State WV Zip Code 25330

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Capito, Moore, , WV Del.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303673**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Barbara**

Mailing Address 174 Chancery Row

City Morgantown State WV Zip Code 26505

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Fleischauer, Barbara, , WV Del.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303676**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Mike Caputo 2020**

Mailing Address 1008 Gaston Ave

City Fairmont State WV Zip Code 26554

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Caputo, Michael, , WV Del.,**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303677**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial) <b>A. Citizens for Amy Summers</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 98 Meadland Road		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303678</b>
City Flemington	State WV	Zip Code 26347
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1400.00 Contribution
Candidate Name <b>Summers, Amy, , WV Del.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-Elect Craig Blair for Senate 2020</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 47 Wasser Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303698</b>
City Martinsburg	State WV	Zip Code 25403
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 2000.00 Contribution
Candidate Name <b>Blair, Craig, , WV Sen.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Ryan Weld</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO Box 123		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303699</b>
City Wellsburg	State WV	Zip Code 26070
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 1000.00 Contribution
Candidate Name <b>Weld, Ryan, , WV Sen.,</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Rucker for WV**

Mailing Address 386 Jaguar Drive

City  
Inwood

State  
WV

Zip Code  
25428

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rucker, Patricia, , WV Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303700**

Amount of Each Disbursement this Period

1000.00
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Swope for Senate**

Mailing Address 702 Three Springs Drive

City  
Bluefield

State  
WV

Zip Code  
24701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Swope, Chandler, , WV Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303702**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. The Committee to Elect Bill Hamilton**

Mailing Address PO Box 1192

City  
Buckhannon

State  
WV

Zip Code  
26201

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hamilton, Bill, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

C

**Transaction ID : 44303703**

Amount of Each Disbursement this Period

1000.00
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

3000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial) <b>A. Kenny Mann for WV State Senate</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address PO Box 305		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303704</b>
City Peterstown	State WV	Zip Code 24963
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00 Contribution
Candidate Name <b>Mann, Kenny, , WV Sen.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cowles for WV</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 2612 Martinsburg Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303705</b>
City Berkeley Springs	State WV	Zip Code 25411
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 2000.00 Contribution
Candidate Name <b>Cowles, Daryl, , WV Del.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elect Kayla Kessinger</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2019
Mailing Address 111 Nimitz Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : 44303707</b>
City Beckley	State WV	Zip Code 25802
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period [REDACTED] 1000.00 Contribution
Candidate Name <b>Kessinger, Kayla, , WV Del.,</b>		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Criss for House**

Mailing Address PO Box 1652

City Parkersburg State WV Zip Code 26102

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Criss, Vernon, , WV Del.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303708**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Espinosa for Delegate**

Mailing Address 107 Hancock Court

City Charles Town State WV Zip Code 25414

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Espinosa, Paul, , WV Del.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303709**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Doug Skaff for WV**

Mailing Address 3 Joplin Place

City South Charleston State WV Zip Code 25303

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Skaff, Douglas, , WV Del., Jr.**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number  
  
**Transaction ID : 44303710**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

### A. Friends of John Shott

Mailing Address 422 Oakhurst Avenue

City  
Bluefield

State  
WV

Zip Code  
24701

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Shott, John, , WV Del.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

**C**

**Transaction ID : 44303711**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### B. Committee to Elect Dianna Graves

Mailing Address 5014 Ann Lee Drive

City  
Cross Lanes

State  
WV

Zip Code  
25313

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Graves, Dianna, , WV Del.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

**C**

**Transaction ID : 44303712**

Amount of Each Disbursement this Period

1000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

### C. Glenn Jeffries for State Senate

Mailing Address 190 Labrador Lane

City  
Red House

State  
WV

Zip Code  
25168

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Jeffries, Glenn, , WV Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		17		2019

FEC Identification Number

**C**

**Transaction ID : 44303715**

Amount of Each Disbursement this Period

1000.00
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. WV Republican Senatorial Committee**

Mailing Address PO Box 11316

City Charleston State WV Zip Code 25339

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44303753**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. West Virginia Republican Legislative Committee**

Mailing Address 5 Edgewood Street

City Wheeling State WV Zip Code 26003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44304082**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. WV Democratic House Legislative Committee**

Mailing Address PO Box 11716

City Charleston State WV Zip Code 25339

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44304600**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. West Virginia Democratic Senate Campaign Committee**

Mailing Address PO Box 215

City  
Sutton

State  
WV

Zip Code  
26601

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

**Transaction ID : 44304902**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kay Ivey for Governor**

Mailing Address P.O. Box 966

City  
Montgomery

State  
AL

Zip Code  
36101

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Ivey, Kay, , Gov.,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

**Transaction ID : 44307794**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alabama House Democratic Caucus**

Mailing Address P.O. Box 131

City  
Montgomery

State  
AL

Zip Code  
36101

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2019			

FEC Identification Number

**Transaction ID : 44308299**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

<input type="text" value="7000.00"/>
<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Alabama House Republican Conference**

Mailing Address PO Box 242098

City Montgomery State AL Zip Code 36124

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44308501**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alabama Senate Democratic Caucus**

Mailing Address 303 North Jackson Street

City Russellville State AL Zip Code 35653

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44308874**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alabama Senate Republican Conference**

Mailing Address 900 Hwy 78

City Jasper State AL Zip Code 35501

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44309288**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Page Cortez Campaign Fund**

Mailing Address 106 King Ranch

City Lafayette State LA Zip Code 70508

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Cortez, Page, , LA Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44310923**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jay Lucas for House**

Mailing Address PO Drawer 1408

City Hartsville State SC Zip Code 29550

Purpose of Disbursement  
Void - Jay Lucas for House - check dated 12/17/2019

**011**  
Category/  
Type

Candidate Name  
**Lucas, James, , SC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44317276**  
Amount of Each Disbursement this Period

Memo Item  
Void - Jay Lucas for House - check dated 12/17/2019

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Donny Lambeth**

Mailing Address 4627 South Main Street

City Winston-Salem State NC Zip Code 27127

Purpose of Disbursement  
Void - Committee to Elect Donny Lambeth - check dated 12/17/2019

**011**  
Category/  
Type

Candidate Name  
**Lambeth, Donny, C., NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44317277**  
Amount of Each Disbursement this Period

Memo Item  
Void - Committee to Elect Donny Lambeth - check dated 12/17/2019

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Jason Saine Committee**

Mailing Address 417 East Main Street  
Suite 103

City Lincolnton State NC Zip Code 28092

Purpose of Disbursement  
Void - Jason Saine Committee - check dated 12/17/2019

Category/  
Type

Candidate Name  
**Saine, Jason, , NC Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44317278**

Amount of Each Disbursement this Period

Memo Item Void - Jason Saine Committee - check dated 12/17/2019

Full Name (Last, First, Middle Initial)

**B. Eric Holcomb for Indiana**

Mailing Address 101 W. Ohio Street  
Suite 2200

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Holcomb, Eric, , Gov.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44335060**

Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Contreras for Senate**

Mailing Address 12204 W Mohave St

City Avondale State AZ Zip Code 85323

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Contreras, Lupe, , AZ Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44335070**

Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Espinoza for House**

Mailing Address 803 N Christa Way

City Tolleson

State AZ

Zip Code 85353

Purpose of Disbursement Contribution

011

Candidate Name

**Espinoza, Diego, , AZ Rep.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C

Transaction ID : 44335071

Amount of Each Disbursement this Period

250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sierra for Arizona**

Mailing Address PO Box 1002

City Cashion

State AZ

Zip Code 85329

Purpose of Disbursement Contribution

011

Candidate Name

**Sierra, Lorenzo, , AZ Rep.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C

Transaction ID : 44335072

Amount of Each Disbursement this Period

250.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lela Alston AZ Senate 2020**

Mailing Address 69 W Wiletta Street  
Apt 1

City Phoenix

State AZ

Zip Code 85003

Purpose of Disbursement Contribution

011

Candidate Name

**Alston, Lela, , AZ Sen.,**

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
12 / 20 / 2019

FEC Identification Number

C

Transaction ID : 44335073

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)..... ▶

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial) <b>A. Amish for Arizona</b>			Date of Disbursement MM / DD / YYYY 12 / 20 / 2019	
Mailing Address PO Box 7070			FEC Identification Number C [REDACTED] <b>Transaction ID : 44335074</b>	
City Phoenix	State AZ	Zip Code 85011	Amount of Each Disbursement this Period [REDACTED] 250.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Shah, Amish, , AZ Rep.,</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>B. Jen Longdon for House</b>			Date of Disbursement MM / DD / YYYY 12 / 20 / 2019	
Mailing Address PO Box 7295			FEC Identification Number C [REDACTED] <b>Transaction ID : 44335075</b>	
City Phoenix	State AZ	Zip Code 85011	Amount of Each Disbursement this Period [REDACTED] 250.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Longdon, Jennifer, , AZ Rep.,</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

Full Name (Last, First, Middle Initial) <b>C. Friends of Reginald Bolding</b>			Date of Disbursement MM / DD / YYYY 12 / 20 / 2019	
Mailing Address 6345 W Harwell Road			FEC Identification Number C [REDACTED] <b>Transaction ID : 44335076</b>	
City Laveen	State AZ	Zip Code 85339	Amount of Each Disbursement this Period [REDACTED] 250.00 Contribution	
Purpose of Disbursement Contribution		Category/ Type 011	Memo Item <input type="checkbox"/>	
Candidate Name <b>Bolding, Reginald, , AZ Rep.,</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Republican Legislative Victory Fund**

Mailing Address 2801 E. Camelback Road  
Suite 200

City Phoenix State AZ Zip Code 85024

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44335125**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Prunty for State Representative**

Mailing Address PO Box 411

City Greenville State KY Zip Code 42345

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Prunty, Melinda, , KY Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44335127**  
Amount of Each Disbursement this Period  
1000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Landry for Louisiana**

Mailing Address 203 Silver Oak

City Broussard State LA Zip Code 70518

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Landry, Jeff, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number

**C**  
**Transaction ID : 44335128**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Ralph Alvarado for State Senate**

Mailing Address 3250 McClure Rd

City Winchester State KY Zip Code 40391

Purpose of Disbursement Contribution

Category/Type

Candidate Name Alvarado, Ralph, , KY Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number  
  
**Transaction ID : 44335137**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**B. Daniel Elliott for State Rep.**

Mailing Address P.O. Box 2082

City Danville State KY Zip Code 40423

Purpose of Disbursement Contribution

Category/Type

Candidate Name Elliott, Daniel, , KY Rep.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number  
  
**Transaction ID : 44335157**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

Full Name (Last, First, Middle Initial)

**C. Jimmy Higdon for State Senate**

Mailing Address 344 N Spalding Avenue

City Lebanon State KY Zip Code 40033

Purpose of Disbursement Contribution

Category/Type

Candidate Name Higdon, Jimmy, , KY Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
12			20			2019			

FEC Identification Number  
  
**Transaction ID : 44335158**  
 Amount of Each Disbursement this Period  
  
 Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)**

Full Name (Last, First, Middle Initial)

**A. Jim Gooch for State Rep.**

Mailing Address 714 N Broadway B2

City Providence State KY Zip Code 42450

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Gooch, Jim, , KY Rep., Jr.**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number  
  
**Transaction ID : 44335159**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Steve Sheldon for State Rep.**

Mailing Address 702 Capital Ave Annex Room 351B

City Frankfort State KY Zip Code 40601

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Sheldon, Steve, , KY Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number  
  
**Transaction ID : 44335160**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Daniel Cameron for Attorney General**

Mailing Address 504 Derek Ave.

City Elizabethtown State KY Zip Code 42701

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Cameron, Daniel, , Mr, JD**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
M M / D D / Y Y Y Y Y  
12 / 20 / 2019

FEC Identification Number  
  
**Transaction ID : 44335161**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶