Image# 202001319184122464				PAGE 1 / 390
	EPORT OF REC ND DISBURSEN Other Than An Authorized	IENTS	Office	Jse Only
1. NAME OF TYP COMMITTEE (in full)		nple: If typing, type the lines.	12FE4M5	
UnitedHealth Group Incom	porated PAC (UnitedHea	Ith Group PAC)		
ADDRESS (number and street)	01 Pennsylvania Ave, NW			
Check if different	Suite 200	1		14
2. FEC IDENTIFICATION NUME	ER V CITY A	S		
C C00274431	3. IS THIS REPORT	× NEW (N) OR	AMENDED (A))
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)) X Jan 31 (YE)
Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	PRE-Election	Primary (12P)	General (12G) Special (12S)	Runoff (12R)
January 31 Year-End Report (YE)	Election on	M = M / D = D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M = M / D = D /	Y Y Y Y	in the State of
5. Covering Period 12	01 / Y Y Y Y 01 2019	through 12)19
I certify that I have examined this F Type or Print Name of Treasurer	eport and to the best of my know Davis, Kelly, , ,	ledge and belief it is true	e, correct and comple	ete.
Signature of Treasurer	lly, , , [-	Electronically Filed]	ate 01 / D	1 / Y Y Y Y 2020
NOTE: Submission of false, erroneous	, or incomplete information may sub	ject the person signing thi	is Report to the penal	ties of 52 U.S.C. § 30109
Office Use Only				C FORM 3X Rev. 05/2016

01/31/2020 09 : 55

X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

R	Report Covering the Period: From:	M / D D / Y Y Y Y 2 01 2019 To	b: 12 / D D / Y Y Y Y 12 31 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		940764.59
	(b) Cash on Hand at Beginning of Reporting Period	1130908.45	
	(c) Total Receipts (from Line 19)	218222.42	2252116.28
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	1349130.87	3192880.87
7.	Total Disbursements (from Line 31)	348375.00	2192125.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1000755.87	1000755.87
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From:	/ D D / Y Y Y Y 01 2019 To	12 / D D / Y Y Y Y 12 31 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 		
(i) Itemized (use Schedule A)	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) (d) Total Contributions (add Lines 	0.00	0.00
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
 Loan Repayments Received Offsets To Operating Expenditures 	0.00	0.00
 (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Endered Conditions Made 	0.00	0.00
to Federal Candidates and Other Political Committees	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	218222.42	2252116.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶	218222.42	2252116.28

Page 3

I

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: – (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Galendal Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees Contributions to Federal Candidates/Committees	0.00	0.00		
and Other Political Committees Independent Expenditures	66500.00	924000.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
 Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees 	0.00	0.00		
	0.00			
(b) Political Party Committees(c) Other Political Committees	0.00	0.00		
(such as PACs) (d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	281875.00	1268125.00		
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		
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	348375.00	2192125.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	348375.00	2192125.00		
L	1 1 4 1 1 4 1 1 4 1			

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

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

(subtract Line 37 from Line 36)

					200803.85
	7			-7	1 1 49. 1
					0.00
	-7	1	1	-	0.00
					200803.85
1.0	 -			-	200803.83
					0.00
1	 -7			-7	0.00
					0.00
1.00	 7			7	0.00
					0.00
	 -7-			-7-	0.00

		-7			,	2232533.27
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		,			,	2232533.27
+	÷		÷		-	0.00
<u>-</u>	÷	-7	÷	÷	-7	0.00
		7			-7	0.00
	Į.	-			-	0.00

COLUMN B Calendar Year-to-Date

Page 5

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

			Use separate schedule(s)	(ch	(check only one)							
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	17		
	ny information copied from such Reports and Sta for commercial purposes, other than using the r											
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (L	JnitedHealth Group PA	(C)								
A.	Full Name of Individual (Last, First, Middle Initia SONSTEGARD, NATHAN, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 4216 Zenith Ave S				^M 12	1	13) / Y	y y 2019	Y		
	City Minneapolis	State MN	Zip Code 55410-1413					4430225 Receipt th	9 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>				14.	04		
	Name of Employer (for Individual) UHC International Services Inc	Occu VP F	upation (for Individual) Fin		Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 351.00									
B	Full Name of Individual (Last, First, Middle Initia PENN, JULIET, , ,	al) or Full Or	rganization Name		Date of	Be	eceipt					
	Mailing Address 734 Courtney Ave						12 20 2019					
	City Morgantown	State WV	Zip Code 26501-5300					4436773				
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					00		
	Name of Employer (for Individual) MedExpress		upation (for Individual) eif Marketing and Strategy Officer		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00									
C.	Full Name of Individual (Last, First, Middle Initia FORKER, JUDITH, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt					
	Mailing Address 5109 WEST 56TH STREET				м м 12	1	21		2019	Y		
City EDINA		State MN	Zip Code 55436-2427					4436773 Receipt th	7 is Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, . ,		2500.	00		
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Enterprise Comp			Me	emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00									
s	UBTOTAL of Receipts This Page (optional)		•				, i	. ,	5014.0)4		
т	OTAL This Period (last page this line number or	וy)	•	-			.					

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 7 OF

			Use separate schedule(s)	(ch	(check only one)					
111			for each category of the Detailed Summary Page		K 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)						
A.	Full Name of Individual (Last, First, Middle Initia STREB, DEBORAH, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 2201 NORTH STAR ROAD				^M ^M 12	/	D D D 31	/ Y	ү ү 2019	Y
	City UPPER ARLINGTON	State OH	Zip Code 43221-3810						79415634 is Period	
	FEC ID number of contributing federal political committee.	С					т. I.	-	28.	00
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ir Capability		Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 364.00	1	P/R Dedu	uctio	on (\$14.	00 Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initia CLARKE, ERIC, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 20 MCNULTY DRIVE				12 31 Y Y Y Y Y 12 31 2019					
	City EAST HARTFORD	State CT	Zip Code 06118-2413						0225634 is Period	
	FEC ID number of contributing federal political committee.	С					-		19.	_
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Fechnology		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 250.12]	P/R Dedu	uctio	on (\$9.6	2 Bi-Wee	kly)	
C.	Full Name of Individual (Last, First, Middle Initia SWAN, SHARON, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 395 STEAMBOAT CROSSING	G			12 31 2019					
	City DRIPPING SPRINGS	State TX	Zip Code 78620-4342	_					30325634 is Period	
	FEC ID number of contributing federal political committee.	С			Ľ.		,	9	20.	00
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) trat Acct Exec	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 260.00	1	P/R Ded	ucti	on (\$10.	.00 Bi-W€	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			, .		67.	24
т	OTAL This Period (last page this line number or	ıly)		•			-			

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathe name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	4C)					
Full Name of Individual (Last, First, Middle ELLISTON, JAMES, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 302 S 52ND ST			12 / Y Y Y Y 12 31 2019					
City OMAHA	State NE	Zip Code 68132-3544	Transaction ID : PR1159805956342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		20.00					
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. GAUDIO, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4842 E MOUNTAIN VIEW I			12 / Y Y Y Y 12 31 2019					
City PARADISE VALLEY	State AZ	Zip Code 85253-1539	Transaction ID : PR1159811856342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů l							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. WICHMANN, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7000 ANTRIM ROAD	Otata	7.0.1	M M / D D / Y Y Y Y Y 12 31 2019					
City EDINA	State MN	Zip Code 55439-1708	Transaction ID : PR1159814756342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc	Occ CEC	upation (for Individual))	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			789.20					
TOTAL This Period (last page this line numb	er only)							

FOR LINE NUMBER:

PAGE 9 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Midd A. KALLMEYER, PAUL, , ,	lle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 468 HERALD DR			M M / D D / Y Y Y Y 12 31 2019				
City AMBLER	State PA	Zip Code 19002-1530	Transaction ID : PR1159817456342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		230.76				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)				
Full Name of Individual (Last, First, Midd B. QUIRK, THOMAS, , ,	lle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 6458 ORCHID LANE							
City DALLAS	State TX	Zip Code 75230-4121	Transaction ID : PR1159819156342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		38.46				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)				
Full Name of Individual (Last, First, Midd C. FALK, DAVID, , ,	lle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 323 LAWRENCE AVE			12 31 Y Y Y Y 2019				
City HIGHLAND PARK	State NJ	Zip Code 08904-1851	Transaction ID : PR1159820256342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		28.00				
Name of Employer (for Individual) Optum Services, Inc	Occ Med	upation (for Individual) I Dir	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)				
SUBTOTAL of Receipts This Page (option	al)		297.22				
TOTAL This Period (last page this line nur	mber only)						

FOR LINE NUMBER:

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	, ,	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIP	10	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (UnitedHealth Gro		UnitedHealth Group PA	NC)					
Full Name of Individual (L A. MIGLIORI, RICHARD	ast, First, Middle Initial) or Full (Organization Name	Date of Receipt					
Mailing Address PO BOX	72		12 31 Y Y Y Y Y 12 31 2019					
City WAYZATA	State MN	Zip Code 55391-0072	Transaction ID : PR1159827456342 Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	ů.		384.60					
Name of Employer (for In United HealthCare Service	,	cupation (for Individual) P, UHG Chief Medical Officer	Memo Item					
Receipt For: Primary Ga Other (specify) ▼	eneral Aggregate	e Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (L B. HOCK, CHRISTOP	ast, First, Middle Initial) or Full (HER, , ,	Organization Name	Date of Receipt					
Mailing Address 215 WIN		12 / D D / Y Y Y Y Y 12 31 2019						
City WETHERSFIELD	State	Zip Code 06109-2746	Transaction ID : PR1551128956342 Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	ů.		23.08					
Name of Employer (for In United HealthCare Service	- L '	cupation (for Individual) r Gen Mgmt	Memo Item					
Receipt For: Primary Ge Other (specify) ▼	eneral Aggregate	e Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)					
Full Name of Individual (L C. MATTEO, MICHAI	ast, First, Middle Initial) or Full (EL, , ,	Organization Name	Date of Receipt					
Mailing Address 25 JERE			12 / D D / Y Y Y Y 12 31 2019					
City SOUTH GLASTONBURY	State CT	Zip Code 06073-3621	Transaction ID : PR1551133456342 Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	Ű,		230.76					
Name of Employer (for In Optum Services, Inc	,	cupation (for Individual) ief Client Officer	Memo Item					
Receipt For: Primary Go Other (specify)	eneral Aggregate	e Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)					
SUBTOTAL of Receipts Thi	s Page (optional)		638.44					
TOTAL This Period (last pa	ge this line number only)	••••••						

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle I A. CARR, ANTHONY, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 5400 THOROUGHBRED LN	١		12 31 2019
City SOUTHWEST RANCHES	State FL	Zip Code 33330-2411	Transaction ID : PR1554323456342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	AES	upation (for Individual) S Natl VP SIs & Acct Mgmt	Memo Item
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle I B. HARRIS, CHRISTINE, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 25 JUSTIN LANE			12 31 / Y Y Y Y Y 2019
City WETHERSFIELD	State CT	Zip Code 06109-2542	Transaction ID : PR1554323656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle I MILLER, KATHERINE, , ,	nitial) or Full O	rganization Name	Date of Receipt
Mailing Address 2321 HARBOR LAKE DRIV		7. 0.4	12 / D D / Y Y Y Y 12 31 2019
City ORANGE PARK	State FL	Zip Code 32003-7799	Transaction ID : PR1554324356342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	·		789.20
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:

PAGE 12 OF

	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
Any information copied from such Reports or for commercial purposes, other than us	and Statements maing the name and a	l ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 person for the purpose of soliciting contributions te to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)	-						
> UnitedHealth Group Incorp	orated PAC (I	JnitedHealth Group P	AC)				
Full Name of Individual (Last, First, Mid A. ANDERSON, CRAIG, , ,	ddle Initial) or Full C	Prganization Name	Date of Receipt				
Mailing Address 47 AMATO CIRCLE			M M / D D / Y Y Y Y 12 31 2019				
City WETHERSFIELD	State CT	Zip Code 06109-3971	Transaction ID : PR1575957356342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In Pres Ntwk Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Mic B. ERICKSON, KAREN, , ,	Idle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 15348 RED OAKS RO			12 / D D / Y Y Y Y 12 31 2019				
City PRIOR LAKE	State MN	Zip Code 55372-1834	Transaction ID : PR1575957656342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rum Exec	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Mic VALENTA, LEE, , ,	ddle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 5033 PARK TERRACE		7.0.4	12 / D D / Y Y Y Y 31 2019				
City EDINA	State MN	Zip Code 55436-1098	Transaction ID : PR1575958556342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		384.60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optio	nal)		1153.80				
TOTAL This Period (last page this line n	umber only)						

FOR LINE NUMBER:

PAGE 13 OF

		Use separate schedule(s)) (check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11		11b	11c	12	<u> </u>	
Any information copied from such Reports and or for commercial purposes, other than using the				he pu					
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I A. KELLY, JOHN, , ,	nitial) or Full C	rganization Name	Date	e of F	eceipt				
Mailing Address 341 PLEASANT AVENUE			M	2	/ 31	D / Y	2019	Y	
City	State	Zip Code				PR1575	95975634	2	
SAINT PAUL	MN	55102-2333	Amo	ount o	f Each F	Receipt th	is Period		
FEC ID number of contributing federal political committee.	С						384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Tax		Merr	io Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R [Deduc	tion (\$19	02.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle I B. WEBB, ROBERT, , ,	nitial) or Full C	rganization Name	Date	e of F	eceipt				
Mailing Address 4516 DREXEL AVENUE				2 2	/ D 31		y y 2019	Ŷ	
City	State MN	Zip Code 55424-1130					36535634	2	
	IVIIN	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Occupation (for Individual) SVP UnitedHIth Grp			_			384.6	50	
Name of Employer (for Individual) United HealthCare Services Inc				Merr	io Item				
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R D	educt	ion (\$19	2.30 Bi-W	/eekly)		
Full Name of Individual (Last, First, Middle I C. HUGHES, RICHARD, , ,	nitial) or Full C	rganization Name	Date	e of F	eceipt				
Mailing Address 3905 COUNTY ROAD 44				2 ^M	/ D 31		2019	Y	
City MINNETRISTA	State MN	Zip Code 55364-9572					30415634	2	
FEC ID number of contributing		33304-3372	Amo	ount o	f Each F	Receipt th	iis Period	_	
federal political committee.	C				y :	y	384.6	60	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) SVP COO of Human Capital			no Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R [Deduc	tion (\$19	92.30 Bi-W	Veekly)		
SUBTOTAL of Receipts This Page (optional)					, .		1153.8	80	
TOTAL This Period (last page this line numbe	r only)								

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PAGE 14 OF

IT.	EMIZED RECEIPTS		Use separate schedule(s)		(check only one)					
11	EIVILED RECEIPIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	·
Ar	y information copied from such Reports and S	tatements ma	ay not be sold or used by any po	erson	13 for the	pur	14 pose of	15 soliciting	16 g contribu	17 tions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrib	outions 1	from such	n committ	ee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Ini JOHNSON, THAD, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt			
Mailing Address 9741 GLACIER BAY					м м 12	1	31) / Y	ү ү 2019	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-2615						30435634 iis Period	2
	FEC ID number of contributing federal political committee.	С			<u> </u>				384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group Gen Counsel		M	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Init	tial) or Full C	organization Name		Date of	f Re	eceipt			
	Mailing Address 5401 LARADA LANE					1	31) / Y	2019	Y
	City EDINA	State MN	Zip Code 55436-1024						30545634	2
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period 384.60				60			
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Mkt Grp Pres & COO			М	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate]	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)		
с.	Full Name of Individual (Last, First, Middle Init THEISEN, SCOTT, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt			
	Mailing Address 1950 MEADOWWOODS TRA				12 31 Y Y Y Y 12 31 2019					
	City LONG LAKE	State MN	Zip Code 55356-9312						30565634 iis Period	2
	FEC ID number of contributing federal political committee.	С			Ľ.		,	. ,	384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80		P/R Ded	lucti	on (\$19	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,	1153.	30
Г	OTAL This Period (last page this line number	only)		-	Γ.					

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check c	only o	ne)			
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	. [11b	11c	12	
Any information copied from such Reports and or for commercial purposes, other than using the								
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle I ANDERSON, MICHAEL, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address 17907 INVERNESS CURVE			M 12		31) / Y	y y 2019	Y
City EDEN PRAIRIE	State MN	Zip Code 55347-2155					30935634 is Period	2
FEC ID number of contributing federal political committee.	С						384.6	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Prd		Memo	o Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I B. FLYNN, DIANE, , ,	nitial) or Full O	rganization Name	Date	of R	eceipt			
Mailing Address 3318 FOXRIDGE CIRCLE			M 12		31	/ Y	2019	Y
City TAMPA	State FL	Zip Code 33618-2149					0975634 is Period	2
FEC ID number of contributing federal political committee.	С	78.00					00	
Name of Employer (for Individual) Optum Services, Inc	Occ VP		Memo	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I BORCA, TROY, , ,	nitial) or Full O	rganization Name	Date	of Re	eceipt			
Mailing Address 1649 SPRING VALLEY RO			12	2	31		2019 [°]	
City HARTLAND	State WI	Zip Code 53029-2056					31045634 is Period	2
FEC ID number of contributing federal political committee.	С			_	y .	, y	76.9	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Mem	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R D	educt	ion (\$38	.46 Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)					, .	,	539.5	52
TOTAL This Period (last page this line numbe	r only)				-			

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporation	ted PAC (l	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle In A. BRODIGAN, STEVEN, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2159 BRINKER ST			12 31 2019					
City CHANHASSEN	State MN	Zip Code 55317-9361	Transaction ID : PR1596310656342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		48.46					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Underwriting	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.03 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In B. DAVIDSON, TRACY, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6058 HARBOUR TOWN CIR	R		12 31 2019					
City WESTERVILLE	State OH	Zip Code 43082-8144	Transaction ID : PR1596311656342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify) V		4999.80						
Full Name of Individual (Last, First, Middle In C. DUNLOP, RICHARD, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2964 WYSE COURT			12 31 / Y Y Y Y 12 31 2019					
City LEWIS CENTER	State OH	Zip Code 43035-8253	Transaction ID : PR1596312356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		392.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			825.06					
TOTAL This Period (last page this line numbe	r only)							

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PAGE 17 OF

		Use separate schedule(s)	check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12				
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee				
NAME OF COMMITTEE (In Full)		adress of any pointeal contribute					
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)				
Full Name of Individual (Last, First, Middle HAFERMANN, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 5525 ZENITH AVENUE SC	UTH		12 / Y Y Y Y 12 31 2019				
City EDINA	State MN	Zip Code 55410-2466	Transaction ID : PR1596313456342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1428.56				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.96	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name of Individual (Last, First, Middle HEUMANN, KURT, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 63 MUIRFIELD COURT			12 31 / Y Y Y Y 12 31 2019				
City SAINT LOUIS	State MO	Zip Code 63141-7372	Transaction ID : PR1596313756342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	-				
Other (specify) ▼		1149.98	P/R Deduction (\$44.23 Bi-Weekly)				
Full Name of Individual (Last, First, Middle HIGGINS, MARY, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 54 BELCREST ROAD	State	Zin Oode	12 / D D / Y Y Y Y 31 2019				
City WEST HARTFORD	CT	Zip Code 06107-3304	Transaction ID : PR1596313856342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		138.46				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional).			1667.02				
TOTAL This Period (last page this line numb	er only)						

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ı ب	EMIZED RECEIPTS		Use separate schedule(s)		(check only one)					
11			for each category of the Detailed Summary Page	×	11a 13		11b 14	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				for the		bose of	soliciting	g contrib	utions
\setminus	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)						
Α.	Full Name of Individual (Last, First, Middle Ini KAJA, TIMOTHY, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 205 BAHIA POINT				^M 12	1	D 31	/ Y	Y Y 2019	Y
	City NAPLES	State FL	Zip Code 34103-3500					PR1596		
	FEC ID number of contributing federal political committee.	С					,	1.95	4999	.90
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) D Ntwk		Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	P	P/R Deduction (\$4999.90 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Ini MALLATT, KATHLEEN, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 4304 SOUTH 167 AVENUE				^M 12	/	D D D 31	/ Y	y y 2019	Y
	City OMAHA	State NE	Zip Code 68135-1353				-	PR1596		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt th				384		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hith Plan CEO			Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	P	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Ini ROSENTHAL, DANIEL, , ,	itial) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 8 VIA HERMOSA	State	Zip Code		12 T rans	/	31		2019	
	City ORINDA	CA	94563-1828					PR1596		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	y	, y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80] ^P	P/R Ded	uctio	on (\$19:	2.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)						9		5769	.10
Т	OTAL This Period (last page this line number	only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	L ay not be sold or used by any p ddress of any political committed	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle II	nitial) or Full C	rganization Name						
A. RUTH, KEVIN, , ,			Date of Receipt					
Mailing Address 16621 ALEXANDER MANO	R DRIVE		12 31 2019					
City	State	Zip Code	Transaction ID : PR1596317456342					
SILVER SPRING	MD	20905-5028	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P HIth Advancement	Memo Item					
Receipt For:	1	Year-to-Date ▼						
Primary General	Aggregate		P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify) v		4999.80	1					
Full Name of Individual (Last, First, Middle II	l nitial) or Full C	rganization Name						
B. STURKEY, DAVID, , ,	,	с 	Date of Receipt					
Mailing Address 1941 MARINA ROAD			12 31 2019					
City	State	Zip Code	Transaction ID : PR1596318456342					
IRMO	SC	29063-8579	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		78.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻	7					
Other (specify) ▼		1014.00	P/R Deduction (\$39.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle II c. TODD, JEFFREY, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 467 PRAIRIE WAY SOUTH			12 31 2019					
City	State	Zip Code	12 31 2019 Transaction ID : PR1596319056342					
BAYPORT	MN	55003-1607	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
United HealthCare Services Inc	VPU	Jnderwriting						
Receipt For:	Aggregate	Year-to-Date ▼	P/P Deduction (\$25.00 Ri Wookh)					
Other (specify)		650.00	P/R Deduction (\$25.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)	1		512.60					
TOTAL This Period (last page this line number	r only)							

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions a to collicit contributions from queb committee					
	using the name and a	doress of any political committe	e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, M A. VAVRA, KELLY, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4828 OAK RIDGE DF	RIVE		12 31 2019					
City HERMANTOWN	State MN	Zip Code 55811-1729	Transaction ID : PR1596319256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		142.56					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 976.69	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, M B. SANDY, LEWIS, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4800 SUNNYSLOPE	1		12 31 Y Y Y Y 2019					
City EDINA	State MN	Zip Code 55424-1163	Transaction ID : PR1600598756342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Clin Advancement	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, M PETERSON, MATTHEW, ,		rganization Name	Date of Receipt					
Mailing Address 2260 FOX STREET			12 / D D / Y Y Y Y Y 12 31 2019					
City ORONO	State MN	Zip Code 55356-8316	Transaction ID : PR1602669956342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ancillary & Ind/Sgt CAO	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (opt	ional)		911.76					
TOTAL This Period (last page this line	number only)							

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group	PAC)
Full Name of Individual (Last, First, Middle A. MALONEY, JEFFREY, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 6327 PASADENA POINT E	JLVD S	12 31 2019
City GULFPORT	State Zip Code FL 33707-3867	Transaction ID : PR1613243556342
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. CELLI, PAT, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1210 COUNTRY CLUB DR		12 31 Y Y Y Y 2019
City CUTCHOGUE	StateZip CodeNY11935-1728	Transaction ID : PR1613243756342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.60
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle SEVIGNY, BRIAN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 137 CREEKVIEW LANE		12 / D D / Y Y Y Y 2019
City LORETTO	StateZip CodeMN55357-2111	Transaction ID : PR1653445756342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	28.08
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Director Tech Support	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	C Occupation (for Individual) Director Tech Support Aggregate Year-to-Date ▼ 365.04	Memo Item P/R Deduction (\$14.04 Bi-Weekly)

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)				
I EWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c	12			
Any information copied from such Reports and							
or for commercial purposes, other than using t	he name and a	ddress of any political committee	to solicit contributions from such co	mmittee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	C)				
Full Name of Individual (Last, First, Middle SULLIVAN, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 57 QUORN HUNT ROAD				019			
City WEST SIMSBURY	State CT	Zip Code 06092-2524	Transaction ID : PR1653445 Amount of Each Receipt this F				
FEC ID number of contributing federal political committee.	C			76.92			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj-Prgm Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekl	y)			
Full Name of Individual (Last, First, Middle B. ARCHER, LORI, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2781 SADDLE CLUB ROAD))19			
City GREENWOOD	State IN	Zip Code 46143-9211	Transaction ID : PR1806750 Amount of Each Receipt this F				
FEC ID number of contributing federal political committee.	С		23.08				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekl	/)			
Full Name of Individual (Last, First, Middle EMERSON, PAUL , , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 18855 MEADOW VIEW BL			12 31 20	019			
City PRIOR LAKE	State MN	Zip Code 55372-3133	Transaction ID : PR1806750 Amount of Each Receipt this F				
FEC ID number of contributing federal political committee.	С			384.60			
Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Unit CEO	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weel	dy)			
SUBTOTAL of Receipts This Page (optional).			· · · · · · · ·	484.60			
TOTAL This Period (last page this line number	er only)						

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)											
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹											
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle ULLOA, SHAUNA, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 9 STRATFORD ROAD			12 31 / Y Y Y Y 12 31 2019											
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR1832379156342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		28.08											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. ANDERSON, CATHERINE, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 57 SIMMONS LANE			12 / 31 / 2019 Transaction ID : PP1903550756342											
City SEVERNA PARK	State MD	Zip Code 21146-1921	Transaction ID : PR1903550756342											
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Strat Initiv	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle DUFEK, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 816 PROMONTORY PLAC			12 31 2019											
City EAGAN	State MN	Zip Code 55123-2297	Transaction ID : PR1903577156342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		50.00											
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) nfo Security	Memo Item											
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional)			462.68											
TOTAL This Period (last page this line numb	er only)													

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				Detailed Summary Page	×	11a		11k	b	11c	12	_				
	y information copied from such Reports and Stat for commercial purposes, other than using the na															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated											-				
A.	Full Name of Individual (Last, First, Middle Initial JOHNSON, CHRISTOPHER, , ,) or Full C	Organ	nization Name		Date of Receipt										
	Mailing Address 12880 53RD STREET NORTH				12 / 31 / 2019											
	City STILLWATER	State MN		Zip Code 55082-1063	Transaction ID : PR1903591156342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			78.00											
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	lte	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1014.00	P/	R Dedu	uctio	on (\$39.0	0 Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial SANTELLI, JOHN, , ,) or Full C	Organ	nization Name	C	ate of	Re	ceip	pt							
	Mailing Address 25510 BIRCH BLUFF ROAD				M m m / D D / Y Y Y Y Y Y 12 31 2019 Transaction ID : PR1903622056342 Amount of Each Receipt this Period											
	City EXCELSIOR	State MN		Zip Code 55331-8520												
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) Optum Services, Inc		cupat P CIC	ion (for Individual) D	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initial STEERUP, LORI, , ,) or Full C	Organ	nization Name		ate of	Re	ceip	pt							
	Mailing Address 7019 DONLEA LANE					^M 12	/	L	31	/ Y	2019					
	City EDEN PRAIRIE	State MN		Zip Code 55346-3164	A			-			62865634 iis Period	2				
	FEC ID number of contributing federal political committee.	С				_		y		9	143.	60				
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP I	Huma	ion (for Individual) an Capital Partner		Me	emo) Ite	em							
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 999.80	P/R Deduction (\$38.46 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			····· •	[,		,	606.2	20				
Т	OTAL This Period (last page this line number on	ly)						-		-						

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using t			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle WEYMOUTH, PAUL, , ,	Initial) or Full O	rganization Name	Date of Receipt Marcoline 12 12 2019 Transaction ID : PR1903636956342 Amount of Each Receipt this Period										
Mailing Address 317 WRIGHTS MILL RD													
City COVENTRY	State CT	Zip Code 06238-1559											
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CTO	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. BEATY, JON, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 32860 SE DIVERS RD			Max / D = D / Y = Y = Y = Y Y 12 31 2019										
City ESTACADA	State	Zip Code 97023-7507											
FEC ID number of contributing federal political committee.	C	310231301											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Qlty	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. CADRIEL, DANIEL, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 26023 NORTH 53RD DRIN			12 / D D / Y Y Y Y 12 31 2019										
City PHOENIX	State AZ	Zip Code 85083-6349	Transaction ID : PR2119469856342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Manager Client Management	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			424.60										
TOTAL This Period (last page this line number	er only)												

Use separate schedule(s)

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TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)											
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹											
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle CAMPBELL, COLLEEN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4936 LONGMEADOW PAR	K ST		Max / D D / Y											
City ORLANDO	State FL	Zip Code 32811-7485												
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle DEMBROSKI, TODD, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 1390 FINCH LN			12 31 Y Y Y Y Y 12 31 2019											
City GREEN BAY	State WI	Zip Code 54313-6400	Transaction ID : PR2119472856342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C		30.00 Memo Item											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle DUNGAN, TARA, , ,		rganization Name	Date of Receipt											
Mailing Address 619 HIGH COUNTRY RIDG	State	Zip Code	12 31 2019 Transaction ID : PR2119473256342											
SAN ANTONIO	TX	78260-1829	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		20.00											
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Ass	upation (for Individual) c Dir, Clin Appeals	Memo Item											
Primary General Other (specify)	Aggregate	Year-to-Date 260.00	P/R Deduction (\$10.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional).			80.00											
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		Use separate schedule(s)	(check or	check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12							
Any information copied from such Reports and														
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and a	ddress of any political committee	e to solicit co		outions t	rom sucr	Committe	ee.						
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle GILDERNICK, AMY, , ,	Initial) or Full C	organization Name	Date of Receipt 12 Transaction ID : PR2119475256342 Amount of Each Receipt this Period											
Mailing Address 2709 WILLIAMS GRANT														
City DE PERE	State WI	Zip Code 54115-9456												
FEC ID number of contributing federal political committee.	C		40.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms		Nemc	tem									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R De	ducti	on (\$20.	00 Bi-We	ekly)							
Full Name of Individual (Last, First, Middle B. HANSEN, DAVID , , ,	Initial) or Full C	organization Name	Date o	of Re	eceipt									
Mailing Address 33 VIA CONOCIDO			12 / D D / Y Y Y Y 12 31 2019											
City SAN CLEMENTE	State CA	Zip Code 92673-7044	Transaction ID : PR2119476756342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		270.00 Memo Item											
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3510.00	P/R Deduction (\$135.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle HARLAN, MADELINE, , ,	Initial) or Full C	organization Name	Date o	of Re	eceipt									
Mailing Address 3444 CORTES PLACE			12		31	/ Y	2019	Y						
City ROUND ROCK	State TX	Zip Code 78665-5666			-		17695634 is Period	2						
FEC ID number of contributing federal political committee.	С			_	, .		28.0	08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Nemo	b Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R De	P/R Deduction (\$14.04 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)					,		338.0)8						
TOTAL This Period (last page this line numb	er only)													

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements mang the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Midd A. HARVEY, ANNE, , ,	lle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4916 THOR WAY			12 / D D / Y Y Y Y Y 12 31 2019										
City CARMICHAEL	State CA	Zip Code 95608-5650	Transaction ID : PR2119477256342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. HAYES, PAULINE, , ,	lle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 7651 YORKTOWN AVE			12 / 31 / 2019										
City HUNTINGTON BEACH	State CA	Zip Code 92648-7803	Transaction ID : PR2119477456342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) United HealthCare Services Inc	Occ	upation (for Individual) Fin	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
Full Name of Individual (Last, First, Midd C. KANNE, KATHLEEN, , ,	lle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4826 PALOMINO COUR	RT		12 31 2019										
City ERIE	State PA	Zip Code 16506-6624	Transaction ID : PR2119479656342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional	al)		424.60										
TOTAL This Period (last page this line nur	mber only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c		r	17				
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		oose of	soliciting	contr	ibutic	ons				
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initia KNUTSON, MARK, , ,	l) or Full Or	rganization Name	Date of Receipt 12 / 31 / 2019 Transaction ID : PR2119480256342 Amount of Each Receipt this Period											
	Mailing Address 19312 FAIRHAVEN EXT														
	City SANTA ANA	State CA	Zip Code 92705-6310												
	FEC ID number of contributing federal political committee.	С		30.00											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 390.00	P	/R Ded	uctio	on (\$15.)	00 Bi-We	eekly)						
B.	Full Name of Individual (Last, First, Middle Initia LUKER, TIMOTHY, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 3115 S GOTHIC CIRCLE			12 / 31 / 2019 Transaction ID : PR2119482356342											
	City GREEN BAY	State WI	Zip Code 54313-4384												
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir A	Memo Item												
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 208.00	P.	/R Dedi	uctio	on (\$8.00	0 Bi-Wee	ekly)						
С.	Full Name of Individual (Last, First, Middle Initia MACEMEADOR, HEATHER, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt								
	Mailing Address 13531 CARLTON OAKS				^M 12	/	D D D 31	JL	2019	9					
	City SAN ANTONIO	State TX	Zip Code 78232-4902				-	PR2119							
	FEC ID number of contributing federal political committee.	С					y	9		40.00)				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Ied Clin Ops		M	emc	ltem								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			•			, ,		ł	86.00					
т	OTAL This Period (last page this line number on	ly)		•			,	, ,		40					

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		Use separate schedule(s)	(check only	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	<u> </u>							
Any information copied from such Reports and														
or for commercial purposes, other than using	the name and a	adress of any political committee	e to solicit cor	ntributions fro	om such	committe	90.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle MURRAY, CAROLYN, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 834 WOODTACK COVE W	/AY		M = M / D = D / Y = Y = Y = Y Y 12 31 2019											
City HENDERSON	State NV	Zip Code 89002-8294												
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) VP SIs Acct Mgmt		emo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle NYGARD, KEITH , , ,	Initial) or Full C	rganization Name	Date of	Receipt										
Mailing Address 9620 W RUSSELL ROAD #1063	Otata	Zin Code	12 / 31 / 2019											
City LAS VEGAS	State NV	Zip Code 89148-4505	Transaction ID : PR2119485056342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		40.00 Memo Item											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Adhr												
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		520.00	P/R Dedu	uction (\$20.00	0 Bi-We	ekly)								
Full Name of Individual (Last, First, Middle OLLMANNWAGNER, TRACY,		rganization Name	Date of	Receipt										
Mailing Address 2839 TIMBER LANE	Otata	Zin Code	12 T	/ D D D 31		2019								
City GREEN BAY	State WI	Zip Code 54313-5841		action ID : P			2							
FEC ID number of contributing federal political committee.	С				, , ,	30.0	00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops	M	emo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Ded	uction (\$15.0	0 Bi-We	ekly)								
SUBTOTAL of Receipts This Page (optional)					9	90.0	0							
TOTAL This Period (last page this line numb	er only)				-11-									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a ☐ 11b ☐ 11c ☐ 12											
Any information copied from such Reports and or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora														
Full Name of Individual (Last, First, Middle A. PAXSON, LYNDA A, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 3924 E GARNET PL	1		12 / D D / Y Y Y Y 12 31 2019											
City HIGHLANDS RANCH	State CO	Zip Code 80126-5044	Transaction ID : PR2119485856342											
	00	00120-3044	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		50.00											
Name of Employer (for Individual) UNITED HEALTHCARE SVS INC		upation (for Individual) Field Acct Mgr	Memo Item											
Receipt For:	Aaareaate	Year-to-Date ▼												
Primary General Other (specify) ▼		650.00	P/R Deduction (\$25.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. PETE , DIANA , , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 4737 S 16TH DRIVE			M m / D D / Y Y Y Y Y 12 31 2019 Transaction ID : PR2119486356342 Amount of Each Receipt this Period											
City	State	Zip Code												
RIDGEFIELD	WA	98642-7405												
FEC ID number of contributing federal political committee.	С		24.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Clin Qlty	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$12.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. KOLLROSS, MICHELLE, , ,	Initial) or Full C	rganization Name	Date of Receipt											
Mailing Address 1128 COUNTRYSIDE DR			12 31 2019											
City	State	Zip Code	Transaction ID : PR2119486456342											
DE PERE	WI	54115-1040	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		30.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optional).			104.00											
TOTAL This Period (last page this line number														

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	47				
	y information copied from such Reports and Sta for commercial purposes, other than using the r													
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (L	JnitedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Initia PROCHNOW, JAMES, , ,	ll) or Full Or	rganization Name	Date of Receipt 12 31 2019 Transaction ID : PR2119487256342 Amount of Each Receipt this Period										
	Mailing Address 143 RUSTIC OAK DRIVE													
	City LUXEMBURG	State WI	Zip Code 54217-7320											
	FEC ID number of contributing federal political committee.	С			<u> </u>		-y		28	5.00				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	ipation (for Individual) in		Me	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00		P/R Ded	uctio	on (\$14	.00 Bi-We	eekly)					
	Full Name of Individual (Last, First, Middle Initia RICCIUTI, SHARON, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 55 PERENNIAL	01-1-	7	12 31 2019 Transaction ID : PR2119487956342										
	City IRVINE	State CA	Zip Code 92603-0621				-							
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Qlty	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia SING, MARTIN, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 9407 LLANO VERDE				^M 12	1	31		ү ү 2019	Y				
	City HELOTES	State TX	Zip Code 78023-4156				-	PR2119 Receipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .		20	.00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		M	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		••••••				, .	. ,	76	.08				
т	OTAL This Period (last page this line number or	וy)	••••••	-			-							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check or	check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	□						
Any information copied from such Reports a or for commercial purposes, other than using														
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middl A. STETTLER, RONALD, , ,	e Initial) or Full O	rganization Name	Date of Receipt 12 31 2019 Transaction ID : PR2119490456342 Amount of Each Receipt this Period											
Mailing Address 11527 TRAILS END RD														
City LEANDER	State TX	Zip Code 78641-5813												
FEC ID number of contributing federal political committee.	C		20.00											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Hlthcare Econ	1	Memo	Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R De	eductio	on (\$10.0	00 Bi-We	ekly)							
Full Name of Individual (Last, First, Middl VANASTEN, SUSAN, , ,	e Initial) or Full O	rganization Name	Date	of Re	ceipt									
Mailing Address N2249 NICOLE COURT			12 / 31 / 2019 Transaction ID : PR2119492656342											
City KAUKAUNA	State WI	Zip Code 54130-9462			-		92656342 s Period	2						
FEC ID number of contributing federal political committee.	С			80.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R TelesIs Dir	Memo Item											
Receipt For:	Aggregate	Year-to-Date 🔻												
Primary General Other (specify) ▼		1040.00	P/R De	ductio	on (\$40.0	00 Bi-We	ekly)							
Full Name of Individual (Last, First, Middl C. WESTPHAL, SCOTT, , ,	e Initial) or Full O	rganization Name	Date	of Re	ceipt									
Mailing Address 4536 ROCKY RUN LN	State	Zie Oode	12		31		үүү 2019							
City OCONTO	WI	Zip Code 54153-9268					9325634	2						
FEC ID number of contributing federal political committee.	С				y .	, ,	23.0)8						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs		Memo	Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.04	P/R Deduction (\$11.54 Bi-Weekly)											
SUBTOTAL of Receipts This Page (optiona	al)				,	. ,	123.0	8						
TOTAL This Period (last page this line nun	nber only)													

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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				Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16							47				
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of	sol		contribut				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated											Johnnitt				
A.	Full Name of Individual (Last, First, Middle Initial WRIGHT, GREGORY, , ,) or Full O	Orgar	nization Name		ate of	Re	ecei	ipt							
	Mailing Address 10471 STRAND TERRACE				12 / D D / Y Y Y Y Y 12 31 2019											
	City SANTA ANA	State CA		Zip Code 92705-1495	Transaction ID : PR2119494156342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emo) Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4999.80	P/	R Dedu	uctic	on ((\$192	2.30) Bi-W	eekly)				
B.	Full Name of Individual (Last, First, Middle Initial YOUNG, GEORGE, , ,	Date of Receipt														
	Mailing Address 36296 N 98TH WAY				12 / D D / Y Y Y Y 12 31 2019											
	City SCOTTSDALE	State AZ		Zip Code 85262-3138	Transaction ID : PR2119494456342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			30.00											
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)											
C.	Full Name of Individual (Last, First, Middle Initial YOUNG, STEVEN C, , ,		Organ	nization Name		ate of	Re	ecei	ipt							
	Mailing Address 10765 QUAIL CREEK DRIVE EA			Zin Onda		12 ^M	/	L	31		/ Y	2019	_			
	City PARKER	State CO		Zip Code 80138-3064	A			-			-	9455634 s Period	2			
	FEC ID number of contributing federal political committee.	С					_	y			9	20.0	00			
	Name of Employer (for Individual) UNITED HEALTHCARE SVS INC			ion (for Individual) Exec		Me	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 260.00	P/	R Dedi	uctio	on	(\$10.	00	Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)			•	[,			9	434.6	60			
т	OTAL This Period (last page this line number on	ly)		•				- -								

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporation	ted PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle In MASON, JOHN, J, ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 524 N CRESCENT HEIGHT	S BLVD		M M / D D / Y Y Y Y Y 12 31 2019
City LOS ANGELES	State CA	Zip Code 90048-2208	Transaction ID : PR2126373856342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		8.50
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2387.92		P/R Deduction (\$84.61 Bi-Weekly)
Full Name of Individual (Last, First, Middle In B. BURKE, FORREST, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 1020 TONKAWA ROAD			12 / D D / Y Y Y Y Y 2019
City	State MN	Zip Code	Transaction ID : PR2133132456342
ORONO	IVIIN	55356-9238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mnit CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle In C. COLEMAN, WILLIAM, , ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 290 US ROUTE 202	M M / D D / Y Y Y Y 12 31 2019		
City RINDGE	State NH	Zip Code 03461-7108	Transaction ID : PR2133132556342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		24.00
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir Clms		Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 312.00	P/R Deduction (\$12.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			417.10
TOTAL This Period (last page this line numbe	r only)		

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than usir	and Statements mang the name and a	I ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	-		
UnitedHealth Group Incorport	orated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mide CUMMINGS, DANIEL, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1929 FAIRMOUNT AVE			12 31 Y Y Y Y Y 12 31 2019
City SAINT PAUL	State MN	Zip Code 55105-1539	Transaction ID : PR2133132656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		30.00
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir I	upation (for Individual) Fin	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		P/R Deduction (\$15.00 Bi-Weekly)
Full Name of Individual (Last, First, Mido B. HULTGREN, BROR, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 408 22ND ST			12 31 Y Y Y Y Y 2019
City GOLDEN	State CO	Zip Code 80401-2452	Transaction ID : PR2133133256342
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) an CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Mido C. PUTNAM, T JEFFREY, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 303 ELMWOOD PLACE	12 31 2019		
City MINNEAPOLIS	State MN	Zip Code 55419-1349	Transaction ID : PR2133134256342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Group CFO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		799.20
TOTAL This Period (last page this line nu	mber only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	<i>.</i>	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13 14 15 16 17 version for the purpose of soliciting contributions a to collicit contributions								
	n using the name and a	doress of any political committe	e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	prporated PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, SHIELS, ANITA, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 473 WOOD WILLC	W POINT		12 31 2019								
CHAPIN	State SC	Zip Code 29036-9585	Transaction ID : PR2133134756342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		20.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, B. COLE, DANIEL, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9790 FOXWORTH	DRIVE		12 31 2019								
City	State	Zip Code	Transaction ID : PR2145728356342								
JOHNS CREEK	GA	30022-6259	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		20.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)								
Full Name of Individual (Last, First, C. FALKENBERG, ROBERT		rganization Name	Date of Receipt								
Mailing Address 6 LANTANA			12 / D D / Y Y Y Y Y 2019								
City NEWPORT COAST	State CA	Zip Code 92657-1646	Transaction ID : PR2145728456342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		230.76								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)								
SUBTOTAL of Receipts This Page (c	ptional)		270.76								
TOTAL This Period (last page this lin	e number only)	······									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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•••			Detailed Summary Page	×	-		11b		11c		12	<u> </u>			
An	y information copied from such Reports and Sta	atements m	l ay not be sold or used by any p	erson 1	13 for the	 pur	14 pose	 of s	15 soliciting		16 htribut	1 ions			
	for commercial purposes, other than using the														
\backslash	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	AC)											
١.	Full Name of Individual (Last, First, Middle Initia RUMMEL, LEAH, , ,	al) or Full C	Drganization Name		Date of Receipt										
۰.	Mailing Address 12100 TRAUTWEIN ROAD			-		110				N		N/			
				12 31 2019											
	City	State	Zip Code		Trans	act	ion ID) : F	PR21457	7295	56342	2			
	AUSTIN	ТХ	78737-9358		Amount	of	Each	Re	ceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С		76.92											
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Me	emc	ltem	1							
	United HealthCare Services Inc	Dir	Govt Affs												
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General			P	/R Ded	ucti	on (\$3	38.4	6 Bi-We	ekly	/)				
	Other (specify) v		999.96												
	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Drganization Name												
3.	SMITH, DANNETTE, , ,				Date of	Re	eceipt								
	Mailing Address 4200 ALDEN DRIVE				^M ^M 12	1	D	^р 31	/ Y	ү 20	19	Y			
	City	State	Zip Code		Trans	acti	ion ID) : P	R21457	299	56342	2			
	EDINA	MN	55416-5010	/	Amount	of	Each	Re	eceipt th	is P	eriod				
	FEC ID number of contributing	С				1					384.6	ŝ			
	federal political committee.	U				-	-		- 1	-	004.0				
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Deputy Gen Counsel		Memo Item										
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General		4999.80	P/	P/R Deduction (\$192.30 Bi-Weekly)										
	Other (specify)		, 4999.00												
	Full Name of Individual (Last, First, Middle Initia BENSON, MARYNELL, , ,	al) or Full C	Drganization Name		Date of	Re	eceipt								
	Mailing Address 222 IRON WORKS WAY				^M 12	1		^р 31	/ Y		19	Y			
	City	State	Zip Code		Trans	act	ion IC):F	PR21628	8669	95634	2			
	WAYNE	PA	19087-4213		Amount	of	Each	Re	eceipt th	is P	eriod				
	FEC ID number of contributing federal political committee.	С				_	,			_	20.0	00			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Me	emo	b Item	۱							
	Optum Services, Inc	Reg	gn Exec Dir												
	Receipt For:	Aggregate	e Year-to-Date ▼												
	Primary General		000.00	P	/R Ded	ucti	on (\$´	10.0	00 Bi-We	ekly	/)				
	Other (specify)		260.00												
s	UBTOTAL of Receipts This Page (optional)				-	-	-	_		-	481.5	2			
	OTAL This Period (last page this line number o			• - -		÷		-		-		-			

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle A. LEWIS, KURT, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 961 RIVER FOREST DRIV	E		12 31 2019
City MAINEVILLE	State OH	Zip Code 45039-7720	Transaction ID : PR2203967556342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. BEAULE, JEAN-FRANCOIS, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 7 STRATFORD RD			12 31 / Y Y Y Y 12 31 2019
City FARMINGTON	State CT	Zip Code 06032-1444	Transaction ID : PR2225813656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		230.76
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P HIth Advancement	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. MCGUIRE, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 437 DRURY LANE		7.01	12 / D D / Y Y Y Y Y 31 2019
City WYCKOFF	State NJ	Zip Code 07481-2204	Transaction ID : PR2225818856342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.90	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			807.66
TOTAL This Period (last page this line number	er only)		

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions see to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. RYAN, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 45 WESTMORELAND LN			12 31 2019										
City NAPERVILLE	State IL	Zip Code 60540-5817	Transaction ID : PR2225819656342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. SAILOR, ROY , , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 276 COYOTE WILLOW DR			12 31 Y Y Y Y 2019										
City COLORADO SPRINGS	State CO	Zip Code 80921-7631	Transaction ID : PR2225819756342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		153.84										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)										
Full Name of Individual (Last, First, Middle GREENMAN, DEE, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 536 HIGH DR			12 31 2019										
City CARMEL	State IN	Zip Code 46033-2338	Transaction ID : PR2231350256342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).			566.52										
TOTAL This Period (last page this line number	er only)												

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic the name and a	I ay not be sold or used by any p uddress of any political committe	erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Middle CARCIONE, JOSEPH, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 11 CARRIAGE WAY			12 31 / Y Y Y Y 12 31 2019										
City WHITE PLAINS	State NY	Zip Code 10605-5424	Transaction ID : PR2247626856342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.40										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) /Ied Dir	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.20	P/R Deduction (\$57.70 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. KANTOLA, KEVIN , , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 7031 HALSTEAD DRIVE	Ctoto	Zin Oode	12 / D D / Y Y Y Y Y 2019										
City MINNETRISTA	State MN	Zip Code 55364-3201	Transaction ID : PR2247627056342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		647.40										
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle OBRIEN, DENNIS, , ,	Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 61 LOUGHLIN AVE			12 / D D / Y Y Y Y 2019										
City COS COB	State CT	Zip Code 06807-2621	Transaction ID : PR2247627356342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			1147.40										
TOTAL This Period (last page this line numb	er only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any per address of any political committee	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia GARODIA, SANJAY, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 110 COVINGTON COURT			12 / D D / Y Y Y Y 12 31 2019
	City	State	Zip Code	Transaction ID : PR2247627856342
	OAK BROOK	IL	60523-2574	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Unit COO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$0.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia PRINCE, JOHN, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 546 HARRINGTON ROAD			12 31 2019
	City WAYZATA	State MN	Zip Code 55391-1550	Transaction ID : PR2259738456342 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) s Segment CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia CRONN, CHRISTOPHER, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 1122 COLORADO STREET SUITE 2399			12 / D D / Y Y Y Y 2019
	City AUSTIN	State TX	Zip Code 78701-2132	Transaction ID : PR2270522956342
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) /t Affs Dir	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			576.90
т	OTAL This Period (last page this line number on	ly)	·····	

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check on	ly on	e)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12							
Any information copied from such Reports and				purp										
or for commercial purposes, other than using t	he name and a	address of any political committee	e to solicit co	ontribu	utions fr	om such	o committe	e.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)											
Full Name of Individual (Last, First, Middle I CURRY, CAROLE, , ,	nitial) or Full C	organization Name	Date c	of Red	ceipt									
Mailing Address 411 FLEECE FLOWER DR	VE		12 31 2019											
City GAITHERSBURG	State MD	Zip Code 20878-2646					1575634 is Period	2						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Mgt Cons Clnt Svc		lemo	Item									
Receipt For: Primary General Other (specify)	Year-to-Date ▼ 364.00	P/R Dec	ductio	n (\$14.(00 Bi-We	ekly)								
Full Name of Individual (Last, First, Middle I FRASCINO, MJ , , ,	nitial) or Full C	organization Name	Date c	of Red	ceipt									
Mailing Address 4575 SOUTH ATLANTIC A # 6311			M N 12	/	D D 31	/ Y	y y 2019	Ŷ						
City PONCE INLET	State FL	Zip Code 32127-7096					16556342 is Period	2						
FEC ID number of contributing federal political committee.	С				y		28.0	0						
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Mktg Comm			Item									
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify) ▼		364.00	P/R Deduction (\$14.00 Bi-Weekly)											
Full Name of Individual (Last, First, Middle I JACOBS, DONALD, , ,	nitial) or Full C	organization Name	Date c	of Red	ceipt									
Mailing Address 19495 VINE RIDGE ROAD		1	M 12		D D D 31		2019							
City EXCELSIOR	State MN	Zip Code 55331-9173					31735634 is Period	2						
FEC ID number of contributing federal political committee.	С				y .	, <u>,</u>	20.0	0						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Proj Mgr II		lemo	ltem									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Dec	ductio	on (\$10.0	00 Bi-We	ekly)							
SUBTOTAL of Receipts This Page (optional)				1	,	. ,	76.0	0						
TOTAL This Period (last page this line number	er only)													

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FOR LINE NUMBER:

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IΤ				separate schedule(s)	(ch	neck only	or or	ie)						
11	EMIZED RECEIPTS			each category of the ailed Summary Page		× 11a		11b	11c	12		_		
	y information copied from such Reports and Sta											17 s		
or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	aaress	of any political committee	to s	olicit con	itrid	utions t	rom suc	n comm	ittee.			
	UnitedHealth Group Incorporated	I PAC (l	Jnite	dHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia KEPLEYCARRIER, ANGELA, , ,	l) or Full O	rganiza	tion Name		Date of	Re	ceipt						
	Mailing Address 3219 PENINSULA DRIVE				M M / D D / Y Y Y Y 12 31 2019									
	City JAMESTOWN	State NC		o Code 27282-8717	_				PR2402 eceipt th					
	FEC ID number of contributing federal political committee.	С						7		40	0.00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation Med Cli	(for Individual) n Ops		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Year-to	-Date ▼ 520.00		P/R Dedu	uctio	on (\$20.	00 Bi-W	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia LEWIS, ERIC, , ,	l) or Full O	rganiza	tion Name		Date of	Re	ceipt						
	Mailing Address 4574 SEAGULL CIRCLE NE					^M 12	/	D D D 31	/ Y	2019	Y			
	City PRIOR LAKE	State MN	· · ·	o Code 5372-1296				-	PR2402: eceipt th					
	FEC ID number of contributing federal political committee.	С	16.00											
	Name of Employer (for Individual) United HealthCare Services Inc		upation Acctng	(for Individual)		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to	-Date ▼ 208.00		P/R Dedu	uctic	on (\$8.0	0 Bi-Wee	ekly)				
C.	Full Name of Individual (Last, First, Middle Initia MCGRATH, STACY, , ,	l) or Full O	rganiza	tion Name		Date of	Re	ceipt						
	Mailing Address 5801 CHOWEN AVE S					M M 12	/	D D D 31	/ Y	2019 [°]	Y			
	City EDINA	State MN		o Code 5410-2759					PR2402 eceipt th					
	FEC ID number of contributing federal political committee.	С						9	,		3.60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation Gen Mg	(for Individual) mt		Me	emo	Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to	-Date ▼ 520.00		P/R Ded	uctio	on (\$20.	00 Bi-W	eekly)				
s	UBTOTAL of Receipts This Page (optional)			•••••				9		99	9.60			
т	OTAL This Period (last page this line number or	ly)		•••••										

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule	(check only one)												
			for each category of the Detailed Summary Page		¥ 11a 13	11b	11c	12	17						
	ny information copied from such Reports and St for commercial purposes, other than using the						f soliciting	g contribu	utions						
\setminus	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Grou	up PAC	C)										
Z	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name												
Α.	MORRISONDAVIS, ANDREA, , ,	,	<u> </u>		Date of Receipt										
	Mailing Address 2 LAKESHIRE COURT			12 31 2019											
	City	State	Zip Code		Trans	action ID	: PR2402	3189563	42						
	OWINGS MILLS	MD	21117-1246	_	Amoun	of Each I	Receipt th	nis Perioo	d						
	FEC ID number of contributing federal political committee.	С				-7		20	0.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)		М	emo Item									
	United HealthCare Services Inc	Acc	t Mgt Cons Clnt Svc												
	Receipt For:	Aggregate	Year-to-Date ▼		1										
	Primary General		200	00	P/R Ded	uction (\$10	0.00 Bi-W	eekly)							
	Other (specify) V		260.	00											
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name												
В.	ROSSI, DAVID, , ,				Date of	Receipt									
	Mailing Address 510 BUFFALO TOM DRIVE	Chata	Zin Oode	12 / 31 / 2019 Transaction ID : PR2402319656342											
	City GREENSBORO	State NC	Zip Code 27455-8344												
			27455-6544		Amoun	of Each I	Receipt tr	lis Period	a						
	FEC ID number of contributing federal political committee.	С			Ŀ	7		28	.08						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ec Dir		М	emo Item									
	Receipt For:	Aggregate	Year-to-Date ▼		1										
	Primary General	33 - 3		_	P/R Ded	uction (\$14	.04 Bi-We	ekly)							
	Other (specify) V		365.												
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi BARRINGER, PAUL, , ,	al) or Full O	rganization Name		Date of	Receipt									
	Mailing Address 3709 WILLIAMS LANE				M M	/ D	D / Y	YY	Y						
			1		12	31		2019	_						
	City	State MD	Zip Code			action ID									
	CHEVY CHASE		20815-4951		Amoun	of Each I	Receipt th	nis Perioo	d						
	FEC ID number of contributing federal political committee.	С					,	92	30						
	Name of Employer (for Individual)	Occi	upation (for Individual)		M	emo Item									
	Optum Services, Inc	VP (CInt Svc Acct Mgt												
	Receipt For:	Aggregate	Year-to-Date V												
	Primary General		1199.	00	P/R Ded	uction (\$46	6.15 Bi-W	eekly)							
	Other (specify)		7												
5	UBTOTAL of Receipts This Page (optional)							140	.38						
\vdash	OTAL This Period (last page this line number of				—	,									
1'								المسالحين الم							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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тс			Use separate schedule(s)	(check only one)								
	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12		17	
	information copied from such Reports and Sta or commercial purposes, other than using the n					purp				utions	17	
<u></u>	IAME OF COMMITTEE (In Full)		·····									
) ∖	JnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)								
	ull Name of Individual (Last, First, Middle Initia BECKER, JAMES, , ,	l) or Full Or	rganization Name	[Date of	Rec	ceipt					
N	Aailing Address 378 FERNDALE ROAD WEST				12 31 2019							
	Dity NAYZATA	State MN	Zip Code 55391-1559					PR24024 eceipt th				
	EC ID number of contributing ederal political committee.	С					y		384	I.60		
	lame of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Ops		Me	emo	Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] P	/R Dedu	uctio	n (\$192	.30 Bi-W	′eekly)			
	ull Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name	[Date of	Rec	ceipt					
_	Aailing Address 4720 WEST 66TH STREET				^M 12	/	D D D 31	/ Y	2019	Y		
	Dity EDINA	State MN	Zip Code 55435-1506					PR24024				
F	EC ID number of contributing ederal political committee.	С	Amount of Each Receipt this Period									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Grp SVP, Human Capital		Me	emo	Item					
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
	ull Name of Individual (Last, First, Middle Initia	l) or Full Or	rganization Name		Date of	Rec	ceipt					
_	Aailing Address 2208 ELM AVENUE				^M 12	/	^D 31		2019			
	City MANHATTAN BEACH	State CA	Zip Code 90266-2809					PR24024 eceipt th				
	EC ID number of contributing ederal political committee.	С								4.60		
ι	lame of Employer (for Individual) Jnited HealthCare Services Inc		ipation (for Individual) Regl Affs		Me	emo	ltem					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80] P.	/R Dedi	uctio	on (\$192	30 Bi-W	/eekly)			
SU	BTOTAL of Receipts This Page (optional)			•			, .		1153	8.80]	
то	TAL This Period (last page this line number on	ıly)					,	-]	

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15	12	17		
Any information copied from such Reports and or for commercial purposes, other than using th				r the p		oose		oliciting	contribu	tions		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	C)									
Full Name of Individual (Last, First, Middle I ALEXANDER, CORY, , ,	nitial) or Full C	organization Name	D	ate of	Re	ceipt						
Mailing Address 4203 BRADLEY LANE		12 / D D / Y Y Y Y Y 12 31 2019										
City	State MD	Zip Code		Transa	acti	on ID) : P	R24054	42885634	2		
CHEVY CHASE		20815-5234	Ai	mount	of	Each	Ree	ceipt th	is Period			
FEC ID number of contributing federal political committee.					-		-9-	384.	60			
Name of Employer (for Individual) United HealthCare Services Inc												
Receipt For:		•	-									
Primary General Other (specify) ▼	Primary General General											
Full Name of Individual (Last, First, Middle I B. SAELENS, KAREN, , ,	nitial) or Full C	organization Name	D	ate of	Re	ceipt						
Mailing Address 5180 E COMANCHE DRIVE			ПГ	^M 12	/	D	р 31	/ Y	y y 2019	Y		
City	State	Zip Code		Transa	acti	on ID) : P	R24085	54485634	2		
COTTONWOOD	AZ	86326-5715	A	mount	of	Each	Red	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С			40.00 Memo Item								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I C. WEE, KATHLYN, , ,	nitial) or Full C	rganization Name	D	ate of	Re	ceipt						
Mailing Address 2225 46TH ST NW				^M 12	/		^р 31	/ Y	y y 2019	Y		
City	State	Zip Code		Trans	acti	ion IE) : P	R2408	54505634	2		
WASHINGTON	DC	20007-1032	Ai	mount	of	Each	Red	ceipt th	is Period			
FEC ID number of contributing federal political committee.	С				_	y		y	384.	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIs SVP	10	Me	emo	Item	I					
Receipt For:		Year-to-Date ▼	-									
Primary General Other (specify)		4999.80	P/F	R Dedu	uctio	on (\$ [~]	192.:	30 Bi-W	/eekly)			
SUBTOTAL of Receipts This Page (optional)									809.	20		
TOTAL This Period (last page this line numbe		F	Ī			, ,		, 				

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			Person for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ated PAC (I	InitedHealth Group P/	
Full Name of Individual (Last, First, Middle A. FUENTEVILLA, ANA, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5110 N CALLE COLMADC)		12 31 2019
City TUCSON	State AZ	Zip Code 85718-5002	Transaction ID : PR2437119856342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		2.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg Chief Med Off	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2895.50	P/R Deduction (\$1.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle HAGAN, WILLIAM, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 6536 E GREYTHORN DRI			12 31 2019
City	State AZ	Zip Code	Transaction ID : PR2437120056342
SCOTTSDALE	AZ	85266-6761	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. THOMAS, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 841 LAKE ROAD			12 / D D / Y Y Y Y 12 31 2019
City BRADFORDWOODS	State PA	Zip Code 15015-1331	Transaction ID : PR2437120456342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			406.60
TOTAL This Period (last page this line numb	per only)		

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12						
	y information copied from such Reports and Statem									
	for commercial purposes, other than using the name									
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (U	InitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initial) of BALTHAZOR, PAUL, , ,	or Full Or	ganization Name	Date of Receipt						
	Mailing Address 2002 SUGARWOOD DRIVE		-	12 31 Y Y Y Y Y 12 31 2019						
		State	Zip Code	Transaction ID : PR2437120756342						
	ORONO	MN	55356-9339	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			384.60						
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment COO	Memo Item						
		gregate \	lear-to-Date ▼							
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) c NESS, LAURA, , ,	ganization Name	Date of Receipt							
	Mailing Address 10550 PINNACLE WAY			12 31 2019						
		State	Zip Code	Transaction ID : PR2437121556342						
	WOODBURY	MN	55129-4282	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			384.60						
	Name of Employer (for Individual) Optum Services, Inc	Occu SVP	pation (for Individual) Ops	Memo Item						
	Receipt For: Ag Primary General Other (specify) ▼	gregate	fear-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) c COSGRIFF, JOHN, , ,	or Full Or	ganization Name	Date of Receipt						
	Mailing Address 1837 SUMMIT LANE			12 / D D / Y Y Y Y 12 31 2019						
	5	State	Zip Code	Transaction ID : PR2437121656342						
	MENDOTA HEIGHTS	MN	55118-4137	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Bus Dev	Memo Item						
	Receipt For: Ag Primary General Other (specify) Image: Constraint of the second	gregate	/ear-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			1153.80						
т	OTAL This Period (last page this line number only)									

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle EDELSON, BRETT, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 4600 DREXEL AVENUE			12 / Y Y Y Y 12 31 2019						
City EDINA	State MN	Zip Code 55424-1132	Transaction ID : PR2437127156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. RAINEY, PETER, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 8850 COUNTY ROAD 26			12 / D D / Y Y Y Y Y 12 31 2019						
City MINNETRISTA	State MN	Zip Code 55359-9445	Transaction ID : PR2437127556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Controller	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. LIPPERT, ROBIN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 404 A ST SE		1	12 / D D / Y Y Y Y 31 / 2019						
City WASHINGTON	State DC	Zip Code 20003-3807	Transaction ID : PR2439928056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb	per only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

City State Zip Code City State MD 20815-3720 FEC ID number of contributing federal political committee. C Amount of Each Receipt this Name of Employer (for Individual) Occupation (for Individual) Memo Item United HealthCare Services Inc SVP Strategy & Partnerships P/R Deduction (\$192.30 Bi-Wee Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Wee City Mailing Address 4440 AVONDALE MN 55345-2754 City State Zip Code Transaction ID : PR2444561 MiNNETONKA MN 55345-2754 FEC ID number of contributing federal political committee. Date of Receipt Name of Employer (for Individual) Occupation (for Individual) VP Actuary Memo Item Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Wee P/R Deduction (\$192.30 Bi-Wee VP Actuary Memo Item P/R Deduction (\$192.30 Bi-Wee P/R Deduction (\$192.30 Bi-Wee VP Actuary P/R Deduction (\$192.30 Bi-Wee P/R Deduction (\$192.30 Bi-Wee C. LANGER, DONALD, , , Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Wee	12							
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such of NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) United/Health Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. HEYMAN, STEPHEN, , , Mailing Address 5300 SHERRILL AVENUE Date of Receipt City State Zip Code City ChevY CHASE MD Name of contributing federal political committee. C Amount of Each Receipt his Receipt For: Primary General Occupation (for Individual) Other (specify) ▼ Aggregate Year-to-Date ▼ PIR Deduction (\$192.30 Bi-Wee Pill Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt B. ULLSPERGER, DEWAYNE, , , Mailing Address 4440 AVONDALE Transaction ID : PR2444561 City Yate Zip Code Transaction ID : PR2444561 Amount of Each Receipt this FEC ID number of contributing federal political committee. C Transaction ID : PR2444561 Mailing Address 5110 OAK RAMELING DRIVE Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Wee Pirmary Ge	16 17							
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Other (specify) ▼ 4999.93 P/K Deduction (\$152.30 bi-wee Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt LANGER, DONALD, , , Mailing Address 5110 OAK RAMBLING DRIVE Date of Receipt City State Zip Code KATY TX 77494-1971 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc Aggregate Year-to-Date ▼ Primary General Other (specify) 4999.80	1							
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United HealthCare Services Inc HIth Plan CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4999.80	384.60							
Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ P/R Deduction (\$192.30 Bi-Wee								
Primary General Other (specify) General P/R Deduction (\$192.30 Bi-Wee								
Other (specify)								
	kly)							
SUBTOTAL of Receipts This Page (optional)	1538.42							

FOR LINE NUMBER:

PAGE 52 OF

	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle ADLINGTONSHKABERIN, AMY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3890 SUNSET DRIVE			M M / D D / Y Y Y Y Y 12 31 2019						
City	State	Zip Code	Transaction ID : PR2445016456342						
SPRING PARK	MN	55384-9634	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc	VP	Human Capital							
Receipt For:	Aggregate	Year-to-Date V							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
			1						
Full Name of Individual (Last, First, Middle B. ALCOREZA, LENYS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 675 THALIA POINT RD			12 31 2019						
City	State	Zip Code	Transaction ID : PR2445016856342						
VIRGINIA BEACH	VA	23452-1815	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sales	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. SIEGEL, DAVID, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 264 LAKEWOOD DRIVE			M = M / D = D / Y = Y = Y						
City	State	Zip Code	12 31 2019						
	MI	48304-3531	Transaction ID : PR2445017156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) Optum Services, Inc	Occ	upation (for Individual) I Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			432.68						
TOTAL This Period (last page this line numb	per only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle I RENFRO, LARRY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8656 BLUE FLAG WAY			12 31 Y Y Y Y 2019						
City NAPLES	State FL	Zip Code 34109-3399	Transaction ID : PR2460168156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) e Chairman UHG	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. ORBUCH, DAVID, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2220 CEDAR LAKE PKWY			12 31 / Y Y Y Y 12 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55416-3644	Transaction ID : PR2460168256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) P Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. WALKOWSKI, KAREN, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6359 COUNTRY ROAD			12 / D D / Y Y Y Y 12 31 2019						
City EDEN PRAIRIE	State MN	Zip Code 55346-1342	Transaction ID : PR2463723456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ctor Data Analytics	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			797.28						
TOTAL This Period (last page this line numbe	r only)								

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		Use separate schedule(s)	(check on	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	_			
Any information copied from such Reports and or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full)	and name and a	across of any pointeal contribute				on such	Commu				
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle SCHICK, SUSAN, , ,	Initial) or Full C	rganization Name	Date o	of Red	ceipt						
Mailing Address 1220 DENBIGH LANE			M 12	1 /	D D D 31	/ Y	2019	Y			
City WAYNE	State PA	Zip Code 19087-4644					20556342 s Period	2			
FEC ID number of contributing federal political committee.	C				y		192.3	30			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO		lemo	Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. KNARR, KEVIN, , ,	Initial) or Full C	rganization Name	Date c	of Red	ceipt						
Mailing Address 4806 HUTCHINS PLACE N	IW		M N 12	/	D D D 31	/ Y	y y 2019	Y			
City WASHINGTON	State DC	Zip Code 20007-1528					42356342	2			
FEC ID number of contributing federal political committee.	С	Occupation (for Individual) SVP UnitedHlth Grp			Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) United HealthCare Services Inc					Item						
Receipt For:	Aggregate	Year-to-Date ▼		1							
Other (specify) ▼		4807.50	P/R Dec	P/R Deduction (\$0.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle TROPEANO, DANIEL , , ,	Initial) or Full C	rganization Name	Date c	of Red	ceipt						
Mailing Address 606 BROOKSIDE AVE			12 ^M		D D D 31		2019				
City WAYNE	State PA	Zip Code 19087-4826					4285634	2			
FEC ID number of contributing federal political committee.	C				y		192.3	30			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		lemo	Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Dec	ductic	on (\$96.´	15 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional).					y	,	769.2	20			
TOTAL This Period (last page this line numb	er only)										

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1'						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ir A. MANDERFELD, THOMAS, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3760 WEST CALHOUN PAR	RKWAY		12 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55410-1118	Transaction ID : PR2486697956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		655.41						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Investor Relations	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir B. MCMAHON, DIRK, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 60 WILDHURST ROAD			M M / D D / Y Y Y Y 12 31 2019						
City EXCELSIOR	State MN	Zip Code 55331-8461	Transaction ID : PR2491457056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir C. SMITH, KARA, , ,	hitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 610 CRESTWOOD DRIVE			12 / D D / Y Y Y Y 12 31 2019						
City ALEXANDRIA	State VA	Zip Code 22302-2533	Transaction ID : PR2540175356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc	VP	upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1424.61						
TOTAL This Period (last page this line number	r only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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17			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12		
	y information copied from such Reports and Sta for commercial purposes, other than using the n				he pu					
$\overline{\langle}$	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initia PURDY, PATRICIA, , ,	l) or Full O	Organization Name	Date	e of R	eceipt				
	Mailing Address 7417 LYNNHURST STREET	-			^M 2	/ D D 31	/ Y	y y 2019	Y	
	City CHEVY CHASE	State MD	Zip Code 20815-3101					30065634 iis Period	2	
	FEC ID number of contributing federal political committee.	С						384.0	60	
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) P External Affairs		Mem	o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia HOSTETLER, BRENDAN, , ,	l) or Full O	Drganization Name	Date	e of R	eceipt				
	Mailing Address 2309 W WINNEMAC AVE			12 / D D / Y Y Y Y 12 31 2019						
	City CHICAGO	State IL	Zip Code 60625-1817					54195634	2	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Govt Affs Dir			o Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initia RAMSAY, RICHARD, , ,	l) or Full O	Drganization Name	Date	e of R	eceipt				
	Mailing Address 543 E LURAY AVE	1			■2	/ D D D 31	/ Y	ү ү 2019	Y	
	City ALEXANDRIA	State VA	Zip Code 22301-1605					54225634 iis Period	2	
	FEC ID number of contributing federal political committee.	С				9	, y	100.0	00	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs		Memo Item					
	Receipt For: Primary General Other (specify)	Year-to-Date ▼ 1300.00	P/R [Deduct	tion (\$50.	00 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)		•			7		869.2	20	
т	OTAL This Period (last page this line number or	ıly)	•							

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Initia A. YAU, ANNE, , ,	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 9905 WOODLAND DRIVE			12 31 Y Y Y Y 2019						
City SILVER SPRING	State MD	Zip Code 20902-4047	Transaction ID : PR2543582556342						
		20302-4047	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		482.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) V	· · ·	4982.83	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Initia DAVENPORT, ALLISON, , ,	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 141 PELHAM ROAD			12 31 Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2552313656342						
PHILADELPHIA	PA	19119-2661	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 78 PATTI LYNN LANE			12 31 2019						
City	State	Zip Code	Transaction ID : PR2552960756342						
HOUSTON	ТХ	77024-7120	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item						
Optum Services, Inc Receipt For:	Behv	vrl Med Dir							
Primary General	Aggregate	Year-to-Date V	P/R Deduction (\$10.00 Bi-Weekly)						
Other (specify)		260.00							
SUBTOTAL of Receipts This Page (optional)			886.60						
TOTAL This Period (last page this line number or	nly)								

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			person for the purpose of soliciting contributions te to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A. BRYANT, JEREMY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4534 MYSTIQUE WAY			12 31 2019						
City ROSWELL	State GA	Zip Code 30075-2087	Transaction ID : PR2552961356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.84						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Mgmt NA Accts	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. COLEMAN, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 842 NAGLE STREET			12 31 / Y Y Y Y 12 31 2019						
City HOUSTON	State TX	Zip Code 77003-1266	Transaction ID : PR2552961456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CONTE, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6017 ABBOTT AVE S			12 / D D / Y Y Y Y 12 31 2019						
City EDINA	State MN	Zip Code 55410-2816	Transaction ID : PR2552961556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		16.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Real Estate Svs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$8.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			176.76						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	RECEIPTS		for each category of the Detailed Summary Page	×	11a 13	\square	11b 14		1c	12 16	17	
or for commerc	n copied from such Reports and cial purposes, other than using th				for the		oose o	f solic	iting	contribu	tions	
\	committee (in Full) lealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)								
	of Individual (Last, First, Middle Ir , MICHAEL, , ,	nitial) or Full C	rganization Name		Date of Receipt							
	ress 10051 VALLEY RIDGE COU				M M / D D / Y Y Y Y 12 31 2019							
City LAS VEGAS	S	State NV	Zip Code 89148-7602				-			6225634	2	
FEC ID num	nber of contributing ical committee.	С			Amount		Each F	Receij	ot this	s Period 28.	00	
Name of Em Health Plan	nployer (for Individual) of Nevada		upation (for Individual) Director Technology		Me	emo	Item					
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 364.00] Р	/R Ded	uctic	on (\$14	4.00 B	i-Wee	ekly)		
Full Name o	of Individual (Last, First, Middle Ir RY, SCOTT, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt					
Mailing Addr	ress 8508 TRELADY CT				^M 12	/	31		Y	y y 2019	Ŷ	
City PLANO		State TX	Zip Code 75024-6827							5235634 S Period		
	nber of contributing ical committee.	С					,		y	384.	60	
	nployer (for Individual) hCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item					
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 4999.80] Р,	/R Dedi	uctic	on (\$96	6.15 B	i-Wee	ekly)		
	of Individual (Last, First, Middle Ir GREGORY, , ,	nitial) or Full C	rganization Name		Date of	Re	ceipt					
	ress 2323 KINGS POINT DRIVE				12 ^M	/	D 31		Y	y y 2019	Y	
City LARGO		State FL	Zip Code 33774-1009							6325634		
FEC ID num	nber of contributing ical committee.	С			Amount			neceij	ji inis	s Period 76.		
Name of Err Optum Servi	nployer (for Individual) ices, Inc		upation (for Individual) 1ed Dir		M	emo	Item					
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 999.96] P	P/R Ded	uctio	on (\$38	3.46 B	i-Wee	ekly)		
SUBTOTAL of	f Receipts This Page (optional)			- -						489.	52	
TOTAL This P	Period (last page this line number	r only)										

Use separate schedule(s)

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	-	Use separate schedule(s)	(check c	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	۱ <u>–</u>	11b	11c	12			
Any information copied from such Reports ar	d Statements ma	av not be sold or used by any n	erson for th		14 nose of	15 soliciting	16	17		
or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle KIDAMBI, NARASIMHAN, , ,	e Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 18477 85TH AVE N			M 12		D D D 31) / Y	ү ү 2019	Y		
City MAPLE GROVE	State MN	Zip Code 55311-1663					96385634 is Period	2		
FEC ID number of contributing federal political committee.	С				-y		40.0	00		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Anlys		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. LANTER, KENNETH, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 2016 RICHVIEW DRIVE			M 12		31	/ Y	2019	Ŷ		
City SAINT JACOB	State	Zip Code 62281-1070					64056342	2		
FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sr Acct Exe Acct Opt Out Mk		Mem	o Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R D	P/R Deduction (\$10.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. LOVELADY, JOHN, , ,	Initial) or Full O	rganization Name	Date	of R	eceipt					
Mailing Address 5378 BUENA VISTA DR			M 12		31) / Y	2019 ^Y	Y		
City FRISCO	State TX	Zip Code 75034-2253					96425634 is Period	2		
FEC ID number of contributing federal political committee.	C				y	. y	384.6	50		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Bus Ops		Memo Item						
Receipt For: Primary General Other (specify)						2.30 Bi-W	/eekly)			
SUBTOTAL of Receipts This Page (optional)				, .		444.6	60		
TOTAL This Period (last page this line num	per only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			for each category of the	✗ 11a ☐ 11b ☐ 11c ☐ 12						
			Detailed Summary Page							
	y information copied from such Reports and State for commercial purposes, other than using the na									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Initial) MARTO, MICHELLE, , ,	or Full O	organization Name	Date of Receipt						
	Mailing Address 149 WILLIAMSBURG COURT			12 31 2019						
	City	State	Zip Code	Transaction ID : PR2552964756342						
	ALBANY	NY	12203-5502	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		105.44						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
	Receipt For:	Year-to-Date ▼								
	Primary General Other (specify) ▼		789.92	P/R Deduction (\$14.60 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial)	or Full O	organization Name	Date of Receipt						
	Mailing Address 70 RAILROAD PLACE UNIT 206			12 / D D / Y Y Y Y 12 31 2019						
	City	State	Zip Code	Transaction ID : PR2552964856342						
	SARATOGA SPRINGS	NY	12866-3057	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	ů l								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 1199.90	P/R Deduction (\$46.15 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) MORRIS, MICHAEL, , ,	or Full O	Organization Name	Date of Receipt						
	Mailing Address 2624 N HARTLAND COURT			12 / D D / Y Y Y Y 12 31 2019						
	City	State	Zip Code	Transaction ID : PR2552965056342						
	CHICAGO	IL	60614-4955	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		30.76						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA	Memo Item						
	Receipt For: A	ggregate	Year-to-Date V							
	Primary General Other (specify)		399.88	P/R Deduction (\$15.38 Bi-Weekly)						
S	UBTOTAL of Receipts This Page (optional)			. 228.50						
т	OTAL This Period (last page this line number only	/)	•							

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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	- -	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS	1	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In									
UnitedHealth Group	Incorporated PAC (l	JnitedHealth Group PA	AC)						
	t, First, Middle Initial) or Full O	rganization Name							
A. PAULUS, LESLIE, , , Mailing Address 305 E TUCK		Date of Receipt							
Maining Address 305 E TUCK	LY LIN		12 31 2019						
City	State	Zip Code	Transaction ID : PR2552965256342						
PHOENIX	AZ	85012-1048	Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	ng C		28.00						
· .		unation (for Individual)	Memo Item						
Name of Employer (for Indivi United HealthCare Services Ir	,	upation (for Individual) d Dir							
Receipt For:	-	Year-to-Date ▼	—						
Primary Gene		364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Other (specify) ▼		504.00	1						
	, First, Middle Initial) or Full O	rganization Name							
B. <u>PEKA, GARY, , ,</u>			Date of Receipt						
Mailing Address 8650 SOUT	H FAIRWAY POINT	12 31 2019							
City	State	Zip Code	Transaction ID : PR2552965356342						
VICTORIA	MN	55386-9630	Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	ng C	28.00							
Name of Employer (for Indivi Optum Services, Inc	,	upation (for Individual) Six Sigma	Memo Item						
Receipt For:		Year-to-Date V							
Other (specify) ▼	ra	, 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last C. POTTER, DONALD,	, First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 116 FULLER			M = M / D = D / Y = Y = Y						
City	State	Zip Code	12 31 2019 Transaction ID : PR2552965456342						
WINNETKA	IL	60093-4213	Amount of Each Receipt this Period						
FEC ID number of contributir federal political committee.	ng C		80.76						
Name of Employer (for Indivi	dual) Occ	upation (for Individual)	Memo Item						
United HealthCare Services In		VP Business Development							
Receipt For: Primary Gene Other (specify)		Year-to-Date ▼ 899.99	P/R Deduction (\$34.61 Bi-Weekly)						
			136.76						
IUTAL This Period (last page	unis line number only)	••••••							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ILEIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 erson for the purpose of soliciting contributions from such committee						
or for commercial purposes, other than using	ine name and a	auress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle SAMSEL, KRISTINE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 91 WAVERLY RD			12 31 / Y Y Y Y 12 31 2019						
City HUNTINGTON	State CT	Zip Code 06484-5835	Transaction ID : PR2552965756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle STREIT, BARRY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5421 KELLOGG AVENUE			12 / D D / Y Y Y Y Y 12 31 2019						
City EDINA	State MN	Zip Code 55424-1604	Transaction ID : PR2552966756342 Amount of Each Receipt this Period						
FEC ID number of contributing									
federal political committee.	C		153.84						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Telesales & Bus Dev	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1999.92	P/R Deduction (\$76.92 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. TINKER, ANN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 530 HUNTER FLAT STRE	1	Zin Code	12 / D D / Y Y Y Y 12 2019						
City LAS VEGAS	State NV	Zip Code 89138-1110	Transaction ID : PR2552966856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
United HealthCare Services Inc Di		upation (for Individual) Compli	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			209.84						
TOTAL This Period (last page this line numb	er only)								

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17					
or	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initial) WACKER, AARON, , ,	or Full O	Organization Name	Date of Receipt					
	Mailing Address 4704 CAVAN ROAD			12 / D D / Y Y Y Y Y 12 31 2019					
	City MOUND	State MN	Zip Code 55364-1877	Transaction ID : PR2552967056342					
		С		Amount of Each Receipt this Period					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Principal Engineer, TLCP	Memo Item					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
	Full Name of Individual (Last, First, Middle Initial) NAASZ, SCOTT, , ,	or Full O	Organization Name	Date of Receipt					
	Mailing Address 3311 WILDS RIDGE NW	12 / D D / Y Y Y Y 12 31 2019							
	City PRIOR LAKE	State MN	Zip Code 55372-4540	Transaction ID : PR2553474756342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
	Receipt For: A Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	organization Name	Date of Receipt					
	Mailing Address 221 1ST AVENUE NE UNIT 35	<u></u>		12 / D D / Y Y Y Y Y 12 31 2019					
	City MINNEAPOLIS	State MN	Zip Code 55413-3205	Transaction ID : PR2553474956342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		125.00					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			229.92					
т	OTAL This Period (last page this line number only	/)		· · · · · · · · · · · ·					

SCHEDULE A (FEC Form 3X) DEOEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(cł	(check only one)							
ITEMIZED RECEIPTS for each category of the Detailed Summary Page			× 11a		11b	11c	12					
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	Ay not be sold or used by any pu	erson	for the	pur	14 pose of	15 soliciting	16 contribu	tions		
or	NAME OF COMMITTEE (In Full)	name and a	uuress or any pointcar committee	, ເບ S			JULIONS 1	TOTT SUC		с е.		
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init PROSKAUER, DANIEL, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 240 DERBY STREET						31) / Y	y y 2019	Y		
	City NEWTON	State MA	Zip Code 02465-1006					PR25534 Receipt th	17505634 is Period	2		
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		38.4	46		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Technology		M	emo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98]	P/R Ded	ucti	on (\$19	.23 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Init RAYBURN, MONICA, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 5127 JACKSON PONDS CT		12 / D D / Y Y Y Y 12 31 2019					Y				
		StateZip CodeTX77479-4656				Transaction ID : PR2553475156342						
	SUGAR LAND		\neg	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С	78.00						00			
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt					o Item					
	Receipt For:	eceipt For: Aggregate Year-to-Date ▼										
	Other (specify) ▼		1014.00] '	P/R Ded	ucti	on (\$39.	.00 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Init THOMAS, RICHARD, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt					
	Mailing Address 5121 DUPONT AVENUE SOL	JTH			^M 12	/	31		2019 [°]	Y		
	City MINNEAPOLIS	State MN	Zip Code 55419-1151						47545634 is Period	2		
	FEC ID number of contributing federal political committee.	С			<u> </u>		<u>y</u>		194.	00		
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) VP Gen Mgmt				emo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate		P/R Ded	lucti	ion (\$97	.00 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)		•	•		l	y	. ,	310.4	46		
Т	OTAL This Period (last page this line number	only)		- •				-				

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorport	rated PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middl A. VOJTA, DENEEN, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 125 WALKER AVE S			12 31 2019						
City	State	Zip Code	Transaction ID : PR2553475556342						
WAYZATA	MN	55391-1724	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
United HealthCare Services Inc	United HealthCare Services Inc SVP Bus Initiv Clin Aff								
	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
		Age Age Age	1						
Full Name of Individual (Last, First, Middl B. ZERAFA, DANIEL, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 61234 ADMIRAL DRIVE			12 31 / Y Y Y Y 12 31 2019						
City	State	Zip Code	Transaction ID : PR2553475756342						
WASHINGTON TOWNSHIP	MI	48094-1242	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	s a l								
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item						
Receipt For:	Aggregate	Year-to-Date V	P/R Deduction (\$14.00 Bi-Weekly)						
Other (specify) ▼		364.00							
-		, ,	-						
Full Name of Individual (Last, First, Middl c. FLAGSTAD, KARSTEN, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1002 141ST LANE NE									
			12 31 2019						
City HAM LAKE	State MN	Zip Code 55304-6770	Transaction ID : PR2554013056342						
		33304-0110	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) nfo Tech	Memo Item						
Receipt For:		Year-to-Date ▼	—						
Primary General	/ iggi egute		P/R Deduction (\$192.30 Bi-Weekly)						
Other (specify)		4999.80	1						
SUBTOTAL of Receipts This Page (optiona	l)		797.20						
TOTAL This Deviad (last many this fire									
TOTAL This Period (last page this line num	wei uilly)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	<u>y</u>							
UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Midd MOORE, THOMAS, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 226 5TH AVENUE NOR #805			12 / D D / Y Y Y Y 12 31 2019					
City ST PETERSBURG	State FL	Zip Code 33701-2959	Transaction ID : PR2554013256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sr SIs Exe	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
Full Name of Individual (Last, First, Midd REIDY, GREGORY, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4836 W SUNSET BLVD			12 / D D / Y Y Y Y Y 12 31 2019					
City TAMPA	State FL	Zip Code 33629-6448	Transaction ID : PR2554013356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	-					
Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Midd ALEXANDER, JOY, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5116 NORTH TIOGA W		7. 0.4	12 31 2019					
City LAS VEGAS	State NV	Zip Code 89149-5830	Transaction ID : PR2560064156342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.00					
Health Plan of Nevada D		upation (for Individual) Mktg	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional	al)		132.92					
TOTAL This Period (last page this line nur	nber only)							

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group P/	łC)						
Full Name of Individual (Last, First, Middl BENNETT, JIM , , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3724 PINE TIP ROAD			12 31 Y Y Y Y 12 31 2019						
City TALLAHASSEE	State FL	Zip Code 32312-1016	Transaction ID : PR2560064256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middl B. CLUTE, DANIEL, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7756 N 85TH STREET			12 / D D / Y Y Y Y Y 12						
City OMAHA	State NE	Zip Code 68122-1281	Transaction ID : PR2560064456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middl c. COY, THOMAS, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6970 SUZANNE COURT			12 31 2019						
City SCHENECTADY	State NY	Zip Code 12303-5285	Transaction ID : PR2560064556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		20.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optiona	I)		124.92						
TOTAL This Period (last page this line num	ber only)								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle In GAZELEY, PAULA, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 36 MAYFAIR ROAD			12 31 2019						
City WYNANTSKILL	State NY	Zip Code 12198-8018	Transaction ID : PR2560064856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. GIANCURSIO, DONALD, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 72 MIDNIGHT RIDGE DR			M M / D D / Y Y Y Y 12 31 2019						
City LAS VEGAS	State NV	Zip Code 89135-1680	Transaction ID : PR2560064956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů l								
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In C. KUNEMUND, GREGG, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2409 COMMERCE STREET	·		12 / D D / Y Y Y Y 12 31 2019						
City ALPHARETTA	State GA	Zip Code 30009-3803	Transaction ID : PR2560065356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			797.20						
TOTAL This Period (last page this line numbe	r only)								

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle I A. LIPPMAN, SHELDON, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 55 CLIFFIELD ROAD	Mailing Address 55 CLIFFIELD ROAD								
City BEDFORD	State NY	Zip Code 10506-1210	Transaction ID : PR2560065456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		194.00						
Name of Employer (for Individual) Optum Services, Inc									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I LOBERG, ANGELA, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2837 EAST PARK PLACE	12 / D D / Y Y Y Y Y 12 31 2019								
City MILWAUKEE	State WI	Zip Code 53211-3845	Transaction ID : PR2560065556342						
FEC ID number of contributing	_	33211-3043	Amount of Each Receipt this Period						
federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		999,96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I MARONEY, KEVIN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5052 NORMAN DRIVE			12 / D D / Y Y Y Y Y 12 31 2019						
City MINNETONKA	State MN	Zip Code 55345-4636	Transaction ID : PR2560065756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			298.92						
TOTAL This Period (last page this line number	er only)	······							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page	3	K 11a 13		11b 14	11c	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	soliciting	contribu	tions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)									
<u> </u>	Full Name of Individual (Last, First, Middle Initia MILICH, DAVID, , ,	l) or Full Or	ganization Name		Data of		acint						
Α.	Mailing Address 2702 BIRCHMERE COURT				Date of Receipt								
	City	State	Zip Code	_	12 Trans	acti	31 ion ID ·	PR25600	2019 16605634	2			
	КАТҮ	TX	77450-1303	_				leceipt th					
	FEC ID number of contributing federal political committee.	С						т ус.	384.	60			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80]	P/R Ded	ucti	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initia OBRYANT, WILLIAM, , ,	ll) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 3425 CHICKASAW	State	Zip Code		12 -	1	31		2019				
	SAN ANTONIO	TX	78261-2139					PR25600 leceipt th					
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Sr Med Dir			28.00								
	Name of Employer (for Individual) United HealthCare Services Inc				Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	F	P/R Dedu	uctio	on (\$14.	00 Bi-We	ekly)				
С.	Full Name of Individual (Last, First, Middle Initia	ll) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 35 CLEVELAND AVENUE				12 ^M	1	31		2019				
	City SAYVILLE	State NY	Zip Code 11782-1322					PR2560					
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this				28.	00			
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Dir Clnt Svc Acct Mgt			Me	emo	tem Item						
	Receipt For: Primary General Other (specify)	Aggregate	1	P/R Ded	ucti	on (\$14	.00 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	. ,	440.	60			
т	OTAL This Period (last page this line number or	וy)		•			.	т. Т.					

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			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'						
	y information copied from such Reports and Sta for commercial purposes, other than using the r			erson for the purpose of soliciting contributions						
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	.C)						
A.	Full Name of Individual (Last, First, Middle Initia BURDICK, STEVEN, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 28961 SOMERS DRIVE			12 31 2019						
	City NAPLES	State FL	Zip Code 34119-0915	Transaction ID : PR2560349856342 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		125.84						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P CInt Mgmt Svc	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.48	P/R Deduction (\$38.46 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Initia DICKMAN, KRISTA, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 2533 ONYX DRIVE			12 31 / Y Y Y Y 12 31 2019						
	City SHAKOPEE	State MN	Zip Code 55379-2770	Transaction ID : PR2560398156342 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Proj Mgr III	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia MURRAY, GARY, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 13093 GROUSE POINTE COVI									
	City DRAPER	State UT	Zip Code 84020-8258	Transaction ID : PR2560398756342 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		20.00						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Risk Mgmt	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			173.84						
т	OTAL This Period (last page this line number or	וy)	••••••							

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
			person for the purpose of soliciting contributions the to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	4C)		
Full Name of Individual (Last, First, Middle A. NOEL, TIMOTHY, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 4316 FREMONT AVENU	E SOUTH		M M / D D / Y Y Y Y Y 12 31 2019		
City MINNEAPOLIS	State MN	Zip Code 55409-1721	Transaction ID : PR2560398856342 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		384.60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)		
Full Name of Individual (Last, First, Middle B. WULF, ROBERT, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 622 N 11TH ST			12 31 2019		
City WAUSAU	State WI	Zip Code 54403-5004	Transaction ID : PR2560398956342 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		28.08		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)		
Full Name of Individual (Last, First, Middle C. CRONIN, JAMES, , ,	e Initial) or Full O	rganization Name	Date of Receipt		
Mailing Address 241 WALLACE RD			12 / D D / Y Y Y Y 12 31 2019		
City BEDFORD	State NH	Zip Code 03110-5144	Transaction ID : PR2560821156342 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		384.60		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)		
SUBTOTAL of Receipts This Page (optional)		797.28		
TOTAL This Period (last page this line num	ber only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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•••			Detailed Summary Page	X 11a 11b 11c 12											
				13 14 15 16 erson for the purpose of soliciting contributions											
<u> </u>	for commercial purposes, other than using the	name and a	ddress of any political committee	e to solicit contributions from such committee.											
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (I	JnitedHealth Group PA	AC)											
Á.	Full Name of Individual (Last, First, Middle Initi OBRIEN, PATRICK, , ,	al) or Full C	rganization Name	Date of Receipt											
	Mailing Address 33 BARRINGTON DRIVE			12 31 Y Y Y Y 12 31 2019											
	City BEDFORD	State NH	Zip Code 03110-5601	Transaction ID : PR2560821456342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	P/R Deduction (\$14.00 Bi-Weekly)													
	Name of Employer (for Individual) United HealthCare Services Inc														
	Receipt For: Primary General Other (specify) ▼														
	Full Name of Individual (Last, First, Middle Initi PERO, MARIE, , ,	al) or Full C	rganization Name	Date of Receipt											
	Mailing Address 516 APPLE LANE			12 31 Y Y Y Y Y											
	City HARLEYSVILLE	State PA	Zip Code 19438-2549	Transaction ID : PR2560821556342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		28.00											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs Ops	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)											
с.	Full Name of Individual (Last, First, Middle Initi THOMPSON, CHARLES, , ,	al) or Full C	rganization Name	Date of Receipt											
	Mailing Address 4 LONGFELLOW CIRCLE			12 D D / Y Y Y Y 12 31 2019											
	City LITTLE ROCK	State AR	Zip Code 72207-3720	Transaction ID : PR2561358956342 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			440.60											

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle I LUND, BRIAN, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 11471 NORTH SHORE DRI	VE		12 31 Y Y Y Y 2019								
City GRANTSBURG	State WI	Zip Code 54840-8059	Transaction ID : PR2561457656342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Tax	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I CAVANAUGH, LARRY, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 520 NE 20TH ST # 1010			12 / D D / Y Y Y Y Y 12 31 2019								
City	State	Zip Code	Transaction ID : PR2563211056342								
WILTON MANORS	FL	33305-2162	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ben Govt Dntl SIs Mgr	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. DAMATO, ELLEN, , ,	nitial) or Full C	rganization Name	Date of Receipt								
Mailing Address 1300 DALHART DRIVE			12 / D D / Y Y Y Y 12 31 2019								
City ALLEN	State TX	Zip Code 75013-5339	Transaction ID : PR2564802256342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			184.00								
TOTAL This Period (last page this line numbe	r only)										

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13 14 15 16 17 version for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
> UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl A. WILLSON, JOSH, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 201 ADAMS CT													
	Otata	Zin Onda	12 31 2019										
City COLLEYVILLE	State TX	Zip Code 76034-6811	Transaction ID : PR2564802556342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) United HealthCare Services Inc	Memo Item												
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$38.46 Bi-Weekly)												
Full Name of Individual (Last, First, Middl CARLSON, CHRISTOPHER, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 10618 WEST RIVER RO			12 / D D / Y Y Y Y 12 31 2019										
City BROOKLYN PARK	State MN	Zip Code 55443-1233	Transaction ID : PR2564802656342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Innovation	Memo Item										
Receipt For:	I	Year-to-Date ▼	-										
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. HANSEN, PAUL, , ,	e Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 18430 62ND PLACE NO			12 / D D / Y Y Y Y 12 31 2019										
City MAPLE GROVE	State MN	Zip Code 55311-4585	Transaction ID : PR2564802756342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		194.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Controller	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2522.00	P/R Deduction (\$97.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		655.52										
TOTAL This Period (last page this line num	ber only)												

Use separate schedule(s)

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		Use separate schedule(s)	(ch	(check only one)										
	EMIZED RECEIPTS for each category of the Detailed Summary Page			4 11a		11b	11c	12						
	y information copied from such Reports and S													
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to s	olicit cor	ntrib	outions f	rom such	n committe	ee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Ini GOODWIN, MARYELLEN, , ,	itial) or Full O	rganization Name		Date of Receipt									
	Mailing Address 3216 PLAYERS VIEW CIRCL	.E			^M 12	1	D 0 31	/ Y	ү ү 2019	Y				
	City LONGWOOD	State FL	Zip Code 32779-3154	_					302956342 is Period	2				
	FEC ID number of contributing federal political committee.	С			<u> </u>			-7-	28.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt		M	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Ini KENNY, KATHERINE, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 22408 FITZGERALD DRIVE				^M 12	/	31	/ Y	2019	Y				
	City LAYTONSVILLE	State MD	Zip Code 20882-2301						03256342	2				
	FEC ID number of contributing federal political committee.	С			Amouni			eceipt th	is Period 78.0	00				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		M	emc	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00]	P/R Ded	uctio	on (\$39.	00 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle Ini MARDEN, PAUL, , ,	itial) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 718 HICKORY HILL RD	State	Zip Code		12 Trans		31		2019 30335634					
	FRANKLIN LAKES	NJ	07417-1707	_					is Period					
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	,	9	384.6	60				
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	upation (for Individual) Plan CEO		M	emo) Item							
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	1	P/R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)					
SUBTOTAL of Receipts This Page (optional)				•			, .		490.6	60				
T	OTAL This Period (last page this line number	only)		- •										

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		Use separate schedule(s)	(check only one)							
11	FEMIZED RECEIPTS for each category of the Detailed Summary Page		✗ 11a 11b 11c 12 13 14 15 16 □	17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
\setminus	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group P/	AC)						
<u> </u>	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Organization Name							
Α.	MOQUIST, DARREN, , ,			Date of Receipt						
	Mailing Address 5004 ARDEN AVE			12 31 2019						
	City	State	Zip Code	Transaction ID : PR2564803456342						
	EDINA	MN	55424-1314	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		384.60	П					
	federal political committee.	U								
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	United HealthCare Services Inc	Reg	gn CEO	_						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
в.	Full Name of Individual (Last, First, Middle Inite BELLMAN, MARK, , ,	tial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 10011 GLEN CANYON DR			M M / D D / Y Y Y Y 12 31 2019						
	City	State	Zip Code	Transaction ID : PR2564803556342						
	DALLAS	ТХ	75243-4609	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		, 364.00	P/R Deduction (\$14.00 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Init OHARE, TAMMY, , ,	tial) or Full C	Organization Name	Date of Receipt						
	Mailing Address 2420 SAINT GEORGE WAY			12 31 / Y Y Y Y 12 31 2019						
	City	State MD	Zip Code	Transaction ID : PR2564803956342						
	BROOKEVILLE		20833-3265	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		78.00						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			490.60						
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	TEMIZED RECEIPTS Use separate schedule(s) for each category of the				(check only one)								
			for each category of the Detailed Summary Page	× 11a]11b	11c	12					
	nformation copied from such Reports and Stat												
	AME OF COMMITTEE (In Full)												
) U	InitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)									
	III Name of Individual (Last, First, Middle Initia VICKS, TIMOTHY, , ,) or Full O	rganization Name	Date	of Re	eceipt							
Ma	ailing Address 3227 CASCO CIRCLE			12		D D 21	/ Y	2010	Y				
Ci	POBOX 352	State	Zip Code			31 ion ID : I	PR25654	2019 14865634	2				
N	ÁYZATA	MN	55391-9717					is Period					
	EC ID number of contributing deral political committee.	С				-	-	384.6	30				
O	ame of Employer (for Individual) otum Services, Inc		upation (for Individual) Group CFO		Memo	o Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	ducti	on (\$192	30 Bi-W	/eekly)					
вС	II Name of Individual (Last, First, Middle Initia CARTER, WILLIAM, , ,) or Full O	rganization Name	Date	of Re	eceipt							
Ma Ci	ailing Address PO BOX 920679	State	Zip Code	M 12		D D 31	/ Y	2019	Y				
		TX	77292-0679					48756342 is Period	2				
	EC ID number of contributing deral political committee.	С				-		76.9	92				
	ame of Employer (for Individual) ited HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Memo	o Item							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R De	ducti	on (\$38.4	16 Bi-We	ekly)					
	III Name of Individual (Last, First, Middle Initia III Name of Individual (Last, First, Middle Initia) or Full O	rganization Name	Date	of Re	eceipt							
Ma	ailing Address 4872 103RD STREET	1		12		31	/ Y	2019 Y	Y				
Ci P	ty LEASANT PRAIRIE	State WI	Zip Code 53158-6516					30215634 is Period	2				
	EC ID number of contributing deral political committee.	С		Ē		y .	Ţ	28.0)8				
U	ame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Plan CEO		Memo	o Item							
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R De	∍ducti	ion (\$14.0	04 Bi-We	eekly)					
SUE	TOTAL of Receipts This Page (optional)		•			,	,	489.6	30				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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	EMIZED RECEIPTS			for each category of the Detailed Summary Page		_	11a		11	· -		11c	12	Г	
	y information copied from such Reports and Statem for commercial purposes, other than using the nam					for				se of				butio	
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	AC (Un	nitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) o WEISS, BRUCE, , ,	r Full C	Orga	anization Name		Da	ate of	Re	cei	pt					
	Mailing Address 7425 N BEACH COURT			The October		L	12	/	L	31		/ Y	2019)	
	5	tate VI		Zip Code 53217-3656								R25663			
	FEC ID number of contributing federal political committee.					An	nount	of	⊨a	cn R	1806	eipt thi		od '6.92	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) 1 Dir			Me	emo	lte	əm					
	Receipt For: Age Primary General Other (specify) ▼	gregate	e Ye	ar-to-Date ▼ 999.96		P/R	Dedu	uctic	on	(\$38.	.46	Bi-We	ekly)		
B.	Full Name of Individual (Last, First, Middle Initial) o	r Full C	Orga	anization Name		Da	ate of	Re	cei	pt					
	Mailing Address 2681 N FLAMINGO RD # 1006S			1		M	12	/	Ľ	31		/ Y	2019	Y	1
		tate =L		Zip Code 33323-1766					-			2 5671 eipt thi		-	
	FEC ID number of contributing federal political committee.	;				Ē			,			-9	2	28.00	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) Pir SIs Acct Mgmt			Me	emo	lte	əm					
	Receipt For: Age Primary General Other (specify) ▼	gregate	e Ye	ar-to-Date ▼ 364.00] F	P/R	Dedu	uctio	on ((\$14.	.00	Bi-Wee	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial) o ZAMORE, DENISE, , ,	r Full C	Orga	anization Name		Da	ate of	Re	cei	pt					
	Mailing Address 180 FELT ROAD			1		IV	12 ^M	/	Ľ	31	2	/ Y	2019		
	,	tate CT		Zip Code 06074-3864	\vdash							25671 eipt thi			
	FEC ID number of contributing federal political committee.	;					iount		La					6.92	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) c Gen Counsel			Me	emo) Ite	em					
	Receipt For: Age Primary General Other (specify)	gregate	e Ye	ar-to-Date ▼ 999.96]	P/R	Dedu	uctio	on	(\$38.	.46	Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)				•				9			y	18	1.84	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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FOR LINE NUMBER:

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	EWIZED RECEIPTS			Detailed Summary Page	×	11a		111	b	11c		12	_
				· · ·		13		14		15		16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the na												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial STEARNS, MATTHEW, , ,) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 5118 FAIRGLEN LANE					^M 12	/		31	/ Y)19)	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	R2571	7779	56342	2
	CHEVY CHASE	MD		20815-6517	_ /	Amount	of	Ead	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		4		588.2	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	ion (for Individual) nm		Me	emo	b Ite	em				
	Receipt For:	Aggregate	Yea	ır-to-Date ▼									
	Primary General Other (specify) ▼		-	4999.87	P	/R Ded	uctio	on ((\$192.	30 Bi-V	/eek	ly)	
В.	Full Name of Individual (Last, First, Middle Initial PARRILLO, CHRISTOPHER, , ,) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9501 WEXCROFT DRIVE					^M 12	/	D	31	/ Y	ү 20	19 19	Y
	City	State		Zip Code		Trans	acti	ion	ID : P	R25717	7782	56342	
	BRENTWOOD	TN		37027-3824	/	Amount	of	Ead	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						-		4		154.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) k Contrctng		Me	emo) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2002.00	P/	/R Dedu	uctic	on (\$77.0	0 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial MOYER, BRUCE, , ,) or Full O	rgar	nization Name		Date of	Re	eceip	pt				
	Mailing Address 4242 BROADWAY STREET #802					^M 12	/		31	/ Y		19 [°]	Y
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2571	7783	56342	2
	SAN ANTONIO	ТХ		78209-6463	_ /	Amount	of	Ead	ch Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С						y		g		78.0	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	em				
	Respiret For:			ur-to-Date ▼ 1014.00	 P	/R Ded	uctio	on ((\$39.0	0 Bi-W	eekly	/)	
s	UBTOTAL of Receipts This Page (optional)			••••••				9		,		820.2	2
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12		17		
	y information copied from such Reports and Star for commercial purposes, other than using the n										17		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	(C)									
A.	Full Name of Individual (Last, First, Middle Initia HINTON, DUSTIN, , ,	l) or Full Or	rganization Name	Date of Receipt									
	Mailing Address W132N6475 MARACH RD			M M / D D / Y Y Y Y 12 31 2019									
	City MENOMONEE FALLS	State WI	Zip Code 53051-6085					PR25719 Receipt th					
	FEC ID number of contributing federal political committee.	С							384	4.60			
	Name of Employer (for Individual) United HealthCare Services Inc		Me	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4999.80	F	P/R Ded	uctio	on (\$19	2.30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia ROBINSON, MARCUS, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 590 SPENDER TRACE				^M 12	1	31) / Y	2019	Y			
	City DUNWOODY	State GA	Zip Code 30350-5018					PR2572					
	FEC ID number of contributing federal political committee.	С								3.00			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	F	P/R Dedu	uctio	on (\$14.	00 Bi-We	eekly)				
С.	Full Name of Individual (Last, First, Middle Initia JACQUET, SHAUN, , ,	l) or Full Or	rganization Name		Date of	Re	eceipt						
	Mailing Address 4332 FOREST RIDGE DRIVE	Otota	7.0.0.1		12 ^M	1	31		2019	_			
	City SUAMICO	State WI	Zip Code 54313-8557					PR2572					
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	. ,	28	3.00			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emo	tem Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00		P/R Ded	ucti	on (\$14	.00 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)						, ,	. ,	440	0.60			
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SCHEDULE A (FEC Form 3X) DEAEIDTA

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175	Use separate schedule(s)				(check only one)								
116	MIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c	12	17			
	information copied from such Reports and Stat or commercial purposes, other than using the na				or the		oose of		g contribu	itions			
	IAME OF COMMITTEE (In Full)	– • • <i>«</i>		<u> </u>									
/ ι	JnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)									
	ull Name of Individual (Last, First, Middle Initial CARLSON, KEVIN, , ,) or Full O	rganization Name		Date of	Re	ceipt						
Ν	Aailing Address 4511 BROWNDALE AVENUE			11	м м 12	/	D D 31	/ Y	2019	Y			
	Sity	State	Zip Code		Trans	acti	on ID : I	PR2572	59005634	12			
- E	EDINA	MN	55424-1142	_ A	mount	of	Each Re	eceipt th	is Period				
	EC ID number of contributing ederal political committee.	С			_		,		192.	.30			
L	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/	R Dedi	uctio	on (\$96. ⁻	15 Bi-We	eekly)				
	ull Name of Individual (Last, First, Middle Initial WACKER, CHARLES, , ,) or Full O	rganization Name		Date of	Re	ceipt						
_	Aailing Address 2747 WEST VIEW DRIVE				™ _ M 12	/	31	/ Y	2019	Y			
	Sity NEW PRAGUE	State MN	Zip Code 56071-8989				-		59015634 his Period				
F	EC ID number of contributing ederal political committee.	C			anount	U			28.	_			
	Jame of Employer (for Individual) Optum Services, Inc		upation (for Individual) Client Executive		Me	emo	ltem						
F		Aggregate	Year-to-Date V										
	Other (specify) ▼		364.00	P/1	R Dedu	uctic	on (\$14.0	00 Bi-W€	ekly)				
	ull Name of Individual (Last, First, Middle Initial BECK, JOANNE, , ,) or Full O	rganization Name		Date of	Re	ceipt						
_	Iailing Address 117 GLORIA LANE	1			^M 12	/	31	/ Y	2019	Ŷ			
	Sity CADIZ	State KY	Zip Code 42211-8824	Δ					59035634 iis Period				
	EC ID number of contributing ederal political committee.	С					,	, ,	28.	_			
	lame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	Item						
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/	'R Ded	uctio	on (\$14.)	04 Bi-We	eekly)				
SU	BTOTAL of Receipts This Page (optional)		•	[,	9	248.	38			
то	TAL This Period (last page this line number on	ly)											

FOR LINE NUMBER:

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	(check only one)		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Midd OBRIEN, CHRISTINE, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 931 FRENCH ST			12 31 / Y Y Y Y 12 31 2019
City NEW ORLEANS	State LA	Zip Code 70124-3806	Transaction ID : PR2572590656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Midd B. CHEEK, THOMAS, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 38150 TRANQUIL WAY			12 D D / Y Y Y Y 12 31 2019
City CAREFREE	State AZ	Zip Code 85377	Transaction ID : PR2572590956342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		810.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		5000.00	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Midd C. MILLER, KIMBERLEY, , ,	lle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 16 CELONOVA PLACE	0	7.0.4	12 D D / Y Y Y Y 12 31 2019
City FOOTHILL RANCH	State CA	Zip Code 92610-1942	Transaction ID : PR2572591256342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Inderwriting	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (option	al)		866.00
TOTAL This Period (last page this line nur	nber only)		

Use separate schedule(s)

FOR LINE NUMBER:

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171	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)								
			for each category of the Detailed Summary Page		1 1a		11b	11c	12				
An	y information copied from such Reports and S	statements ma	Ay not be sold or used by any po	erson	13 for the	purp	14 pose of	15 soliciting	contribu	l 17 tions			
or	for commercial purposes, other than using the	e name and a	ddress of any political committee	e to so	olicit cor	ntrib	utions f	rom such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini WIFFLER, THOMAS, , ,	tial) or Full O	rganization Name		Date of Receipt								
	Mailing Address 1421 SOMERFIELD DRIVE				^M 12	1	D D D 31	/ Y	ү ү 2019	Y			
	City BOLINGBROOK	State IL	Zip Code 60490-3207						99275634 is Period	2			
	FEC ID number of contributing federal political committee.	С			384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Ini QUINN, PATRICK, , ,	tial) or Full O	organization Name		Date of	Re	ceipt						
	Mailing Address 16933 TODD EVAN TRAIL				12 / 31 / 2019 Transaction ID : PR2573518756342								
	City CHESTERFIELD	State MO	Zip Code 63005-4641	_						2			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Ini BENSON, MICHAEL, , ,	tial) or Full O	organization Name		Date of	Re	ceipt						
	Mailing Address 2206 EAGLE VALLEY LN				^M 12	/	31	/ Y	2019 [°]	Y			
	City WAUSAU	State WI	Zip Code 54403-8154				-		51895634 is Period	2			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	, ,	28.	34			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir SIs Ops		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$14.42 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	•			, .	. ,	605.	74			
\vdash	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number		r	•			<u>, ,</u>	, ,	_	605.7			

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12								
			13 14 15 16 17 berson for the purpose of soliciting contributions a to collicit contributions from such committee								
NAME OF COMMITTEE (In Full)	g the name and a	doress of any political committe	e to solicit contributions from such committee.								
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	4C)								
Full Name of Individual (Last, First, Middl A. SHAW, AMY, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 11844 DUNHILL ROAD			12 31 2019								
City EDEN PRAIRIE	State MN	Zip Code 55344-3238	Transaction ID : PR2574971356342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Fin	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middl B. BUCCHIANERI, STEVEN, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 118 GOVERNORS			12 31 2019								
City	State MA	Zip Code	Transaction ID : PR2574977156342								
	INA I	02155-3018	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		38.46								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	7								
Primary General Other (specify) ▼		499,98	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Individual (Last, First, Middl C. KANE, BRIAN, , ,	le Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 4615 ROANOAKE ROAD			12 / D D / Y Y Y Y 12 31 2019								
City GOLDEN VALLEY	State MN	Zip Code 55422-5254	Transaction ID : PR2574979156342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	al)		451.14								
TOTAL This Period (last page this line nun	nber only)										

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IT.			Use separate schedule(s)	(che	eck only	/ or	ne)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g con	tributi	ons		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial HARE, LESLIE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 9029 SHEEP RANCH CT				M M / D D / Y Y Y Y 12 31 2019								
	City LAS VEGAS	State NV	Zip Code 89143-5432		Transaction ID : PR2574979456342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С					т. I.	-		28.0	0		
	Name of Employer (for Individual) Health Plan of Nevada	Occu Dir C	upation (for Individual) Clms		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initial MASTERS, SCOTT, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt						
	Mailing Address 1894 VILLAGE GLEN DRIVE	1			^M ^M 12	1	D D D 31	/ Y	y 201	19 ^Y	Y		
	City SAINT JOHNS	State FL	Zip Code 32259-9215					PR25749					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Clms			Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia WOHNOUTKA, CHRISTOPHER, ,		rganization Name		Date of	Re	ceipt						
	Mailing Address 17597 HIBISCUS AVE				^M 12	1	31	/ Y	201	19 [°]	Y		
	City LAKEVILLE	State MN	Zip Code 55044-3906					PR2574			2		
	FEC ID number of contributing federal political committee.	С					,	, j		124.3	4		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir T	upation (for Individual) Fax		Memo Item								
Receipt For: Agg Primary General Other (specify)			Year-to-Date ▼ 1002.61	P/R Deduction (\$38.46 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•••••	.			,	.,		229.3	4		
т	OTAL This Period (last page this line number on	ly)	••••••										

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mic SIMPSON, TRENT, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3111 NORCREST AVE	N		12 31 / Y Y Y Y 2019								
City STILLWATER	State MN	Zip Code 55082-1779	Transaction ID : PR2574985056342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Mic B. CIANFROCCO, HEATHER, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name CIANFROCCO, HEATHER, , ,										
Mailing Address 4478 MIDDLE ROAD			12 31 2019								
City ALLISON PARK	State PA	Zip Code 15101-1110	Transaction ID : PR2574986256342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mic WASHUTA, KENNETH, , ,	dle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 3926 CHERRY AVE			12 / D D / Y Y Y Y 12 31 2019								
City MOUND	State MN	Zip Code 55364-9703	Transaction ID : PR2574987656342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		20.00								
Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) T	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$0.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	nal)		481.52								
TOTAL This Period (last page this line nu	umber only)										

SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

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IТ			Use separate schedule(s)	(cł	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a]11b	11c	12					
Ar	y information copied from such Reports and S	tatements ma	l ay not be sold or used by any pe	erson	13 for the	pur	14 pose of	15 soliciting	contribut	17 tions				
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrib	outions f	rom such	n committ	ee.				
\backslash	NAME OF COMMITTEE (In Full)		Inite all leadth One up DA											
	UnitedHealth Group Incorporate			AC)	U)									
<u>v</u>	Full Name of Individual (Last, First, Middle Init	tial) or Full O	rganization Name											
Α.	BURNETT, JAMIE, , ,			_	Date of	f Re	eceipt							
	Mailing Address 4625 EWING AVENUE SOUT	Ή			12 ^M	1	31) / Y	2019	Y				
	City	State	Zip Code		Trans	act		n ID : PR2574988256342						
	MINNEAPOLIS	MN	55410-1745	Amount of Each Receipt this Period										
	FEC ID number of contributing	С						78.0	00					
	federal political committee.	U			<u></u>				1 1 40					
	Name of Employer (for Individual)	Осси	upation (for Individual)		M	emo	tem							
	Optum Services, Inc Receipt For:	VP I												
	Primary General	Aggregate	Year-to-Date ▼				an (\$20							
	Other (specify) ▼		1014.00		F/R Deu	ucu	011 (\$39	.00 Bi-We	ekiy)					
B.	Full Name of Individual (Last, First, Middle Init STRAIT, DENISE, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt							
	Mailing Address 4362 SPORTSMAN CLUB RD)			M M / D D / Y Y Y Y Y									
					12		31		2019					
	City JOHNSTOWN	State OH	Zip Code	-					8935634	2				
			43031-9461	-	Amount	t of	Each F	leceipt th	is Period	_				
	FEC ID number of contributing federal political committee.	C			Ľ.				48.4	46				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼		P/R Deduction (\$14.03 Bi-Weekly)									
	Primary General		265.04											
	Other (specify) v		, 365.04											
C.	Full Name of Individual (Last, First, Middle Init LANG, HEATHER, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt							
•	Mailing Address 11382 MOUNT CURVE RD				M M		D - 0) / Y	YY	Y				
					12		31		2019					
	City EDEN PRAIRIE	State MN	Zip Code 55347-2918	-					99145634	2				
	FEC ID number of contributing				Amoun	t or	Each F	leceipt th	is Period	_				
	federal political committee.	С			<u> </u>		y	y y	76.9	92				
	Name of Employer (for Individual)	Оссі	upation (for Individual)		М	emo	o Item							
	United HealthCare Services Inc	Dep	uty Gen Counsel Mgr											
	Receipt For: Primary General	Aggregate	Year-to-Date V					40 D' M	1 1 3					
	Other (specify)		999.96		P/R Ded	ucti	on (\$38	.46 Bi-We	екіу)					
			-gp											
									203.3	38				
L S	UBTOTAL of Receipts This Page (optional)		•••••	-	<u></u>	÷	,	9	203.0					
т	OTAL This Period (last page this line number	only)		•				1.40						

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle PARSOW, DEBRA, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 812 S 67 STREET			12 31 Y Y Y Y Y 12 31 2019									
City OMAHA	State NE	Zip Code 68106-1106	Transaction ID : PR2574993256342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		71.42									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nt Executive II	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.97	P/R Deduction (\$35.71 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. DELISIS, JOSEPH, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 21 WANDERWOOD WAY												
City	State UT	Zip Code	Transaction ID : PR2574994656342									
SANDY	01	84092-4866	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		73.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sr Acct Exe Acct Opt Out Mk	Memo Item									
Receipt For: Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.03 Bi-Weekly)									
Other (specify)		365.00										
Full Name of Individual (Last, First, Middle C. AGEE, SHELONDA, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6317 BUNKER DRIVE			12 31 2019									
City LOCUST GROVE	State GA	Zip Code 30248-7065	Transaction ID : PR2574997656342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		20.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			164.42									
TOTAL This Period (last page this line numb	per only)											

Use separate schedule(s)

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IT.			Use separate schedule(s)	(check only one)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia NEWKIRK, MEGHAN, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 10162 BEAVER CIR			12 / J 2019									
	City CYPRESS	State CA	Zip Code 90630-4113	Transaction ID : PR2575008756342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		28.08									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia SJOBLAD, BETHANY, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 10730 PERRY DRIVE NORTH			12 / D D / Y Y Y Y Y 2019									
	City BROOKLYN PARK	State MN	Zip Code 55443-4700	Transaction ID : PR2575009156342									
	FEC ID number of contributing	C	33443-4700	Amount of Each Receipt this Period									
	federal political committee.	384.60											
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Quality	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)									
	Other (specify) ▼		4999.80										
C.	Full Name of Individual (Last, First, Middle Initia FLOWER, MARTIN, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address N54W20825 CARTERS CROSS			12 / D D / Y Y Y Y 12 31 2019									
	City MENOMONEE FALLS	State WI	Zip Code 53051-6281	Transaction ID : PR2575011656342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		160.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$15.38 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		>	572.68									
т	OTAL This Period (last page this line number or	ly)	•	· · · · · · · · · · · · · · · · · · ·									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and State for commercial purposes, other than using the na			son for the purpose of soliciting contributions								
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PAC	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) KEMMER, HEIDI, , , Mailing Address 2211 WEST ROCKROSE PLACE		Organization Name	Date of Receipt								
	City	State	Zip Code	12 31 2019 Transaction ID : PR2575021356342								
	CHANDLER	AZ	85248-4208	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.28								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Prov Svc	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	P/R Deduction (\$14.14 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Initial) DUNCAN, MICHELE, , ,	or Full C	Organization Name	Date of Receipt								
	Mailing Address 3038 FAIRWAY CIRCLE	L -		12 / D D / Y Y Y Y 12 31 2019								
	City CHASKA	State MN	Zip Code 55318-3408	Transaction ID : PR2575029656342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Compli	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4422.90	P/R Deduction (\$192.30 Bi-Weekly)								
c.	Full Name of Individual (Last, First, Middle Initial) OBRIEN, JENNIFER, , ,	or Full C	Organization Name	Date of Receipt								
	Mailing Address 395 WOODLAWN AVE			12 31 Y Y Y Y 12 31 2019								
	City SAINT PAUL	State MN	Zip Code 55105-1339	Transaction ID : PR2575034556342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off	Memo Item								
	Receipt For: A Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		>	797.48								
т	OTAL This Period (last page this line number only	/)	•									

Use separate schedule(s)

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171				Jse separate schedule(s)	(cł	neck only	or or	ne)						
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b	11c	12		,		
	y information copied from such Reports and Sta		ay n	ot be sold or used by any pe								17 S		
or	for commercial purposes, other than using the n	ame and a	ddre	ess of any political committee	to s	olicit con	ntrib	utions fr	rom suc	h commi	ttee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia JONCZYK, MICHAEL, , ,	l) or Full O	rgai	nization Name		Date of	Re	ceipt						
	Mailing Address 6336 URBANDALE LANE NOR	ГН				M M / D D / Y Y Y Y 12 31 2019								
	City MAPLE GROVE	State MN		Zip Code 55311-1384						0387563 nis Perio				
	FEC ID number of contributing federal political committee.	С						.	- 7-	115	5.38			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) asury		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1249.95		P/R Dedu	uctio	on (\$48.0	07 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MADDOX, JEFFREY, , ,						Re	ceipt						
	Mailing Address 7810 HANOVER ST						1	31	/ Y	2019	Y			
	City DALLAS	StateZip CodeTX75225-8220						-		0395563 nis Perio				
	FEC ID number of contributing federal political committee.	С				384.60								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Hlth Plan CEO				Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						P/R Deduction (\$192.30 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initia ALLENBURG, THOMAS, , ,	l) or Full O	rgai	nization Name		Date of	Re	ceipt						
	Mailing Address 6620 IROQUOIS TRAIL	-				M M 12	/	D D D 31	/ Y	2019 [°]	Y			
	City EDINA	State MN		Zip Code 55439-1016						0398563 nis Perio				
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	. y	76	6.92			
	Name of Employer (for Individual) United HealthCare Services Inc	Occu VP N	•	ion (for Individual) I		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$38.46 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)							, .		576	6.90			
т	OTAL This Period (last page this line number on	ly)		••••••	-									

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	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. HEATH, SEAN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1292 CASTLE CT			M M / D D / Y Y Y Y 12 31 2019							
City GOLDEN VALLEY	State MN	Zip Code 55427-4453	Transaction ID : PR2575048756342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. JORDAN, GARELL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6104 S 64TH DRIVE			12 31 / Y Y Y Y Y 12 31 2019							
City LAVEEN	State AZ	Zip Code 85339-2917	Transaction ID : PR2575050256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ů l									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$96.15 Bi-Weekly)							
Other (specify) V		2499.90								
Full Name of Individual (Last, First, Middle FITZPATRICK, JOSEPH, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3936 CAMPELLO CURVE			12 / D D / Y Y Y Y Y 12 31 2019							
City CHASKA	State MN	Zip Code 55318-4639	Transaction ID : PR2575053756342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		333.32							
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Fin	P/R Deduction (\$192.30 Bi-Weekly)							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96								
SUBTOTAL of Receipts This Page (optional).			553.70							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

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PAGE 95 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle LINDSAY, VIVIAN, , ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 14930 SW 39 ST			12 31 Y Y Y Y Y 12 31 2019								
City DAVIE	State FL	Zip Code 33331-2767	Transaction ID : PR2575054956342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle B. CLACKO, MARY ANN, , ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 6358 COTEAU TRAIL											
City EDEN PRAIRIE	State MN	Zip Code 55344-5205	Transaction ID : PR2575057956342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		153.84								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼	-								
Other (specify) ▼		1499.94	P/R Deduction (\$57.69 Bi-Weekly)								
Full Name of Individual (Last, First, Middle MCCARTY, CARY, , ,	nitial) or Full C	Organization Name	Date of Receipt								
Mailing Address 8800 RUMFIELD RD	Otata	Zin Oode	12 / D D / Y Y Y Y 31 2019								
City NORTH RICHLAND HILLS	State TX	Zip Code 76182-6131	Transaction ID : PR2575059456342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		78.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional).			616.44								
TOTAL This Period (last page this line number	er only)										

Use separate schedule(s)

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(ch	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	<u> </u>			
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrib	outions 1	from such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Init ALLEN, MARK, , ,	tial) or Full C	organization Name		Date of Receipt								
	Mailing Address 11359 ENTREVAUX DRIVE				12 31 Y Y Y Y 2019								
	City EDEN PRAIRIE	State MN	Zip Code 55347-2862						06025634 iis Period	2			
	FEC ID number of contributing federal political committee.	С			<u> </u>				353.	86			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.99	P/R Ded	ucti	on (\$76	.92 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Init MCEVOY, AMY, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt						
	Mailing Address 10551 GREENBRIER RD APT				M M 12	/	31) / Y	y y 2019	Y			
	City MINNETONKA	State MN	Zip Code 55305-3460						06225634	2			
	FEC ID number of contributing federal political committee.	C				Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00	P/R Deduction (\$20.00 Bi-Weekly)									
<u>с</u> .	Full Name of Individual (Last, First, Middle Init SWAN, RICK, , ,	tial) or Full C	organization Name		Date of	f Re	eceipt						
	Mailing Address 2554 CHRISTIAN PKWAY				^M 12	/	31		2019	Y			
	City CHASKA	State MN	Zip Code 55318-1986						06265634 iis Period	2			
	FEC ID number of contributing federal political committee.	С			Ē		<u>y</u>	. ,	28.	08			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04		P/R Deduction (\$14.04 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•			, ,		421.9	94			
Т	OTAL This Period (last page this line number	only)		-	Γ.								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee						
or for commercial purposes, other than using	the name and a	duress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle CURRIE, ULYSSES, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3111 STILES WAY			12 31 Y Y Y Y Y 2019						
City WEST FRIENDSHIP	State MD	Zip Code 21794-9218	Transaction ID : PR2575064156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		60.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle VERCHICK, TAMI, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9916 DUSTY WINDS AVE			12 ^D						
City LAS VEGAS	State NV	Zip Code	Transaction ID : PR2575068956342						
		89117-5986	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) actor Technology	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ISMERT, JENNY , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8494 E HAWAII LN			12 31 2019						
City DENVER	State CO	Zip Code 80231-2732	Transaction ID : PR2575070056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ŝ.		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			213.84						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate Full Name of Individual (Last, First, Middle Ini ENLOW, MARGARET, , , Mailing Address 103 LOCUST GROVE LANE City VERSAILLES	e name and a	ddress of any political committee	to so	licit cor						
AME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate Full Name of Individual (Last, First, Middle Ini ENLOW, MARGARET, , , Mailing Address 103 LOCUST GROVE LANE City	e name and a	ddress of any political committee	to so	licit cor						
 UnitedHealth Group Incorporate Full Name of Individual (Last, First, Middle Ini ENLOW, MARGARET, , , Mailing Address 103 LOCUST GROVE LANE City 	itial) or Full C									
Full Name of Individual (Last, First, Middle Ini ENLOW, MARGARET, , , Mailing Address 103 LOCUST GROVE LANE	itial) or Full C									
ENLOW, MARGARET, , , Mailing Address 103 LOCUST GROVE LANE City		rganization Name								
City	State			Date of	Re	ceipt				
	State			M M 12	/	31		Y Y Y 2019	Y	
		Zip Code		Trans	acti	on ID :	PR25	750710563	42	
VERSAILLES	KY	40383-8807	/	Amount	of	Each F	Receipt	this Perio	b	
FEC ID number of contributing federal political committee.	С					7		28	8.08	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	Item				
Receipt For:		Year-to-Date ▼	-							
Primary General Other (specify) ▼		365.04	P	/R Ded	uctio	on (\$14	l.04 Bi-'	Weekly)		
ا Full Name of Individual (Last, First, Middle Ini B. CHRISTIAN, DENISE, , ,	itial) or Full C	rganization Name		Date of	Re	ceipt				
Mailing Address 5 WINGATE COURT			M M / D D / Y Y Y Y 12 31 2019							
City	State	Zip Code		Transaction ID : PR2575071456342						
FLOURTOWN	PA	19031-1117	Amount of Each Receipt this Period						b	
FEC ID number of contributing federal political committee.	С			384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Clin Ops		Memo Item						
Receipt For:	Aggregate	Year-to-Date V		-						
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$88.24 Bi-Weekly)							
Full Name of Individual (Last, First, Middle Ini	itial) or Full C	rganization Name		Date of Receipt						
Mailing Address 12706 YOUNG LANE				^M 12	/	D 31		Y Y Y 2019	Y	
City	State	Zip Code		Trans	acti	ion ID	: PR25	750745563	42	
NORTH POTOMAC	MD	20878-6112	_ /	Amount	of	Each F	Receipt	this Perio	k	
FEC ID number of contributing federal political committee.	С				_	y	,	(0.00	
Name of Employer (for Individual)	Occ	upation (for Individual)		M	emo	Item				
Optum Services, Inc	SVF	PNatl Inptnt Care Mgmt								
Receipt For: Primary General	Aggregate	Year-to-Date 🔻	P	/R Ded	uctio	on (\$0.	00 Bi-V	/eeklv)		
Other (specify)		4230.60		_ 00		(20)	•	, ,		
SUBTOTAL of Receipts This Page (optional)								412	68	

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle BECK, RALPH, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address W155 N5314 SHARPTAI	1		12 D D / Y Y Y Y 12 31 2019							
City MENOMONEE FALLS	State WI	Zip Code 53051-6771	Transaction ID : PR2575074956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. BURNAM, DEBRA, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 377 CALABRIA BEACH S	;т		M I M / D I D / Y Y Y Y Y 12 31 2019							
City HENDERSON	State NV	Zip Code 89015-2430								
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. CALAMIA, EDITH, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 22 ROYAL OAK DRIVE			12 31 / Y Y Y Y Y 2019							
City FAR HILLS	State NJ	Zip Code 07931-2569	Transaction ID : PR2575076656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ied Dir	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optiona)		440.76							
TOTAL This Period (last page this line num	ber only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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14 15 16 1' ose of soliciting contributions trions from such committee. 10 1' ceipt 31 2019						
eipt						
on ID : PR2575089456342						
Each Receipt this Period						
38.46						
Item						
P/R Deduction (\$19.23 Bi-Weekly)						
eipt						
12 31 2019						
Transaction ID : PR2575093056342						
Amount of Each Receipt this Period						
76.92						
Memo Item						
n (\$38.46 Bi-Weekly)						
eipt						
D D / Y Y Y Y 31 2019						
on ID : PR2575098556342						
Each Receipt this Period						
Each Receipt this Period 153.84						
153.84						
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Use separate schedule(s)

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(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	.C)					
Full Name of Individual (Last, First, Middle In A. JACOBY, CHARLES, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 3315 IRVING AVE			12 / D D / Y Y Y Y Y 12 31 2019					
	State MN	Zip Code	Transaction ID : PR2575099256342					
FEC ID number of contributing	C	55408-3321	Amount of Each Receipt this Period 32.00					
federal political committee.								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Qlty Engineering	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.00	P/R Deduction (\$16.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In CHAMPION, PHEBE, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 437 E GERMANN RD #45			12 31 2019					
City SAN TAN VALLEY	State AZ	Zip Code 85140-7106	Transaction ID : PR2575108356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middle In C. HAYDEN, KARI, , ,	nitial) or Full C	organization Name	Date of Receipt					
Mailing Address 6109 BANEY COURT			12 / D D / Y Y Y Y 12 31 2019					
City MINNETONKA	State MN	Zip Code 55345-6301	Transaction ID : PR2575110356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) Optum Services, Inc	Occ VP 0	upation (for Individual) Ops	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			235.84					
TOTAL This Period (last page this line numbe								

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle MADDIGAN, DANIEL, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 25131 TERRACE LANTER	N		12 31 Y Y Y Y Y 12 31 2019							
City DANA POINT	State CA	Zip Code 92629-2864	Transaction ID : PR2575114856342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Software Engineering	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MORSCH, MARK, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 6344 GOLDEN LILY WAY			12 / D D / Y Y Y Y Y 2019							
City SAN DIEGO	State CA	Zip Code 92130-6836	Transaction ID : PR2575115156342							
		92130-0630	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		125.44							
Name of Employer (for Individual) Optum360 Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		1015.30	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. LYDON, SCOTT, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2 PLOWBOY PATH			12 31 2019							
City COMMACK	State NY	Zip Code 11725-1410	Transaction ID : PR2575122256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			181.52							
TOTAL This Period (last page this line number	er only)									

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middl A. DOERFLER, JAMES, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7015 OAKLAND AVE			12 31 / Y Y Y Y Y 12 31 2019					
City RICHFIELD	State MN	Zip Code 55423-3256	Transaction ID : PR2575131556342					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 208.00	P/R Deduction (\$14.60 Bi-Weekly)					
Full Name of Individual (Last, First, Middl B. HUNT, ZOE, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4030 SERANGO COURT			12 / D D / Y Y Y Y 12 31 2019					
City WEST LINN	State OR	Zip Code 97068-2840	Transaction ID : PR2575136256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)					
Full Name of Individual (Last, First, Middl C. MCDONNEL, LISA, , ,	le Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 9664 LAFORET DRIVE			12 / D D / Y Y Y Y Y 12 31 2019					
City EDEN PRAIRIE	State MN	Zip Code 55347-3538	Transaction ID : PR2575136356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Ntwk	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona	al)		88.08					
TOTAL This Period (last page this line num	nber only)							

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17						
or for commercial purposes, other than us			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	orated PAC (JnitedHealth Group PA	(C)						
Full Name of Individual (Last, First, Mic A. CARTER, JOCELYN, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 1471 COOPER ROAD			12 31 / Y Y Y Y Y 12 31 2019						
City	State NJ	Zip Code	Transaction ID : PR2575141956342						
SCOTCH PLAINS	INJ	07076-2833	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date V	—						
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Mic B. DEWALL, PATRICK, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7662 RIDGEVIEW WA									
City	State	Zip Code	Transaction ID : PR2575145356342						
CHANHASSEN	MN	55317-4507	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) buty Gen Counsel Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Mic C. MCGANN, JEAN, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 4 VILLAGE ROAD			12 31 2019						
City	State	Zip Code	Transaction ID : PR2575146956342						
FLORHAM PARK	NJ	07932-2415	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt SB KA	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optio	nal)	••••••	604.98						
TOTAL This Period (last page this line nu	umber only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(check only one)

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			Detailed Summary Page	×	11a		11b	110	; [-	12	
			Detailed Summary Page		13		14	15	ŀ	_	16	17
An or	v information copied from such Reports and Sta for commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pendotress of any political committee	erson f e to so	or the licit cor	purp ntrib	oose of utions	f solicit	ing uch	con con	tribut nmitte	ions ee.
\backslash	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia PETERSOHN, PATRICK, , ,	al) or Full C	organization Name		Date of	Re	ceipt					
	Mailing Address 16413 BIRCH STREET				^M 12	1	D 31		Y	ү 20	19 19	Y
	City	State	Zip Code		Trans	acti	ion ID :	: PR25	7514	183	56342	2
	OVERLAND PARK	KS	66085-7842	/	Amount	t of	Each F	Receipt	this	s Pe	əriod	
	FEC ID number of contributing federal political committee.	С									384.6	30
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of SIs		M	emo	Item					
	Receipt For:		Year-to-Date ▼									
	Primary General Other (specify) ▼	Aggregate	4999.80	P	/R Ded	uctio	on (\$19	92.30 B	i-We	ekl	y)	
	Full Name of Individual (Last, First, Middle Initia PELNER, DAVID, , ,	al) or Full C	rganization Name		Date of	Re	ceipt					
	Mailing Address 1200 WEST MINNEHAHA PAR	KWAY		M M / D D / Y Y Y Y 12 31 2019								
	City	State	Zip Code		Transaction ID : PR2575155956342							
	MINNEAPOLIS	MN	55419-1163	A	Amount of Each Receipt this Period						-	
	C ID number of contributing deral political committee.						<u> </u>				44.4	łO
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Real Estate Svs		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 485.45					on (\$19).23 Bi-	Wee	⊧kly))	
	Full Name of Individual (Last, First, Middle Initia THOMAS, DIANE, , ,	le Initial) or Full Organization Name				Re	ceipt					
	Mailing Address 2701 KING JAMES AVE				Date of Receipt							
	City	State	Zip Code		Trans	acti	ion ID :	: PR25	751	564	5634	2
	ST CHARLES	IL	60174-7827	A	Amount	t of	Each F	Receipt	this	s Pe	əriod	
	FEC ID number of contributing federal political committee.	С					, .	,			235.2	28
	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	Item					
	United HealthCare Services Inc	Mkt										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.88	P.	/R Ded	uctio	on (\$76	6.92 Bi-	Wee	əkly)	
	JBTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,			-	<u>, , , , , , , , , , , , , , , , , , , </u>				664.2	28

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)		(check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page		× 11a		11b	11c	12				
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	e name and a	address of any political committee	e to s	olicit cor	ntrib	outions f	rom such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini RAZVI, NIGHET, , ,	tial) or Full O	Organization Name		Date of	Re	eceipt						
	lailing Address 1015 S CLINTON AVENUE					1	D D D 31) / Y	үүү 2019	Y			
	OAK PARK	State IL	Zip Code 60304-1823						16865634 is Period	2			
	FEC ID number of contributing federal political committee.	С			<u> </u>				28.4	46			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir		M	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 369.98]	P/R Ded	ucti	on (\$14.	.23 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Ini HAMANN, CHAD, , ,	tial) or Full O	organization Name		Date of	Re	eceipt						
	Mailing Address 7638 RIDGEVIEW WAY			M M 12	1	31	/ Y	2019	Y				
	City	State MN						7015634	2				
	CHANHASSEN			Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		Ľ.		-		384.0	60				
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Tax		M	emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate]	P/R Ded	ucti	on (\$192	2.30 Bi-W	′eekly)					
с.	Full Name of Individual (Last, First, Middle Ini WIELAND, MICHAEL, , ,	tial) or Full O	Organization Name		Date of	Re	eceipt						
	Mailing Address 6741 EAST SHADOW LAKE	DRIVE	DRIVE				12 31 2019						
	City CIRCLE PINES	State MN	Zip Code 55014-1348						18165634 is Period	2			
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	. ,	28.0	08			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir I O Engineering		Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate]	P/R Ded	ucti	on (\$14	.04 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			•			, ,	. ,	441.1	14			
Т	OTAL This Period (last page this line number	only)		•			-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	X 11a 11b 11c 12				
An	y information copied from such Reports and S	tatements ma	I ay not be sold or used by any p	13 14 15 16 1 erson for the purpose of soliciting contributions				
or	for commercial purposes, other than using the							
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)				
۹.	Full Name of Individual (Last, First, Middle Init MCGUIRE, THOMAS, , ,	tial) or Full C	rganization Name	Date of Receipt				
	Mailing Address 41 CUMBERLAND ROAD			12 31 Y Y Y Y Y 12 31 2019				
	City WEST HARTFORD	State CT	Zip Code 06119-1121	Transaction ID : PR2575185456342 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		192.30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4807.50	P/R Deduction (\$192.30 Bi-Weekly)				
	Full Name of Individual (Last, First, Middle Init MELLO, STEPHANIE, , ,	tial) or Full C	rganization Name	Date of Receipt				
	Mailing Address 65 CLARK LANE			12 / D D / Y Y Y Y Y 12 31 2019				
	City SWANSEA	State MA	Zip Code 02777-4550	Transaction ID : PR2575191356342 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		28.08				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ec Dir	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)				
	Full Name of Individual (Last, First, Middle Init DEMARIS, PETER, , ,	of Individual (Last, First, Middle Initial) or Full Organization Name RIS, PETER, , ,						
	Mailing Address 2301 OLIVER AVE S			12 / D D / Y Y Y Y Y 12 31 2019				
	City MINNEAPOLIS	State MN	Zip Code 55405-2448	Transaction ID : PR2575191856342 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		384.60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. MUELLER, CYNTHIA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6919 OLD WHISKEY CREE	EK DR		12 31 2019							
City	State	Zip Code	Transaction ID : PR2575192256342							
FORT MYERS	FL	33919-1828	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
United HealthCare Services Inc	VP	Clms								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
			1							
Full Name of Individual (Last, First, Middle B. MOORE, KRISTIN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3021 ROSEDALE AVENUE			12 31 2019							
City	State	Zip Code	Transaction ID : PR2575194456342							
DALLAS	TX	75205-1451	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)							
Primary General										
Other (specify) v		, 364.00	1							
Full Name of Individual (Last, First, Middle C. GRANBERG, MITCHELL, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6721 GALWAY DRIVE			12 31 2019							
City	State	Zip Code	Transaction ID : PR2575196156342							
EDINA	MN	55439-1313	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
Optum Services, Inc	Dep	uty Gen Counsel								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			440.68							
TOTAL This Period (last page this line number	er only)	······								

SCHEDULE A (FEC Form 3X) DEAEIDTA

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IT.			Use separate schedu	(check only one)										
	EMIZED RECEIPTS		for each category of Detailed Summary Pa		X 11a	11b	11c	12						
	y information copied from such Reports and Sta													
	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	address of any political c	ommittee to	SOUCIL CON		om suci	1 COMMILLE	e					
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Gro	up PAC)									
A.	Full Name of Individual (Last, First, Middle Initia CONDON, CRAIG, , ,	l) or Full O	Organization Name		Date of Receipt									
	Mailing Address 268 OAK LANDING WAY				12 31 / Y Y Y Y 12 31 2019									
	City SEVERNA PARK	State MD	Zip Code 21146-3116			action ID : F of Each Re			2					
	FEC ID number of contributing federal political committee.	С]				384.6	60					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		Me	mo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999	9.80	P/R Dedu	iction (\$192	.30 Bi-W	/eekly)						
B.	Full Name of Individual (Last, First, Middle Initia FRANCIS, KEVIN, , ,	l) or Full O	Organization Name		Date of	Receipt								
	Mailing Address 15815 MINNETONKA BLVD	1			12 / 31 / 2019 Transaction ID : PR2575203356342									
	City MINNETONKA	State MN	Zip Code 55345-1410	-		of Each Re			2					
	FEC ID number of contributing federal political committee.	С]	384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Chief Actuary											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999	9.80	P/R Dedu	ction (\$192.	30 Bi-W	/eekly)						
C.	Full Name of Individual (Last, First, Middle Initia DURKO, GEORGE, , ,	l) or Full O	Organization Name		Date of	Receipt								
	Mailing Address 7029 KINGSBURY BLVD	1			^M 12	/ D D 31	/ Y	ү 2019	Y					
	City UNIVERSITY CITY	State MO	Zip Code 63130-4305			of Each Re			2					
	FEC ID number of contributing federal political committee.	С]		5	. y	38.4	6					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt		Me	mo Item								
	Receipt For: Primary General Other (specify)	Aggregate		9.98	P/R Dedu	uction (\$19.2	23 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)			····· ►		9	,	807.6	6					
т	OTAL This Period (last page this line number on	ıly)		····· ►		-								

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ıт.			Use separate schedule(s)	(ch	(check only one)									
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a	11b	11c	12						
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{\left\langle \right.}$	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	PAC)										
A.	Full Name of Individual (Last, First, Middle Initia CARRIS, DONNA, , ,	l) or Full O	Drganization Name		Date of Receipt									
	Mailing Address 27 WEST WILLOW LN				12 31 2019									
	City CHARLESTOWN	State RI	Zip Code 02813-1727				: PR2575 Receipt th		2					
	FEC ID number of contributing federal political committee.	С						76.9	92					
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		Me	mo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96		P/R Dedu	ction (\$3	8.46 Bi-We	eekly)						
в.	Full Name of Individual (Last, First, Middle Initia STORDAHL, PAUL, , ,	l) or Full O	Drganization Name		Date of	Receipt								
	Mailing Address 7001 W 175TH AVENUE	1			12 31 2019 Transaction ID : PR2575213056342									
	City EDEN PRAIRIE	State MN	Zip Code 55346-2161				: PR25752 Receipt th		2					
	FEC ID number of contributing federal political committee.	С			P/R Deduction (\$192.30 Bi-Weekly)									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Chief Actuary											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P										
С.	Full Name of Individual (Last, First, Middle Initia MARTIN, PETER, , ,	l) or Full O	Drganization Name		Date of	Receipt								
	Mailing Address 7091 HIGHOVER DRIVE	-			^M 12	/ D 3		2019	Y					
	City CHANHASSEN	State MN	Zip Code 55317-7572				: PR2575 Receipt th		2					
	FEC ID number of contributing federal political committee.	С					. ,	30.0	00					
	Name of Employer (for Individual) Optum360 Services Inc	Occu VP F	cupation (for Individual) Fin		Me	mo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00		P/R Dedu	iction (\$1	5.00 Bi-W	eekly)						
s	UBTOTAL of Receipts This Page (optional)			•				491.5	52					
т	OTAL This Period (last page this line number or	ıly)		•										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				or each category of the	×	11a		11b 11c					1	12	
				Detailed Summary Page		13		-	14		15	ŀ		16	17
	y information copied from such Reports and Statem for commercial purposes, other than using the nam														
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	PAC (l	Un	itedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) o MEYERHOFER, JEFFREY, , ,	r Full O	rga	nization Name		Date o	of Re	ec	eip	t					
	Mailing Address 6624 IROQUOIS TRAIL			1		M M / D D / Y Y Y Y 12 31 2019									
	, ,	state MN		Zip Code 55439-1065		Trans									2
		VIIN		55459-1005	_ /	Amoun	nt of	E	Each	ו Re	€eip	t this	s Pe	riod	
	FEC ID number of contributing federal political committee.	;	_					-,		_			-	153.8	4
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) it COO		N	lemo	οI	Iter	n					
	Receipt For: Aq	gregate	Yea	ar-to-Date 🔻											
	Primary General Other (specify) ▼		-	1499.94	P.	/R Dec	ducti	ior	n (\$	57.6	39 Bi	-Wee	əkly)		
В.	Full Name of Individual (Last, First, Middle Initial) o KOENIG, ERICA, , ,	r Full O	rga	nization Name		Date o	of Re	ec	eip	t					
	Mailing Address 5985 PRESTWICK COURT					^M 12	/	1		д 31	/	Y	y 201	9 9	Y
		state		Zip Code	_	Trans						-			
	EXCELSIOR	MN		55331-4412	/	Amoun	nt of	E	Each	n Re	eip	t this	s Pe	riod	
	FEC ID number of contributing federal political committee.	;						-,		_			3	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) nan Capital		N	lemo	οI	lter	n					
	Receipt For: Ag Primary General Other (specify) ▼	gregate	Yea	ar-to-Date ▼ 4999.80	P/	'R Dec	luctio	on	า (\$	192.	.30 B	i-We	∍ekly	<i>י</i>)	
с.	Full Name of Individual (Last, First, Middle Initial) o CARNISH, ERIN, , ,	r Full O	rga	nization Name		Date o	of Re	ec	eip	 t					
	Mailing Address 7640 SOUTH BAY DR					^M 12	/	1		31	1	Y	y 201	9 9	Y
	3	state		Zip Code		Tran	sact	tio	on I	D : F	PR25	5752 ⁻	1555	56342	2
	BLOOMINGTON	MN		55438-2900	/	Amoun	nt of	E	Each	n Re	ceip	t this	s Pe	riod	
	FEC ID number of contributing federal political committee.	;						,	,	_	_		7	769.2	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		N	lemo	0	Iter	n					
	Receipt For: Ag Primary General Other (specify)	1		ar-to-Date ▼ 4999.93	P	/R Deo	ducti	ior	n (\$	3192	30 E	3i-We	eekly	y)	
s	UBTOTAL of Receipts This Page (optional)			••••••									13	307.6	6
Т	OTAL This Period (last page this line number only).			••••••										_	

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle WILSON, ADAM, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 336 SALEM CHURCH RC	DAD		M M / D D / Y Y Y Y 12 31 2019
City SUNFISH LAKE	State MN	Zip Code 55118-4719	Transaction ID : PR2575218656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		187.50
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) of of Staff	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$57.69 Bi-Weekly)
Full Name of Individual (Last, First, Middle GOODMAN, CYNTHIA, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 17928 BRENT DRIVE			12 / D D / Y Y Y Y 12 31 2019
City	State TX	Zip Code	Transaction ID : PR2575220156342
DALLAS		75287-5976	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		57.68
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify) ▼		374.92	P/R Deduction (\$14.42 Bi-Weekly)
Full Name of Individual (Last, First, Middle CONLIN, JAMES, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1 PARTRIDGE LANE			12 D D / Y Y Y Y 12 31 2019
City NORTH OAKS	State MN	Zip Code 55127-6308	Transaction ID : PR2575220556342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		909.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.94	P/R Deduction (\$454.54 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		1154.26
TOTAL This Period (last page this line num	ber only)		

Use separate schedule(s)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
	y information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	.C)										
A.	Full Name of Individual (Last, First, Middle Initia SHORS, MATTHEW, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 4649 EWING AVENUE SOUTH	1		12 31 2019										
	City	State MN	Zip Code	Transaction ID : PR2575222356342										
	MINNEAPOLIS	IVIIN	55410-1745	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item										
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia REILLY, DONALD, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 5 LEGHORN LANE			12 31 2019										
	City	State	Zip Code	Transaction ID : PR2575225356342										
	CROMWELL	СТ	06416-1671	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		20.00										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia KRUTA, DARLENE, , ,	al) or Full C	Organization Name	Date of Receipt										
	Mailing Address 9243 GREEN BRIAR RD			12 31 / Y Y Y Y 12 31 2019										
	City	State	Zip Code	Transaction ID : PR2575232556342										
	BLOOMINGTON	MN	55437-1939	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•	481.52										
Т	OTAL This Period (last page this line number of	nly)	····· ►	1 1 9 1 1 9 1 1 9 1										

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Mid GRUNDHOEFER, BRYAN, , ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 1500 STAG MEADOW			12 31 2019								
City SAN ANTONIO	State TX	Zip Code 78248-1346	Transaction ID : PR2575232756342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.00								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Non Physn	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4992.00	P/R Deduction (\$192.00 Bi-Weekly)								
Full Name of Individual (Last, First, Mid B. KIRKPATRICK, SUSAN, , ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 417 STERLING STREE			12 / D D / Y Y Y Y Y 12 31 2019								
City LANCASTER	State MA	Zip Code 01523-1847	Transaction ID : PR2575233656342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Mid C. RUSSELL, THOMAS, , ,	dle Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 10205 GROOMSBRID	GE ROAD		12 D D / Y Y Y Y 12 31 2019								
City JOHNS CREEK	State GA	Zip Code 30022-5645	Transaction ID : PR2575238656342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Empl Rel	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	nal)		488.92								
TOTAL This Period (last page this line nu	mber only)										

SCHEDULE A (FEC Form 3X) MIZED DECEIDTS

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1									
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	NC)									
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Date of Receipt									
Α.	SHUEY, JOANNE, , ,												
	Mailing Address 2694 WEST CREEK DRIVE			12 / D D / Y Y Y Y 31 2019									
	City FRISCO	State TX	Zip Code 75033-4759	Transaction ID : PR2575241656342									
			75055-4759	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		20.00									
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item									
	United HealthCare Services Inc	UHC	SIS RVP KA										
	Receipt For:	Aggregate	Year-to-Date ▼	_									
	Primary General	00 0		P/R Deduction (\$10.00 Bi-Weekly)									
	Other (specify) v	L	260.00										
в.	Full Name of Individual (Last, First, Middle Initi CHOATE, THOMAS, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 8222 STONE MASON CT			12 31 2019									
	City	State	Zip Code	Transaction ID : PR2575247856342									
	WINDERMERE	FL	34786-5624	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) In CEO	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	-									
	Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)									
— С.	Full Name of Individual (Last, First, Middle Initi DIMARTINO, TIMOTHY, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 49605 KEYCOVE ST			12 31 2019									
	City	State	Zip Code	Transaction ID : PR2575248156342									
	CHESTERFIELD	MI	48047-2361	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		97.88									
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Memo Item									
	United HealthCare Services Inc		A VP SIs Acct Mgt										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		999.86	P/R Deduction (\$38.46 Bi-Weekly)									
⊢	UBTOTAL of Receipts This Page (optional)			194.80									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	rated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middl			,									
A. DARRAH, JACQUELINE, , ,			Date of Receipt									
Mailing Address 6725 YORK AVENUE SC	OUTH #532		12 / D D / Y Y Y Y Y 12 31 2019									
City EDINA	State MN	Zip Code 55435-3235	Transaction ID : PR2575248556342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Issc Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middl B. BRANT, PAUL, , ,	e Initial) or Full O	rganization Name	Data of Respirat									
Mailing Address 17 ROCKY BROOK ROA	D		Date of Receipt									
City	State	Zip Code	Transaction ID : PR2575250256342									
WILTON	СТ	06897-1919	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. MATTILA, LUCAS, , ,	e Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 22829 N 52ND ST			12 / D D / Y Y Y Y 12 31 2019									
City PHOENIX	State AZ	Zip Code 85054-7202	Transaction ID : PR2575250656342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	l)		181.92									
TOTAL This Period (last page this line num	iber only)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	×	11a 13		11	-	11c	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		pos	se of s	solicitin	g contrib	utions			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (l	Uni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) KORF, GRETCHEN, , ,	or Full O	rgar	nization Name	Date of Receipt										
	Mailing Address 3180 CYPRESS CIRCLE S														
	City MEDINA	State MN		Zip Code 55340-8807	-						2522563				
				33340-0007	Amount of Each Receipt this Period 384.60 Memo Item										
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Irnal Affs											
	Poppint For:	ggregate	Yea	r-to-Date ▼ 4999.80	P/	'R Ded	uctio	on ((\$192.	30 Bi-\	Weekly)				
B.	Full Name of Individual (Last, First, Middle Initial) KUETER, DANIEL, , ,	or Full O	rgar	nization Name		Date of	Re	ecei	pt						
	Mailing Address 1500 WINGATE DRIVE					12 / D D / Y Y Y Y 12 31 2019									
	City DELAWARE	State OH		Zip Code 43015-9200	A	12									
	FEC ID number of contributing federal political committee.	C				_		-		- 1	625	.00			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) stwork		M	emo	o Ite	əm						
	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 5000.00	P/R Deduction (\$192.30 Bi-Weekly)										
С.	Full Name of Individual (Last, First, Middle Initial) BACHMANN, ANITA, , ,	or Full O	rgar	nization Name		Date of	Re	ecei	pt						
	Mailing Address 815 NORTHERN SHORES POIN					^M 12	/		31	/	2019	Y			
	City GREENSBORO	State NC		Zip Code 27455-3459							52584563				
		C				Arriount	. 01	⊨a(cn He	ceipt t	his Perioo 153	_			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		M	emo	o Ite	em						
	Receipt For: A Primary General Other (specify)			r-to-Date ▼ 2000.18	P/	/R Ded	uctio	on ((\$76.9	93 Bi-W	(eekly)				
s	UBTOTAL of Receipts This Page (optional)			•••••				,			1163	.46			
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IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
			for each category of the Detailed Summary Page	▲ 11a 11b 11c 12 13 14 15 16 1 ¹									
	ny information copied from such Reports and St for commercial purposes, other than using the												
\square	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initi REICHEL, RANDI, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 331 TUSCANY ROAD			12 31 2019									
	City	State	Zip Code	Transaction ID : PR2575259956342									
	BALTIMORE	MD	21210-2934	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		313.60									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
	United HealthCare Services Inc	VP	Regl Affs										
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General		2538.38	P/R Deduction (\$96.15 Bi-Weekly)									
	Other (specify) v		2330.30										
D	Full Name of Individual (Last, First, Middle Initi BROOMFIELD, ROBERT, , ,	ial) or Full O	rganization Name	Date of Receipt									
υ.	Mailing Address 12501 WEST 156TH STREET												
	Maining Rations 12001 WEST 150111 STREET			12 31 2019									
	City	State	Zip Code	Transaction ID : PR2575260456342									
	OVERLAND PARK	KS	66221-2662	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		92.30									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$46.15 Bi-Weekly)									
	Primary General												
	Other (specify) V	L	1199.90										
С.	Full Name of Individual (Last, First, Middle Initi ZARN, MARY, , ,	ial) or Full O	rganization Name	Date of Receipt									
	Mailing Address 11192 BLUESTEM LANE			M M / D D / Y Y Y Y 12 31 2019									
	City	State	Zip Code	Transaction ID : PR2575269156342									
	EDEN PRAIRIE	MN	55347-4731	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		153.84									
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item									
	United HealthCare Services Inc	VP (Gen Mgmt	_									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General		1499.94	P/R Deduction (\$57.69 Bi-Weekly)									
	Other (specify)	L	1499.94										
⊢	SUBTOTAL of Receipts This Page (optional)		· ·	559.74									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X	H	_	1b	11c	12	 			
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NAME OF COMMITTEE (In Full)		duress of any political committee			Indu		UIII SUCI	r commu	ee.			
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle A. ZAFFIRIS, NICHOLAS, , ,	e Initial) or Full C	rganization Name	Da	te of	Rece	eipt						
Mailing Address 9365 HUNTCLIFF TRCE			Ň	12	/	D D 31	/ Y	2019	Y			
City SANDY SPRINGS	State GA	Zip Code 30350-1608						27065634 is Period	2			
FEC ID number of contributing federal political committee.	С				-,		- 45-	28.0	08			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mei	mo l	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	Dedu	ction	n (\$14.0)4 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle B. JONES, TERRY, , ,	e Initial) or Full C	rganization Name	Da	te of	Rece	eipt						
Mailing Address 11856 NW 12TH MANOR		7: 0-1-	N	12	1	D D 31	/ Y	2019	Y			
City CORAL SPRINGS	State FL	Zip Code 33071-5035						7925634 is Period	2			
FEC ID number of contributing federal political committee.	С			iouni				28.0	00			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt		Mer	mo l	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. HAMBLIN, JILLIAN, , ,	e Initial) or Full C	rganization Name	Da	te of	Rece	eipt						
Mailing Address 3103 BEACON GROVE S			N	12 ^M	/	D D 31	/ Y	2019 [°]	Y			
City SPRING	State TX	Zip Code 77389-4348						29035634 is Period	2			
FEC ID number of contributing federal political committee.	С				,		, <u>,</u>	76.9	92			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Me	mo I	ltem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R	Dedu	ction	n (\$38.4	16 Bi-W€	ekly)				
SUBTOTAL of Receipts This Page (optiona	l)				,		,	133.(00			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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				Detailed Summary Page	×	11a 13] 11 14	- H	_	11c	12	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of	sol		contribut	ions	
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated													
A.	Full Name of Individual (Last, First, Middle Initial SAUER, BRIAN, , ,) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 28 HILLARY FARM LN					м м 12	/	Γ	0 D 31	1	/ Y	ү ү 2019	Y	
	City SAINT PAUL	State MN		Zip Code 55110-5934								9085634 s Period	2	
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.00	P/	R Dedi	uctic	on ((\$38.4	46	Bi-We	ekly)		
B.	Full Name of Individual (Last, First, Middle Initial MUELLER, STEVEN, , ,	-	Orgar	nization Name	C	Date of	Re	ecei	ipt					
	Mailing Address 6895 LAKE HARRISON CIRCLE					^M 12	/		31		/ Y	ү ү 2019	Y	
	City CHANHASSEN	State MN		Zip Code 55317-4589				-				9455634 s Period	2	
	FEC ID number of contributing federal political committee.	С						,			-	76.9	92	
	Name of Employer (for Individual) Optum Services, Inc		upat Ops	ion (for Individual)		Me	emo) Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	P/	R Dedu	uctio	on ((\$38.4	46	Bi-Wee	ekly)		
с.	Full Name of Individual (Last, First, Middle Initial HEWITT, SCOTT, , ,) or Full O	Orgar	nization Name		Date of	Re	ecei	ipt					
	Mailing Address 1443 RAYMOND AVE	1				^M 12	/	L	D 31		/ Y	y y 2019		
	City SAINT PAUL	State MN		Zip Code 55108-1430	A							9675634 s Period	2	
	FEC ID number of contributing federal political committee.	С						,			9	135.4	40	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Prgms		Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 1750.19	P/	R Ded	uctio	on	(\$67.	31	Bi-We	ekly)		
s	UBTOTAL of Receipts This Page (optional)			•				,		Ì	,	337.3	32	
т	OTAL This Period (last page this line number on	ly)		•••••							-			

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		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle MONAGHAN, JOHN, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1432 E AMBERWOOD DR	IVE		12 31 2019									
City PHOENIX	State AZ	Zip Code 85048-4056	Transaction ID : PR2575296856342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle HUGHES, ROBERT, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 68 OCEAN DRIVE	1-		12 / D D / Y Y Y Y Y 12 31 2019									
City	State	Zip Code	Transaction ID : PR2575304256342									
SEABROOK	NH	03874-4712	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. CUEVAS, BRANDON, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 8 CLOISTER COURT			12 / D D / Y Y Y Y 12 31 2019									
City LADERA RANCH	State CA	Zip Code 92694-1556	Transaction ID : PR2575305656342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			440.76									
TOTAL This Period (last page this line number	er only)											

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
EMIZED RECEIPTS for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports a	and Statements many	A not be sold or used by any political committee	13 14 15 16 berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)	ig the name and a	duress of any political committee								
	orated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Midd HUNT, BRADLEY, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6636 W SHORE DR			12 / D D / Y Y Y Y 12 31 2019							
City EDINA	State MN	Zip Code 55435-1529	Transaction ID : PR2575310456342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CMO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Midd GRIMM, JAN, , ,	lle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 3608 WEST 85TH STRE			12 / D D / Y Y Y Y 12 31 2019							
City LEAWOOD	State KS	Zip Code 66206-1353	Transaction ID : PR2575314856342							
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) SIS SVP	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Midd DRAWZ, MATTHEW, , ,		rganization Name	Date of Receipt							
Mailing Address 4848 SPARROW ROAD	State	Zip Code	12 / 31 / 2019 Transaction ID : PR2575315956342							
MINNETONKA	MN	55345-3219	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Bus Dev	Memo Item							
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	al)		489.60							
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	y information copied from such Reports and Si for commercial purposes, other than using the			erson fo	r the					
	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	NC)						
Α.	Full Name of Individual (Last, First, Middle Init GOLDBERG, JEFFREY, , ,	ial) or Full O	rganization Name	Da	ate of	Re	eceipt			
	Mailing Address 3410 BRADLEY LANE				12	/	31) / Y	y y 2019	Y
	City CHEVY CHASE	State MD	Zip Code 20815-3262						32695634 is Period	2
	FEC ID number of contributing federal political committee.	С			_			т. т.	78.	00
	Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc VP Business Development Exe				Me	emo	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/F	l Ded	ucti	on (\$39	.00 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Init PEEL, CHAD, , ,	ial) or Full O	rganization Name	Di	ate of	Re	eceipt			
	Mailing Address 7185 GUNFLINT TRAIL				12	/	31		2019	Y
	City CHANHASSEN	State MN	Zip Code 55317-4743						2985634	
	FEC ID number of contributing federal political committee.	С			nount	OT		eceipt th	is Period 227.	_
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ		Me	emc	tem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R	Dedu	uctio	on (\$76.	92 Bi-We	ekly)	
С.	Full Name of Individual (Last, First, Middle Init MYERS, REBECCA, , ,	ial) or Full O	rganization Name	Da	ate of	Re	eceipt			
	Mailing Address 10028 PURITAN WAY	1-			12 ^M	/	31		2019	
	City DAMASCUS	State MD	Zip Code 20872-2917				-		34035634 is Period	
	FEC ID number of contributing federal political committee.	С			_		,	, <u>,</u>	45.	62
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Dir Acct Mgmt		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.96	P/F	≀ Ded	ucti	on (\$14	.03 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)						,	,	351.3	30
Т	OTAL This Period (last page this line number of	only)	•••••	. [-			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page	×	11a	\square	111		11c		12		
Any information copied from such Reports and S	tatements m	av n	ot be sold or used by any pe	erson fr	13 or the i		14		15 solicit	ina c	16 ontribut	17 ions	
or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)			· · · · · ·	<u> </u>									
UnitedHealth Group Incorporate	`		•	(C)									
Full Name of Individual (Last, First, Middle Ini A. VANHAM, COLLEEN, , ,	tial) or Full C	Drgar	nization Name	Date of Receipt									
Mailing Address 727 N EVERGREEN AVE				M M / D D / Y Y Y Y 12 31 2019									
City	State		Zip Code	Transaction ID : PR2575341956342									
ARLINGTON HEIGHTS	IL		60004-5566	A	mount	of	Ead	ch Re	ceipt	this	Period		
FEC ID number of contributing federal political committee.	С	384.60											
Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) CEO		Me	emo) Ite	em					
Receipt For:	Aggregate	Yea	r-to-Date ▼										
Other (specify) ▼		-	4999.80	P/	R Dedu	uctic	on ((\$192.	.30 Bi	-We	ekly)		
Full Name of Individual (Last, First, Middle Ini B. WHITE, WAYNE, , ,	tial) or Full C	Drgar	nization Name		Date of	Re	eceij	pt					
Mailing Address 8727 W BUCKHORN TRL		^M 12	/		31	1		2019	Y				
City	State		Zip Code								2356342	2	
PEORIA	AZ	_	85383-4852	A	mount	of	Ead	ch Re	eceipt	this	Period		
FEC ID number of contributing federal political committee.	С			505.40								0	
Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) t Svs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 2499.64	P/I	R Dedu	uctio	on (\$196.	15 Bi	-Wee	ekly)		
Full Name of Individual (Last, First, Middle Ini HUYSMAN, JAMES, , ,	tial) or Full C	Drgar	nization Name		Date of	Re	cei	pt					
Mailing Address 9441 OAK GROVE CIRCLE					[™] 12	/		31	/		2019 [°]	Y	
	State FL		Zip Code								265634	2	
DAVIE		_	33328-6939	A	mount	of	Ead	ch Re	eceipt	this	Period		
FEC ID number of contributing federal political committee.	С						7			_	19.2	24	
Name of Employer (for Individual) Optum Services, Inc		upat /t Affs	ion (for Individual) s Dir		Me	emo	b Ite	əm					
Receipt For:		-	r-to-Date ▼	\neg									
Primary General Other (specify)			250.12	P/	R Ded	uctio	on ((\$9.62	2 Bi-W	/eekl	у)		
SUBTOTAL of Receipts This Page (optional)											909.2	4	
TOTAL This Period (last page this line number							,		,				

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		Use separate schedule(s)	(check o	only o	ne)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full)	anu anu a			Jonuli	5010115	nom auci	- commu		
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ir SIMONE, MICHAEL, , ,	nitial) or Full C	organization Name	Date	of R	eceipt				
Mailing Address 12 SCALIA COURT			M 12		31	D / Y	2019	Y	
City HAMILTON	State NJ	Zip Code 08690-1363					34675634 is Period	2	
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri						28.0	08	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Mem	o Item				
Receipt For: Primary General Other (specify) ▼	P/R D	educt	ion (\$14	.04 Bi-We	eekly)				
Full Name of Individual (Last, First, Middle Ir IMDIEKE, PATRICK, , ,	nitial) or Full C	organization Name	Date	of R	eceipt				
Mailing Address 15900 WHITE PINE DRIVE			M 12		31) / Y	2019	Y	
City WAYZATA	State MN	Zip Code 55391-2125					47956342 is Period	2	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Anlys Cnslt		Mem	o Item				
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		365.04	P/R D	educti	on (\$14	.04 Bi-We	ekly)		
Full Name of Individual (Last, First, Middle Ir TELESKY, MICHAEL, , ,	nitial) or Full C	organization Name	Date	of R	eceipt				
Mailing Address 2602 PENNINGTON PLACE	State	Zip Code	1: T	2	31		2019		
City VALPARAISO	IN	Zip Code 46383-9163					35095634 is Period	2	
FEC ID number of contributing federal political committee.	С		Ē		y .	, y	78.0	00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs SB KA		Mem	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1014.00	P/R D	educt	ion (\$39	.00 Bi-We	eekly)		
SUBTOTAL of Receipts This Page (optional)					y .	. ,	134.1	6	
TOTAL This Period (last page this line number	r only)					1 45			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	×	11a 13		11b	11c 15		2	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g cont	ributi	ons	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia PHILLIPS, CHRISTINE, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 63 HERITAGE TRAIL				^M 12	1	D D 31	/ Y	y 201	9	Ý	
	City SUFFIELD	State CT	Zip Code 06078-2376					PR2575: eceipt th				
	FEC ID number of contributing federal political committee.	С							_	28.0	В	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Regl Affs		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04		P/R Ded	ucti	on (\$14.	04 Bi-We	∍ekly)			
в.	Full Name of Individual (Last, First, Middle Initia PROSPECT, THEODORE, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 3440 BAYOU SOUND				^M 12	1	D D D 31	/ Y	201	9 9	r	
	City LONGBOAT KEY	State FL	Zip Code 34228-3000					PR25753				
	FEC ID number of contributing federal political committee.	С			Amoun			eceipt th		625.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Act Svs		M	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00] P	9/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	')		
С.	Full Name of Individual (Last, First, Middle Initia GUSTIN, TODD, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt					
	Mailing Address 5717 AYRSHIRE BLVD				12 ^M	1	31		201	9		
	City EDINA	State MN	Zip Code 55436-2059					PR2575: eceipt th				
	FEC ID number of contributing federal political committee.	С					,			363.6	2	
	Name of Employer (for Individual) Optum360 Services Inc		pation (for Individual) Jnit CEO		М	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 1999.91] F	P/R Ded	ucti	on (\$76.	92 Bi-We	ekly)			
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		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>					
	y information copied from such Reports and S													
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	address of any political committee	e to s	SOLICIT COL	ntrib	utions f	rom sucr	n committ	96.				
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Ini NIELSEN, MICHELE, , ,	tial) or Full O	Organization Name		Date of Receipt									
	Mailing Address 6 AMHERST COURT				12 / D D / Y Y Y Y 12 31 2019									
	City NORTH BRUNSWICK	State NJ	Zip Code 08902-4559						36175634 is Period	2				
	FEC ID number of contributing federal political committee.			<u> </u>				153.8	34					
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Ntwk Contrctng		M	emc	Item								
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 999.96		P/R Ded	uctio	on (\$38.	46 Bi-We	ekly)						
в.	Full Name of Individual (Last, First, Middle Ini BROWN, SALLY, , ,	tial) or Full O	Organization Name		Date of	f Re	ceipt							
	Mailing Address 192 HOMEWOOD DRIVE				^M 12	1	31	/ Y	2019	Y				
	City CLINTON	State NY	Zip Code 13323-1512	-					6365634	2				
	FEC ID number of contributing federal political committee.	С			Amoun			eceipt in	is Period 28.0)8				
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Bus Process		M	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04]	P/R Ded	uctio	on (\$14.	04 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Ini ADAM, MATTHEW, , ,	tial) or Full O	Organization Name		Date of	f Re	ceipt							
	Mailing Address 15607 SUMMIT DRIVE				^M 12	1	31	/ Y	2019	Y				
	City EDEN PRAIRIE	State MN	Zip Code 55347-2328						36405634 is Period	2				
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	9	28.0)8				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		M	emo	tem Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	1	P/R Ded	lucti	on (\$14.	.04 Bi-We	eekly)					
s	UBTOTAL of Receipts This Page (optional)			•			, .		210.0	00				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16	17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contribution	ons									
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (I	UnitedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initia COOK, JORDANA, , ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 1016 GLISTENING WAY			12 31 2019										
	City BELMONT	State NC	Zip Code 28012-8883	Transaction ID : PR2575371656342										
	FEC ID number of contributing	C	20012-0003	Amount of Each Receipt this Period 312.60										
	federal political committee.	U												
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Mktg Bus Dev	Memo Item										
	Receipt For:	Aggregate	Year-to-Date V	_										
	Primary General Other (specify) ▼		2500.80	P/R Deduction (\$96.15 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia PIETROSIMONE, RALPH A, , ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 44 ROSES FARM ROAD			12 31 2019	ŕ									
	City EAST HAVEN	State CT	Zip Code 06512-4665	Transaction ID : PR2575373856342 Amount of Each Receipt this Period	_									
	FEC ID number of contributing federal political committee.	С		19.04	4									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Prgm Mgr	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 247.52	P/R Deduction (\$9.52 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia CUNNINGHAM, BRIAN, , ,	al) or Full C	Drganization Name	Date of Receipt										
	Mailing Address 1711 ROLLING HILLS RD			12 31 2019	Ý									
	City	State WV	Zip Code	Transaction ID : PR2575375956342										
	CHARLESTON	VVV	25314-2215	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		76.92	2									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Proj Mgmt	Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			408.56	6									
т	OTAL This Period (last page this line number or	nly)	····· •											

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (I	UnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mido A. CIAVARELLA, TRACY, , ,	dle Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 20 LORRAINE DRIVE			M M / D D / Y Y Y Y 12 31 2019										
City	State	Zip Code	Transaction ID : PR2575377956342										
BEACON FALLS	СТ	06403-1256	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.08										
Name of Employer (for Individual) Optum Services, Inc	Optum Services, Inc VP Compli												
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$14.04 Bi-Weekly)												
Full Name of Individual (Last, First, Mide DOLL, KATHLEEN, , ,	dle Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 3184 MULLIGAN LANE													
City CHASKA	State MN	Zip Code 55318-3226	Transaction ID : PR2575385156342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		20.66										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 549.88	P/R Deduction (\$21.15 Bi-Weekly)										
Full Name of Individual (Last, First, Mido C. FENLON, STEVEN, , ,	dle Initial) or Full C	Organization Name	Date of Receipt										
Mailing Address 4925 DREW AVE S			12 31 / Y Y Y Y 12 31 2019										
	State	Zip Code	Transaction ID : PR2575392056342										
MINNEAPOLIS	MN	55410-1743	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		192.30										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	ıal)	b	241.04										
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	for each category of the Detailed Summary Page		× 11a]11b	11c	12			
Ar	y information copied from such Reports and S	statements ma	ay not be sold or used by any p	erson	13 for the	pur	14 pose of	15 soliciting	16 contribut	17 ions
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrib	outions 1	from such	n committe	эе.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	JnitedHealth Group PA	AC)						
Α.	Full Name of Individual (Last, First, Middle Ini POST, LINDA, , ,	tial) or Full C	rganization Name		Date o	f Re	eceipt			
	Mailing Address 23415 FAIRMOUNT BLVD				^M 12	1	D 31) / Y	ү ү 2019	Y
	City SHAKER HEIGHTS	State OH	Zip Code 44122-2231						39525634 is Period	2
	FEC ID number of contributing federal political committee.				<u> </u>				15.0	00
	Name of Employer (for Individual) United HealthCare Services Inc	upation (for Individual) Aed Dir		М	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 375.00]	P/R Ded	ucti	on (\$15	.00 Bi-We	eekly)		
в.	Full Name of Individual (Last, First, Middle Ini BRATTEBO, CRAIG, , ,	tial) or Full C	rganization Name		Date o	f Re	eceipt			
	Mailing Address 10202 HARMONY CIRCLE				^M 12	/	31		2019	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-5019						97256342	2
			55347-5019	_	Amoun	t of	Each F	leceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			<u>L</u> .		- 1		192.3	30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) outy Gen Counsel Mgr		M	emo	o Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	1	P/R Ded	uctio	on (\$96.	15 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Ini FELLER, WILLIAM, , ,	tial) or Full C	rganization Name		Date o	f Re	eceipt			
	Mailing Address 3715 HUNTINGTON AVE	State	Zip Code		12 12		31		2019	
	City ST LOUIS PARK	MN	55416-4917	_					40035634 is Period	2
	FEC ID number of contributing federal political committee.	С			Ľ.		y	. y	153.8	34
	Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc VP Technology				M	emo	o Item			
Receipt For: Aggregation Primary General Other (specify) Image: Constraint of the second			Year-to-Date ▼ 999.96]	P/R Dec	lucti	on (\$38	.46 Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•			y	. ,	361.1	4
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)
ILEINILED KEGEIPIS		for each category of the Detailed Summary Page	× 11a 11b 11c 12
			13 14 15 16 1 erson for the purpose of soliciting contributions
	the name and a	ddress of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ated PAC (I	JnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle UNDERWOOD, JEFFREY, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 14625 SW SUNRISE LN			M M / D D / Y Y Y Y 12 31 2019
City TIGARD	State OR	Zip Code 97224-1209	Transaction ID : PR2575403356342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	153.84	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)	
Full Name of Individual (Last, First, Middle VENKATESAN, CHANDRAMOU			Date of Receipt
Mailing Address 17698 62ND COURT NOF	1		12 31 2019
City MAPLE GROVE	State MN	Zip Code 55311-4619	Transaction ID : PR2575410156342
FEC ID number of contributing	_	33311-4013	Amount of Each Receipt this Period
federal political committee.	C		625.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg CIO	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Other (specify) ▼		5000.00	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. MILLER, ALLISON, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 11671 45TH PLACE NE			12 31 2019
City SAINT MICHAEL	State MN	Zip Code 55376-4536	Transaction ID : PR2575418156342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nfo Security Risk Mgmt	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2307.60	P/R Deduction (\$96.15 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		1163.44
TOTAL This Period (last page this line num	per only)		

SCHEDULE A (FEC Form 3X) - DEAEIDTA

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ILEIVILLED REGEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mic GOTHARD, CAROL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 16492 BROOKLANE B	OULEVARD		M M / D D / Y Y Y Y 12 31 2019						
City NORTHVILLE	State MI	Zip Code 48168-8417	Transaction ID : PR2575419156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.36						
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item						
Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$38.18 Bi-Weekly)								
Full Name of Individual (Last, First, Mic B. MCGAVICK, KEVIN, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 705 NOTTINGHAM CC	1		12 31 2019						
City CRANBERRY TOWNSHIP	State PA	Zip Code 16066-6527	Transaction ID : PR2575421956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		76.92						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Dvlp	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Mic C. ARMSTRONG, LORI, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 808 CAREN DRIVE			M M / D D / Y Y Y Y Y 12 31 2019						
City ELDERSBURG	State MD	Zip Code 21784-8569	Transaction ID : PR2575427956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		390.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optio	nal)		543.28						
TOTAL This Period (last page this line no	Imber only)	······							

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	11c		2	17			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)										
A.	Full Name of Individual (Last, First, Middle Initia OHARA, KARIN, , ,	l) or Full Oi	rganization Name	D	Date of Receipt									
	Mailing Address 1431 HENRY COURT			1 F	M M / D D / Y Y Y Y 12 31 2019									
	City CHANHASSEN	State MN	Zip Code 55317-2200		Transaction ID : PR2575428756342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					7			76.92	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng		Me	emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1449.96	P/F	R Ded	uctio	on (\$57.6	69 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia CASTILLO, EFREM, , ,	l) or Full Oi	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 307 JOLIET AVE				^M 12	/	31	/ Y	2019	9 9				
	City SAN ANTONIO	State TX	Zip Code 78209-5243					PR25754						
	FEC ID number of contributing federal political committee.	C	10203-3243		mount	σ		eceipt th		11.02	2			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Care Initiv	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3692.27	P/F	R Dedu	uctic	on (\$134	.61 Bi-W	'eekly))				
<u></u> С.	Full Name of Individual (Last, First, Middle Initia SPILKER, TIMOTHY, , ,	l) or Full Oi	rganization Name	D	ate of	Re	ceipt							
	Mailing Address 32 FITCH LANE				^M 12	/	D D D 31	/ Y	201					
	City NEW CANAAN	State CT	Zip Code 06840-5051					PR2575						
	FEC ID number of contributing federal political committee.	С					9	y	3	384.60)			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/I	R Ded	uctio	on (\$192	2.30 Bi-V	/eekly	')				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			Detailed Summary Page	×	11a		11b		11c		12				
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\setminus	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporate			AC)											
۹.	Full Name of Individual (Last, First, Middle Ini BOOKER, ROBERT, , ,	itial) or Full C	Drganization Name		Date of	Re	ceip	t							
	Mailing Address 16632 HANSON BLVD NW				12 ^M	/		31	/ Y	ү 20	ү 019	Y			
	City	State	Zip Code		Transaction ID : PR2575447256342										
	ANDOVER	MN	55304-2089		Amount	of	Each	n Re	ceipt t	nis F	Period				
	FEC ID number of contributing federal political committee.	С		384.60											
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) lef Info Security Officer		Me	emo	Iter	n							
	Receipt For:		Year-to-Date V												
	Primary General Other (specify) ▼		4999.80] 「	P/R Dedu	uctio	on (\$	192.	30 Bi-\	Veek	(ly)				
	Full Name of Individual (Last, First, Middle Ini FLOCCO, LOUIS, , ,	itial) or Full C	Drganization Name		Date of	Re	ceip	t							
	Mailing Address 3281 S VINE STREET				12 ^M	/		д 31	/ Y)19	Y			
	City	State	Zip Code		Transa	acti	on II) : P	R2575	4486	656342	2			
	CHANDLER	AZ	85248-3845		Amount	of	Each	n Re	ceipt tl	nis F	Period				
	FEC ID number of contributing federal political committee.	С					,		-9		200.0	00			
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Underwriting		Me	emo	Iter	n							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2600.00] P	P/R Dedu	ıctic	on (\$	100.	00 Bi-V	Veek	ily)				
	Full Name of Individual (Last, First, Middle Ini GEHLBACH, THOMAS, , ,	itial) or Full C	Drganization Name		Date of	Re	ceip	t							
	Mailing Address 5380 YELLOWSTONE TRAIL	-			12 ^M	/		31	/ Y)19 [°]	Y			
	City	State	Zip Code		Trans	acti	ion I	D : F	PR2575	448	85634	2			
	MINNETRISTA	MN	55331-9163		Amount	of	Each	n Re	ceipt t	nis F	Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	9	_	y		384.6	60			
	Name of Employer (for Individual)	Occ	cupation (for Individual)		Me	emo	Iter	n							
	United HealthCare Services Inc		^D Underwriting												
	Receipt For:	Aggregate	Aggregate Year-to-Date ▼												
	Primary General Other (specify)		4999.80] 「	P/R Ded	uctio	on (\$	192	.30 Bi-\	Veeł	dy)				
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				or each category of the Detailed Summary Page	×	11a		1	1b		11c		12			
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	y information copied from such Reports and State for commercial purposes, other than using the na															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial) RUNICE, PAUL, , ,	or Full O	Organ	nization Name		Date c	f Re	ece	eipt							
	Mailing Address 4622 BRUCE AVENUE					[™] 12	/	I	D 3		/ Y		019	Y		
	City	State		Zip Code		Tran	sacti	io	n ID	: P	R2575	451	55634	2		
	EDINA	MN		55424-1123	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			369.00											
	Name of Employer (for Individual) United HealthCare Services Inc		upati Trea	ion (for Individual) sury		N	lemc	o I	tem							
	Receipt For:	Aggregate	Yea	r-to-Date ▼	 P	/R Dec	ductio	ion	n (\$1	84.	50 Bi-\	Veeł	kly)			
	Other (specify) ▼		Ţ	3444.04									.,			
	Full Name of Individual (Last, First, Middle Initial)	or Full O	Orgar	nization Name		Date c	of Re	ece	eipt							
	Mailing Address 910 MIDWEST TRAIL NORTH					[™] 12	/	l	D 3		/ Y) 19	Y		
	City	State		Zip Code		Trans	sacti	io	n ID	: P	R2575	4516	656342	2		
	LAKE ELMO	MN		55042-9658	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С						,			-9-		576.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc		upat Trea	ion (for Individual) asury		N	lemc	o I	tem							
		Aggregate	Yea	r-to-Date ▼												
	Primary General Other (specify) ▼		,	4999.96	P	/R Dec	luctio	on	ı (\$1	92.:	30 Bi-V	Veek	kly)			
с.	Full Name of Individual (Last, First, Middle Initial) MURPHY, ERIC, , ,	or Full O	Orgar	nization Name		Date c	of Re	ece	eipt							
	Mailing Address 5201 BLAKE ROAD					[™] 12	/	l	D 3		/ Y		019 [°]	Y		
	City	State MN		Zip Code							R2575			2		
	EDINA	IVIIN		55436-1127		Amour	t of	E	ach	Re	ceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С						,			y		384.6	60		
	Name of Employer (for Individual)		•	ion (for Individual)		N	lemo	οI	ltem							
	Optum Services, Inc Receipt For:		-	ment CEO	_											
	Primary General	Aggregate	Yea	r-to-Date ▼		P/R Dec	du cti	ior	n (¢1	an	30 Ri V	امم	kly)			
	Other (specify)		-	4999.80			JUCU		، رە ا	JZ.	JU DI-1	1000	му)			
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12
		, , ,	13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (I	JnitedHealth Group PA	.C)
Full Name of Individual (Last, First, Middle Initi A. PEGG, JACK, , ,	ial) or Full C	organization Name	Date of Receipt
Mailing Address 4917 KAMA LANE NE			12 31 Y Y Y Y 12 31 2019
City	State	Zip Code	Transaction ID : PR2575456056342
ALBERTVILLE	MN	55301-3536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting	Memo Item
Receipt For:		Year-to-Date V	_
Primary General Other (specify) ▼	Ayyreyale	365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initi B. SMITH, DAYNITA, , ,	ial) or Full C	organization Name	Date of Receipt
Mailing Address 4828 ISLAND VIEW DR			12 31 2019
City	State	Zip Code	Transaction ID : PR2575460656342
MOUND	MN	55364-9391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initi C. STUCKMAYER, SHARON, , ,	ial) or Full C	Prganization Name	Date of Receipt
Mailing Address 24005 RIVERS EDGE ROAD			12 31 2019
City	State	Zip Code	Transaction ID : PR2575462856342
ROGERS	MN	55374-4781	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			181.16
TOTAL This Period (last page this line number of			

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle GLATT, CHRISTOPHER, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 631 GOODRICH AVE			12 31 Y Y Y Y 2019
City SAINT PAUL	State MN	Zip Code 55105-3522	Transaction ID : PR2575464956342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		76.92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aviation Corp Pilots	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. PHINNEY, ASHLEY, , ,	e Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 5 GATEHOUSE ROAD			12 / Y Y Y Y 12 31 2019
City GRANBY	State CT	Zip Code 06035-1922	Transaction ID : PR2575468456342
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ector Technology	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle SADUSKE, NANETTE, , ,	Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4276 NICOLET DRIVE			12 / D D / Y Y Y Y 12 31 2019
City GREEN BAY	State WI	Zip Code 54311-9798	Transaction ID : PR2575470256342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.52
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 994.76	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		181.52
TOTAL This Period (last page this line num	per only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Arv information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicing contributions from such committee. 13 14 15 16 NAME OF Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in the purpose of solicing contributions from such committee. NAME OF COMMITTEE (in the purpose of solicing contributions from such committee. Date of Receipt Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Mailing Address 9713 HEMLOCK LANE NORTH City State Zip Code Price Soltware 1 Aggregate Year-to-Date ▼ Price Soltware Engineering Price Soltware Engineering Receipt For: Mailing Address 1633 HILLTOP RD City State Zip Code Price Soltware Soltware Engineering Receipt For: Mailing Address 1633 HILLTOP RD City Siste			Detailed Summary Page				× 11a] 11	1b	11c		12	_				
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pui) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) A. BARTHEL, THOMAS, Mailing Address 9713 HEMLOCK LANE NORTH City Marke of contributing C Name of Employer (for Individual) Cocupation (for Individual) Cocupation (for Individual) City General City General City City City City City City City City									_		-		-	17				
V UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ABRTHEL, THOMAS, Mailing Address 9713 HEMLOCK LANE NORTH City MAPLE GROVE Marce of Individual Committee Name of Employer (for Individual) Optime Services, Inc Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MARLACULLAN, DANNEL, , Mailing Address 1833 HILLTOP RD City City State City	or f	or commercial purposes, other than using the																
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt ABARTHEL, THOMAS, Maling Address 9713 HEMLOCK LANE NORTH 12 3 2019 City State Zip Code Transaction ID : PR2575493553242 Amount of Each Receipt this Period PEC ID number of contributing federal political committee. C				/1 In	itadHaalth Craup D/													
A. BARTHEL, THOMAS, , Mailing Address 9713 HEMLOCK LANE NORTH City MAILING Address 9713 HEMLOCK LANE NORTH City City City City City City City Cit	/		J PAC (Un	Redriealin Group Pr	λC)												
City State Zip Code 12 31 2019 MAPLE GROVE MN S5369-3665 Amount of Each Receipt this Period 28.08 FEC ID number of contributing federal political committee. Occupation (for Individual) Optum Services. Inc OCcupation (for Individual) Optum Services. Inc Aggregate Year-to-Date ▼ P/R Deduction (\$14.04 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Date of Receipt State Zip Code 12 31 2019 City State Zip Code 12 0 0 Brecipt For: Malling Address 1833 HILLTOP RD Date of Receipt 0 12 0	٩.	Full Name of Individual (Last, First, Middle Initia BARTHEL, THOMAS, , ,	al) or Full (Orga	nization Name		Date of	Re	ece	ipt								
MAPLE GROVE MN 55369-3665 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Optim Services, Inc Occupation (for Individual) Sr Dir Software Engineering Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 1833 HILLTOP RD C City JENKINTOWN State Primary Other (specify) ▼ Date of Receipt Receipt For: Primary City City Dinte dealth/Care Services Inc Occupation (for Individual) Dir Compli Receipt For: Primary City City City City City City City Cit		Mailing Address 9713 HEMLOCK LANE NORTH	1					1	E			2 2	019	Y				
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Primary General Other (specify) ▼ P/R Deduction (\$14.04 Bi-Weekly) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt STARMANN, LYNN, , , Date of Receipt Mailing Address 11701 WEMBLEY RD 12 City State Zip Code LOS ALAMITOS CA 90720-4235 FEC ID number of contributing federal political committee. C Aggregate Year-to-Date ▼ Name of Employer (for Individual) Occupation (for Individual) Memo Item Optum Services, Inc Aggregate Year-to-Date ▼ P/R Deduction (\$38.46 Bi-Weekly)							Me	emc	o It	em								
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	EMIZED RECEIPTS			I Summary Page	×	11a		11		11c	12	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar								se of :			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I							Jun				
 A.	Full Name of Individual (Last, First, Middle Initial) DITTBERNER, LINDSAY, , ,	or Full O	rganization	Name		Date of	f Re	ecei	ipt			
	Mailing Address 962 WOODVIEW CIRCLE					м м 12	/	Г	D D 31	/ Y	ү ү 2019	Y
	5	State	Zip Co			Trans	acti	ion	ID : I	PR2575	4969563	42
	CARVER	MN	553	5-4519	 A	mount	t of	Ea	ich Re	eceipt th	nis Perioo	1
	FEC ID number of contributing federal political committee.	0						-			200	.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Gen Mgmt	Individual)		M	emo	o Ite	em			
	Receipt For: A	ggregate	Year-to-Da	te 🔻	1							
	Primary General Other (specify) ▼			2000.00	P/	R Ded	uctio	on	(\$76.9	92 Bi-W	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial) VESLEDAHL, MATTHEW, , ,	or Full O	rganization	Name		Date of	f Re	ecei	ipt			
	Mailing Address 15598 MICHELE LANE					^M 12	1	Ľ	D D 31	/ Y	y y 2019	Y
	City EDEN PRAIRIE	State MN	Zip Co 5534	ode 6-2548				-			4992563 4 nis Period	
	FEC ID number of contributing federal political committee.	0				_		-			285	.70
	Name of Employer (for Individual) Optum Services, Inc		upation (for Ntwk Contr	^r Individual) ctng		M	emo	o Ite	em			
	Receipt For: An Primary General Other (specify) ▼	ggregate	Year-to-Da	te ▼ 999.95	P/I	R Ded	uctic	on ((\$38.4	l6 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) SUNDAL, DEBORAH, , ,	or Full O	rganization	Name		Date of	f Re	ecei	ipt			
	Mailing Address 5109 WEST 66TH ST					^M 12	/	Γ	D D D 31	/ Y	2019	Y
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	FEC ID number of contributing federal political committee.	0						9		,	3079	.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for	Individual)		М	emo	o Ite	em			
	Poppint For:		Year-to-Da	te ▼ 5000.00	P/	R Ded	luctio	on	(\$192	.30 Bi-V	Veekly)	
s	UBTOTAL of Receipts This Page (optional)				 [ļ			3564	.70
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 12 12 14 15 11c 12
			13 14 15 16 1 erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)
Full Name of Individual (Last, First, Middle A. HAGEN, ALDIS, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 152 OCEAN AVENUE			12 31 Y Y Y Y Y 12 31 2019
City BREEZY POINT	State NY	Zip Code 11697-1727	Transaction ID : PR2575506756342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Capability	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. DELREAL, MAGDALENA, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 107 WILLOW CREEK LAI			12 / D D / Y Y Y Y Y 2019
City WILLOW SPRINGS	State IL	Zip Code 60480-1277	Transaction ID : PR2575507756342
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. JONES, RICHARD, , ,	e Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 7597 S OLD FARM LANE	:		12 31 / Y Y Y Y 12 31 2019
City MERIDIAN	State ID	Zip Code 83642-7132	Transaction ID : PR2575509656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg SIs Dir	Memo Item
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12	<u> </u>					
	y information copied from such Reports and S														
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	solicit co	ntrib	outions f	rom such	n committ	ee.					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate		InitedHealth Group P/		C)										
	Onited lean Oroup incorporate			чC)											
Α.	Full Name of Individual (Last, First, Middle Ini HOWELL, NICHOLAS, , ,	tial) or Full C	rganization Name		Date of	f Re	eceipt								
	Mailing Address 300 ORANGE GROVE AVEN	UE			12 31 2019										
	City	State	Zip Code		Transaction ID : PR2575510056342										
	SOUTH PASADENA	CA	91030-1616		Amoun	t of	Each F	leceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					-		384.0	60					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc		M	emo	tem								
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	Primary General	Aggregate		11	P/R Ded	ucti	on (\$19:	2.30 Bi-W	/eekly)						
	Other (specify) v		4999.80												
в.	Full Name of Individual (Last, First, Middle Ini TSENG, LISA, , ,	tial) or Full C	rganization Name	Date of Receipt											
	Mailing Address 55 TEMPLE PLACE UNIT 5			12 / Y Y Y Y Y 12 31 / 2019											
	City	State	Zip Code		Trans	Transaction ID : PR2575511456									
	BOSTON	MA	02111-1300		Amoun	t of	Each R	leceipt th	is Period						
	FEC ID number of contributing federal political committee.	С					-		76.9	92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO		Memo Item										
	Receipt For:	Aggregate	Year-to-Date V												
	Other (specify)		, 846.12		P/R Ded	uctio	on (\$0.0	0 Bi-Wee	ekly)						
<u> </u>	Full Name of Individual (Last, First, Middle Ini SHAPIRO, SHEILA, , ,	tial) or Full C	rganization Name		Date of	f Re	eceipt								
	Mailing Address 1727 EAST MYRTLE AVENU	E			^M 12	/	31) / Y	y y 2019	Y					
	City	State	Zip Code	_	Trans	sact	ion ID :	PR2575	51205634	2					
	PHOENIX	AZ	85020-5529		Amoun	t of	Each R	leceipt th	is Period						
	FEC ID number of contributing federal political committee.	С			Ľ.	_	9		76.9	92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		M	emo	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96]	P/R Ded	lucti	on (\$38	.46 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)			•			, ,		538.4	14					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a	11b	11c	12	47						
Any information copied from such Reports and S or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	NC)										
Full Name of Individual (Last, First, Middle Ini MUNSON, RICHARD, , ,	itial) or Full C	organization Name	Date of	Receipt									
Mailing Address 4707 HAZELTINE LANE			M M 12	/ D D 31	/ Y	ү ү 2019	Ŷ						
City EAGAN	State MN	Zip Code 55123-2172	Transaction ID : PR2575512456342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					384.6	60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Me	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Ded	uction (\$96. ⁻	15 Bi-We	ekly)							
Full Name of Individual (Last, First, Middle In E. KELLY, MARGARET, , ,	itial) or Full C	organization Name	Date of	Receipt									
Mailing Address 23420 COVELLO STREET			M M 12	/ D D 31	/ Y	y y 2019	Y						
City WEST HILLS	State CA	Zip Code 91304-5333		action ID : I of Each Re			2						
FEC ID number of contributing federal political committee.	С					92.3	30						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP SIs Acct Mgmt	Me	emo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.90	P/R Dedu	uction (\$46.1	15 Bi-We	ekly)							
Full Name of Individual (Last, First, Middle In C. JOSEPH, MOLLY, , ,	itial) or Full C	organization Name	Date of	Receipt									
Mailing Address 9209 GRAND SUMMIT BLVE			12 ^M	/ D D 31	L	y y 2019							
City DRIPPING SPRINGS	State TX	Zip Code 78620-2882		of Each Re			2						
FEC ID number of contributing federal political committee.	С			y	, ,	384.0	00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CEO	Me	emo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4992.00	P/R Ded	uction (\$192	2.00 Bi-W	/eekly)							
SUBTOTAL of Receipts This Page (optional)						860.9	0						
TOTAL This Period (last page this line number	only)	••••••											

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	y information copied from such Reports and Stater for commercial purposes, other than using the nan									e of	so			
<u>)</u>	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F													
A.	Full Name of Individual (Last, First, Middle Initial) (DIRE, BERNADETTE, , ,	or Full Oi	rganiza	tion Name		Date	of	Red	cei	pt				
	Mailing Address 1 NORFOLK LANE	_				M 12		1	Ľ	31		/ Y	y y 2019	Y
	- 0	State MA		p Code 01746-2362									225563	
				51740-2302		Amo	unt	of I	Ea	ch R	lece	eipt thi	s Perio 76	d .92
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Hlth	Plan C	-			Mei	mo	lte	əm				
	Primary General Other (specify) ▼	gregate	vear-to	999.96	P	?/R D	edu	ctic	on	(\$38.	.46	Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initial) KAPLAN, ERIC, , ,	or Full O	rganiza	tion Name		Date	of	Red	cei	pt				
	Mailing Address 193 PARTRIDGE LANDING					[™] 1:		/	ľ	31		/ Y	2019	Y
	City SLASTONBURY	State CT		o Code 06033-2849					-				240563 s Perio	
	FEC ID number of contributing federal political committee.					<u> </u>			,			-7	543	.00
	Name of Employer (for Individual) Optum Services, Inc		upation SIs SV	(for Individual) P			Me	mo	lte	əm				
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to	0-Date ▼ 4999.00	P	/R D	edu	ctio	on ((\$192	2.30) Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) (CROCKETT, DOUGLAS, , ,	or Full O	rganiza	tion Name		Date	of	Red	cei	pt				
	Mailing Address 2837 SERENE PARK DR					[™] 1:		/		31		/ Y	y y 2019	Y
	5	State UT		o Code 4065-3139									260563 s Perio	
	FEC ID number of contributing federal political committee.	0				Ē			9			y	115	.38
	Name of Employer (for Individual) United HealthCare Services Inc		upation Gen Mg	(for Individual) mt			Me	mo	lte	əm				
	Receipt For: Ag Primary General Other (specify)	ggregate	Year-to	-Date ▼ 1499.94	F	P/R D	edu	ictic	on	(\$57.	.69	Bi-We	ekly)	
s	UBTOTAL of Receipts This Page (optional)			•••••									735	.30
т	OTAL This Period (last page this line number only)			•••••					,			-		-

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17			Use separate schedule(s)	(check on	nly on	e)									
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12							
	y information copied from such Reports and Sta for commercial purposes, other than using the r														
<u>.</u>	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group PA	C)											
A.	Full Name of Individual (Last, First, Middle Initia COHEN, SANFORD, , ,	al) or Full O	rganization Name	Date o	of Red	ceipt									
	Mailing Address 28 CRESCENT LANE			M 12	العنا لغا										
	City LEVITTOWN	State NY	Zip Code 11756-2506		Transaction ID : PR2575526156342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				y	-7	384.6	0						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) O, Clinical Policy	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Dec	ductio	on (\$192.3	30 Bi-W	′eekly)							
в.	Full Name of Individual (Last, First, Middle Initia HUNTER, ROBERT, , ,	al) or Full O	organization Name	Date o	of Red	ceipt									
	Mailing Address 9236 PRESTON PLACE			12 / 31 / 2019 Transaction ID : PR2575528356342											
	City EDEN PRAIRIE	State MN	Zip Code 55347-3396						2						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 1882.00											
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	upation (for Individual) Fin	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.84	P/R Dec	ductio	n (\$192.3	30 Bi-W	eekly)							
С.	Full Name of Individual (Last, First, Middle Initia HERNANDEZ, MAYRENE, , ,	al) or Full O	organization Name	Date o	of Red	ceipt									
	Mailing Address 850 SW 189TH AVENUE			12		D D D 31		2019							
	City PEMBROKE PINES	State FL	Zip Code 33029-6047			-		529256342 is Period	2						
	FEC ID number of contributing federal political committee.	С				,	y	76.9	2						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ied Dir		/lemo	ltem									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R De	ductic	on (\$38.4	6 Bi-We	ekly)							
s	UBTOTAL of Receipts This Page (optional)					, , ,	9	2343.5	2						
т	OTAL This Period (last page this line number or	nly)	•			,	-7-								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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17			Use separate schedule(s)	(chec	k only	one	e)	L				
111			for each category of the Detailed Summary Page	X			11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the n			erson for		ourp						
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,									
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia HOLOVNIA, KRISTEN, , ,	l) or Full Or	rganization Name	Da	ate of	Rec	ceipt					
	Mailing Address 4610 LAKEVIEW DRIVE				12 31 Y Y Y Y Y 12 31 2019							
	City EDINA	State MN	Zip Code 55424-1518		Transaction ID : PR2575533056342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) uty Gen Counsel		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initia HILL, JANE, , ,	l) or Full Or	rganization Name	Da	ate of	Rec	ceipt					
	Mailing Address 34301 299TH PLACE					/	31	/ Y	y y 2019	Y		
	City	State MN	Zip Code					PR25755				
			56431-5914	An	nount	of E	ach Re	eceipt th	is Period	3		
	FEC ID number of contributing federal political committee.	С		1L	_		<u> </u>		76	.92		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Compli			Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$38.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia BAHL, ALISA, , ,	l) or Full Or	rganization Name	Da	ate of	Rec	ceipt					
	Mailing Address 414 W RIVO ALTO	1 -		_ L	12 ^M	/	D D D 31	L	ү 2019	_		
	City MIAMI BEACH	State FL	Zip Code 33139-1262				-	PR2575				
	FEC ID number of contributing federal political committee.	С					,			.46		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Sales		Me	emo	ltem					
Receipt For: Agg Primary General Other (specify)			Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)								499	.98		
т	OTAL This Period (last page this line number on	ıly)	· · · · · · · · · · · · · · · · · · ·				,	-				

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Middle MULLANEY, SUSAN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 169 HUNNEWELL STREE	Т		12 31 Y Y Y Y Y 12 31 2019							
City NEEDHAM	State MA	Zip Code 02494-1421	Transaction ID : PR2575535156342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc	Dir	upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$0.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle HAMLIN, THOMAS , , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2800 NEWMAN			12 31 2019							
City	State TX	Zip Code	Transaction ID : PR2575536256342							
		77098-1408	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behvrl Med Dir	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle SULLIVAN, EILEEN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9675 WATERWAY PASSA	1		12 / D D / Y Y Y Y 12 31 2019							
City WINTER GARDEN	State FL	Zip Code 34787-4957	Transaction ID : PR2575537256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ssc Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			181.92							
TOTAL This Period (last page this line numb	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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171			Use separate schedule(s)	(ch	neck only	/ or	ne)	L				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)								
A.	Full Name of Individual (Last, First, Middle Initia HAUF, NADINE, , ,	ll) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 1008 WIMBERLY COURT				12 31 2019							
	City ALLEN	State TX	Zip Code		Transaction ID : PR2575538856342							
	ALLEN		75013-1195	_	Amount	of	Each R	Receipt th	is Perioc			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	- 49-	20	.00		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) /led Clin Ops		Me	emc	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate		P/R Ded	ucti	on (\$10.	.00 Bi-We	eekly)				
В.	Full Name of Individual (Last, First, Middle Initia LUQUE, JOY, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 11700 PRESTON RD #660				M M 12	1	31) / Y	2019	Y		
	City	State	Zip Code	_				PR25755				
	DALLAS	ТХ	75230-2739	_	Amount	of	Each R	Receipt th	is Perioc			
	FEC ID number of contributing federal political committee.	С		30.00								
	Name of Employer (for Individual) Optum Services, Inc	upation (for Individual) Med Clin Ops		Me	emc	tem						
	Receipt For:	Aggregate	Year-to-Date ▼	-								
	Primary General Other (specify) ▼		, 390.00	P/R Deduction (\$15.00 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initia SUN, TONY, , ,	ll) or Full Oi	rganization Name		Date of	Re	eceipt					
	Mailing Address 8408 ENSLEY PLACE				^M 12	1	31		2019	Y		
	City LEAWOOD	State KS	Zip Code 66206-1402				-	PR2575				
	FEC ID number of contributing federal political committee.	С					,	J		92		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ed Dir		M	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		, , ,		Ľ.		y	9	126.	92		
т	OTAL This Period (last page this line number or	ıly)					ap i					

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ı ب			Use separate schedule(s)) (c	heck only	y on	e)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		× 11a 13		11b	11c	12	Г	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the				n for the		ose of	soliciting	contri	butio	ns	
	NAME OF COMMITTEE (In Full)		······									
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group	PAC)								
Α.	Full Name of Individual (Last, First, Middle Initi ROSENZWEIG, MARTIN, , ,	al) or Full O	Organization Name		Date of Receipt							
	Mailing Address 116 DAVID RD				12 / 12 / 2019							
	City BALA CYNWYD	State PA	Zip Code 19004-2315		Transaction ID : PR2575540656342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			173.90							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nvrl CMO		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.85	P/R Deduction (\$76.92 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initi WENTZIEN, MICHAEL, , ,	al) or Full O	Organization Name		Date of	Re	ceipt					
	Mailing Address 6350 SUMMIT CIRCLE	Ctata	Zin Codo		12 31 2019 Transaction ID : PR2575540856342							
	City CHANHASSEN	State MN	Zip Code 55317-9138	_						-		
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) , Health Mgmt		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04		P/R Ded	uctio	n (\$14.0)4 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initi STEINBRECHER, HOLLY, , ,	al) or Full O	Organization Name		Date of	Red	ceipt					
	Mailing Address 2101 LILAC LANE				12 ^M	/	D D D 31		2019]	
	City FRISCO	State TX	Zip Code 75034-3652					PR2575				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	y	38	34.60		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80		P/R Deduction (\$192.30 Bi-Weekly)							
\vdash	UBTOTAL of Receipts This Page (optional)			···· ▶			5	- 9 	58	6.58	-	

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		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P	AC)
Full Name of Individual (Last, First, Middle A. BALCK, AMY, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address N3681 VINE RD			12 31 2019
City FREEDOM	State WI	Zip Code 54913-6928	Transaction ID : PR2575548456342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		28.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle B. DAIKEN, LAURIE, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5002 ONEIDA ST			12 / D D / Y Y Y Y 12 31 2019
City DULUTH	State MN	Zip Code 55804-1642	Transaction ID : PR2575549656342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. SCHWEITZER, ROBERT, , ,	Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5200 GREEN FARMS ROA			12 / D D / Y Y Y Y 12 31 2019
City EDINA	State MN	Zip Code 55436-1068	Transaction ID : PR2575555356342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		33.18
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP I	upation (for Individual) Fin	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.98	P/R Deduction (\$14.03 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·		99.64
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	-	Use separate schedule(s)	(check c	only o	ne)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	17				
Any information copied from such Rep or for commercial purposes, other tha			erson for th		rpose of	soliciting	contribut	tions				
NAME OF COMMITTEE (In Full) UnitedHealth Group Inc	prporated PAC (L	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, STAFFORD, JEFF, , ,	Middle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 9413 W 131ST ST	REET			12 31 Y Y Y Y Y 2019								
City OVERLAND PARK	State KS	Zip Code 66213-3079		Transaction ID : PR2575561256342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C			_			115.4	10				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Mem	o Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.20	P/R D	educt	ion (\$57.	.70 Bi-We	ekly)					
Full Name of Individual (Last, First B. CHERRYHOMES, DAVID,		rganization Name	Date	of R	eceipt							
Mailing Address 5921 CREEK POIN			12		31	/ Y	2019	Y				
City MINNETONKA	State	Zip Code 55345-6224					7355634	2				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP, Software Engineering			Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First C. MOCK, CURTIS, , ,	Middle Initial) or Full O	rganization Name	Date	of R	eceipt							
Mailing Address 23 KELTON STRE	·		M 1:		31) / Y	y y 2019	Y				
City REHOBOTH	State MA	Zip Code 02769-2530					5 7925634 is Period	2				
FEC ID number of contributing federal political committee.	C				y	, <u>,</u>	192.:	30				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Mem	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)				, .	. ,	335.7	78				
TOTAL This Period (last page this lir	e number only)											

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IT.			Use separate schedule(s)	(check only one)							
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 □							
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions							
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P/	AC)							
A.	Full Name of Individual (Last, First, Middle Init WINSOR, ELIZABETH, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 57 WILDERS PASS			12 / D D / Y Y Y Y 12 31 2019							
	City CANTON	State CT	Zip Code 06019-2259	Transaction ID : PR2575582856342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Init EULL, MARY ANN, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 11204 BEDFORDSHIRE AVE	State	Zip Code	12 / D D / Y Y Y Y 31 2019							
	City POTOMAC	MD	20854-2003	Transaction ID : PR2575583756342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		28.08							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Init HARRIS, EUGENE, , ,	ial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2832 HARBORSIDE WAY			12 / D D / Y Y Y Y Y 12 31 2019							
	City SOUTHPORT	State NC	Zip Code 28461-8373	Transaction ID : PR2575585456342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Reg VP of Brkr Sls	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o			489.60							

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 2069 CIRCLE DRIVE			12 31 Y Y Y Y 2019							
City KRONENWETTER	State WI	Zip Code 54455-9062	Transaction ID : PR2575585956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I MORABITO, RICHARD, , ,	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 335 TUCKER HILL ROAD	1-		12 / D D / Y Y Y Y Y 12 31 2019							
City MIDDLEBURY	State CT	Zip Code 06762-2430	Transaction ID : PR2575586156342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	ID number of contributing									
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt							
Mailing Address 208 STATION CIR NO			12 / D D / Y Y Y Y 12 31 2019							
City HUDSON	State WI	Zip Code 54016-9555	Transaction ID : PR2575586656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			306.16							
TOTAL This Period (last page this line numbe	er only)	······								

Use separate schedule(s)

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	Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1 ¹							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle SOLLER, BRIAN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 1120 S 2ND STREET UNIT 614			M M / D D / Y Y Y Y 12 31 2019							
City MINNEAPOLIS	State MN	Zip Code 55415-1375	Transaction ID : PR2575586756342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle GISCH, SHAWNA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 320 PRESERVE COURT			12 / D D / Y Y Y Y Y 12 31 2019							
City CHANHASSEN	State MN	Zip Code 55317-8717	Transaction ID : PR2575592156342							
FEC ID number of contributing federal political committee.	C	33317-0717	Amount of Each Receipt this Period 384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. JORGE, DEBORAH, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 45 DELPHI ROAD	1		12 / D D / Y Y Y Y 12 31 2019							
City STAFFORD SPRINGS	State CT	Zip Code 06076-3405	Transaction ID : PR2575593656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.00							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			797.20							
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

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		Use separate schedule(s)	(check on	ly one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11		12	_ _				
Any information copied from such Reports and or for commercial purposes, other than using t					e of solicitin						
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle MILLER, MICHAEL, , ,	nitial) or Full C	rganization Name	Date o	f Recei	pt						
Mailing Address 1 CANAL STREET 410			12	العنتيا لنغا لعنتا							
City BOSTON	State MA	Zip Code 02114-2019		Transaction ID : PR2575595656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			95		384.0	60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	M	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Dec	luction	(\$192.30 Bi-\	Weekly)					
Full Name of Individual (Last, First, Middle I B. IVERSON, LISA, , ,	nitial) or Full C	organization Name	Date o	f Recei	pt						
Mailing Address 13341 CARRACH AVENUE			12		31	2019	Y				
City ROSEMOUNT	State MN	Zip Code 55068-4774			ID : PR2575		2				
FEC ID number of contributing federal political committee.	С				Amount of Each Receipt this Period 384.60						
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Strat Initiv			əm						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. MCNUTT, DIANE, , ,	nitial) or Full C	Organization Name	Date o	f Recei	pt						
Mailing Address 90 CLAY CLIFFE DRIVE			12	/	31	2019	Y				
City EXCELSIOR	State MN	Zip Code 55331-9509			ID: PR257		2				
FEC ID number of contributing federal political committee.	С			. y	,	384.0	60				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Human Capital Partner		lemo Ite	əm						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)				,	,	1153.8	30				
TOTAL This Period (last page this line number	er only)										

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page									
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	an using the name and a										
UnitedHealth Group Inc	corporated PAC (l	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, Firs <u>COSTA, JOEL</u> , , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 775 WESTCHES	TER AVENUE		M M / D D / Y Y Y Y Y 12 31 2019								
City SHAKOPEE	State MN	Zip Code 55379-4557	Transaction ID : PR2575605856342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		230.76								
Name of Employer (for Individual) United HealthCare Services Inc	Occi VP I	upation (for Individual) Fin	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.88	P/R Deduction (\$115.38 Bi-Weekly)								
Full Name of Individual (Last, Firs B. KING, SARAH, , ,	t, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 116 CUTLER RO			12 / D D / Y Y Y Y Y 12 31 2019								
City GREENWICH	State	Zip Code 06831-2511	Transaction ID : PR2575612856342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sales	P/R Deduction (\$192.30 Bi-Weekly)								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80									
Full Name of Individual (Last, Firs c. STOCKHOWE, MARK, ,		rganization Name	Date of Receipt								
Mailing Address 2108 MANOR DF	RIVE		12 / D D / Y Y Y Y 12 31 2019								
City BURNSVILLE	State MN	Zip Code 55337-2036	Transaction ID : PR2575619956342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) irector, Advisory Svcs	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
SUBTOTAL of Receipts This Page	(optional)		692.28								
TOTAL This Period (last page this I	ine number only)										

Use separate schedule(s)

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ı ب			Use separate schedule(s)		(check only one)								
11	EIVILLED RECEIPIS		for each category of the Detailed Summary Page		× 11a		11b	11c	12	 .			
	y information copied from such Reports and S												
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to s	olicit co	ntrik	outions	from such	n committ	ee.			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Ini WAULTERS, SCOTT, , ,	tial) or Full O	r Full Organization Name				Date of Receipt						
	Mailing Address 4 HEMLOCK COURT				^M 12	1	31	р / Y	y y 2019	Y			
	City MANALAPAN	State NJ	Zip Code 07726-4254						52215634 is Period	2			
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		384.0	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Ded	lucti	on (\$19	2.30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Ini KELLEYBURNS, SUSAN, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 2279 STEARNLEE AVE			12 / D D / Y Y Y Y 12 / 31 / 2019									
	City LONG BEACH	State CA	Zip Code 90815-1934						2305634	2			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Janager Data Analytics	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Ini THOMPSON, BRIAN, , ,	tial) or Full O	rganization Name		Date of	f Re	eceipt						
	Mailing Address 17829 63RD AVE N	1			^M 12	1	31		y y 2019	Y			
	City MAPLE GROVE	State MN	Zip Code 55311-4650						63465634 is Period	2			
	FEC ID number of contributing federal political committee.	С			Ľ.		y	,	384.0	60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)) UHC Govt Prgms		M	emo	o Item						
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•					797.2	28			
Г	OTAL This Period (last page this line number	only)		-	Γ.		-						

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)								
Α.	Full Name of Individual (Last, First, Middle Init WILSON, STEPHEN, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2420 DURHAM MANOR DRIV	Έ		12 31 Y Y Y Y 12 31 2019								
	City FRANKLIN	State TN	Zip Code 37064-5266	Transaction ID : PR2575636156342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		250.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2480.72	P/R Deduction (\$125.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Init CLARK, TERRENCE, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 8 COOPER AVENUE			12 / D D / Y Y Y Y 12 31 2019								
	City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636956342								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Marketing Officer	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Init CABANILLAS, MARIA, , ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 2411 WORDSWORTH ST		1	12 / D D / Y Y Y Y Y 12 31 2019								
	City HOUSTON	State TX	Zip Code 77030-1833	Transaction ID : PR2575637356342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3749.85	P/R Deduction (\$192.30 Bi-Weekly)								
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of			1019.20								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c	12	17			
Any information copied from such Reports and or for commercial purposes, other than using the			rson for the purpose	of soliciting	contributi	ons			
NAME OF COMMITTEE (In Full)		adress of any pointear commute							
UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	C)						
Full Name of Individual (Last, First, Middle I A. COLLINS, NEIL, , ,	nitial) or Full C	Organization Name	Date of Receip	t					
Mailing Address 8465 MISSION HILLS LANE	<u> </u>			31 / Y	y y 2019	Y			
City CHANHASSEN	State MN	Zip Code 55317-7712	Transaction I Amount of Eacl			2			
FEC ID number of contributing federal political committee.	C				28.0	0			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Iter	m					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$	\$14.00 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle I B. DAVIS, BENTON, , ,	nitial) or Full C	organization Name	Date of Receip	t					
Mailing Address 9825 NORTH 53RD PLACE				31 / Y	y y 2019	Y			
City PARADISE VALLEY	State AZ	Zip Code 85253-1634	Transaction I Amount of Eacl						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Unit CEO	Memo Iter	m					
Receipt For:	Aggregate	Year-to-Date ▼	_	1					
Other (specify) ▼		4615.20	P/R Deduction (\$0.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I NICOLL, DEREK, , ,	nitial) or Full C	Organization Name	Date of Receip	t					
Mailing Address 155 MEADOWVIEW LANE			12	31	2019				
City MEDINA	State MN	Zip Code 55340-4510	Transaction I Amount of Eacl			2			
FEC ID number of contributing federal political committee.	С		,	, , , , , , , , , , , , , , , , , , ,	115.4	0			
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc VP M			Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1500.20	P/R Deduction (\$	\$0.00 Bi-Wee	ekly)				
SUBTOTAL of Receipts This Page (optional)			,		528.0	0			
TOTAL This Period (last page this line numbe	r only)								

SCHEDULE A (FEC Form 3X) _____ _

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		Use separate schedule(s)	(check	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 1	H	11k		11c	12		
Any information copied from such Reports and			erson for							
or for commercial purposes, other than using th	he name and a	ddress of any political committee	e to solic	t cont	ributio	ns fro	m such	committ	ee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle I HERMAN, CRAIG, , ,	nitial) or Full C	rganization Name	Da	te of	Receip	ot				
Mailing Address 9609 WYOMING CIRCLE			M	12 ^M	/ D	31	/ Y	ү ү 2019	Y	
City BLOOMINGTON	State MN	Zip Code 55438-1628						5025634 s Period	2	
FEC ID number of contributing federal political committee.	С				-9		-y	384.0	60	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc		Mei	no Ite	m				
Receipt For: Primary General Other (specify) ▼				P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I HAYHURST, JENNY, , ,	nitial) or Full C	rganization Name	Da	te of	Receip	ot				
	Mailing Address 23A MOUNT HYGEIA ROAD			™ 12	/ D	31	/ Y	2019	Y	
City FOSTER	State RI	Zip Code 02825-1434						5185634	2	
FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period						
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Ntwk Prgms			no Ite	m				
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		364.00	P/R	P/R Deduction (\$14.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I SJODIN, CARA, , ,	,	rganization Name	Da	te of	Receip	ot				
Mailing Address 1751 HAMPSHIRE AVENU	State	Zip Code	_ L	12 ^M		31		2019		
SAINT PAUL	MN	55116-2457						5245634 s Period	2	
FEC ID number of contributing federal political committee.	С			_	y		9	192.:	30	
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc VP Product			Me	no Ite	m				
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Total			P/R	Dedu	ction (\$96.1	5 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (optional)					9		y	604.9	90	
TOTAL This Period (last page this line numbe	r only)				-		-11-			

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	4C)					
Full Name of Individual (Last, First, Middle A. KANE, HEATHER, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7624 N MOUNTAIN VIEW	PASS		12 31 2019					
City PARADISE VALLEY	State AZ	Zip Code 85253-2844	Transaction ID : PR2575657456342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		538.00					
· · · · · · · · · · · · · · · · · · ·		un stien. (fan la divisier)						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify)		4995.84						
Full Name of Individual (Last, First, Middle B. PIZZANO, KATHRYN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 387 DEPOT HILL ROAD			12 31 2019					
City POUGHQUAG	State NY	Zip Code 12570-5763	Transaction ID : PR2575662156342 Amount of Each Receipt this Period					
FEC ID number of contributing								
federal political committee.	С		153.84					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) V		1999.92	P/R Deduction (\$76.92 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. HUXLEY, JEFFREY, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2465 EDGERTON ST			12 / D D / Y Y Y Y 12 31 2019					
City LITTLE CANADA	State MN	Zip Code 55117-1674	Transaction ID : PR2575664256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item					
Receipt For: Primary General Other (specify)	Primary General Aggregate Year-to-Date ▼							
SUBTOTAL of Receipts This Page (optional)			719.92					
TOTAL This Period (last page this line numb	per only)							

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I WARSHAW, ROBERT, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 94 CARLSON DRIVE			12 31 Y Y Y Y 12 31 2019						
City PORTLAND	StateZip CodeCT06480-1699		Transaction ID : PR2575665556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. ZIGLER, JANICE, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 21 TREVINO CIRCLE	Mailing Address 21 TREVINO CIRCLE								
City ANGEL FIRE	State NM	Zip Code 87710	Transaction ID : PR2575665656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	FEC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) an Pres Ntwk Mamt	Memo Item						
Receipt For:		Year-to-Date V	-						
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I C. EVERETT, RICARDO, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 10507 WALPOLE LANE			12 / D D / Y Y Y Y 12 31 2019						
City AUSTIN	State TX	Zip Code 78739-1554	Transaction ID : PR2575667656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 351.00	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			440.76						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	(check only one)					
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		K 11a 13	\square	11b	11c	12	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the		oose of	soliciting	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group P/	AC)						
A.	Full Name of Individual (Last, First, Middle Initi ALLEN, CARL, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 8675 AZURE SKY DRIVE				м м 12	1	D D D 31	/ Y	ү ү 2019	Y
	City LAS VEGAS	State NV	Zip Code 89129-2227						6935634 is Period	
	FEC ID number of contributing federal political committee.	С							78.	00
	Name of Employer (for Individual) Optum Services, Inc	Occu Sr M		Me	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00] '	P/R Ded	uctic	on (\$39.)	00 Bi-We	eekly)	
B.	Full Name of Individual (Last, First, Middle Initi BOGATYRENKO, VICTORIA, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 1 FRANKLIN STREET APT 2C	Otata	Zin Oode		^M 12	1	D D 31	/ Y	2019	Y
	City EXETER	State NH	Zip Code 03833-2816				-		7545634	
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	ltem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	ggregate Year-to-Date ▼ 1497.34				P/R Deduction (\$57.59 Bi-Weekly)			
C.	Full Name of Individual (Last, First, Middle Initi PRIEST, BRADY, , ,	al) or Full O	rganization Name		Date of	Re	ceipt			
	Mailing Address 4401 COUNTRY CLUB RD				12 ^M	1	31	/ Y	ү 2019	Y
	City EDINA	State MN	Zip Code 55424-1148						57725634 is Period	2
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	909.	08
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Sr Deputy Gen Counsel			Memo Item				
Receipt For: Aggrega Primary General Other (specify)		Aggregate	Year-to-Date ▼ 4999.94	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	1102.	26
т	OTAL This Period (last page this line number o	only)		•						

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
or for commercial purposes, other than using			erson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)				
Full Name of Individual (Last, First, Middle MITCHELL, JILL, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 11499 ASHLEY COURT			12 12 1 D D / Y Y Y Y Y 12 31 2019				
City INVER GROVE HEIGHTS	State MN	Zip Code 55077-5251	Transaction ID : PR2575678356342				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)				
Full Name of Individual (Last, First, Middle B. SIMONSON, KELLY, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 6284 CLOVIS POINT ST			12 31 / Y Y Y Y Y 12 31 2019				
City LAS VEGAS	State NV	Zip Code 89135-1496	Transaction ID : PR2575682356342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		92.30				
Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Gen Mgmt	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.90	P/R Deduction (\$46.15 Bi-Weekly)				
Full Name of Individual (Last, First, Middle C. STIDMAN, CHRISTOPHER, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 6504 CHEROKEE TRAIL			12 / D D / Y Y Y Y Y 12 31 2019				
City EDINA	State MN	Zip Code 55439-1109	Transaction ID : PR2575683856342 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	D number of contributing						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Pres Ntwk Mgmt	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)				
SUBTOTAL of Receipts This Page (optional)			553.82				
TOTAL This Period (last page this line numb	per only)						

FOR LINE NUMBER:

PAGE 164 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	×			11b	11c	12	<u> </u>
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pe	erson fo	13 or the	pur	pose of	15 soliciting	16 contribu	tions
	NAME OF COMMITTEE (In Full)	name anu a	duress of any political committee	10 501					T COMMIN	
	UnitedHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Init OCHIPINTI, JOSEPH, , ,	ial) or Full O	Organization Name	D	ate of	f Re	eceipt			
	Mailing Address 20 DEAN STREET				^M 12	1	D 1) / Y	ү ү 2019	Y
	City ANNAPOLIS	State MD	Zip Code 21401-2716						6 8575634 iis Period	
	FEC ID number of contributing federal political committee.	С							384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	1	M	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/I	R Ded	ucti	on (\$19	2.30 Bi-W	/eekly)	
B.	Full Name of Individual (Last, First, Middle Init BURCH, TIMOTHY, , ,	ial) or Full O	Organization Name	D	ate of	f Re	eceipt			
	Mailing Address 412 TALL TIMBERS ROAD	State	Zip Code	12 / 31 / 2019 Transaction ID : PR2575686456342						Ŷ
	City GLASTONBURY	CT 06033-3389								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt					76.	_
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) outy Gen Counsel Mgr	1	М	emo	ttem			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/F	R Ded	ucti	on (\$19	.23 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Init FINE, BRETT, , ,	ial) or Full O	Organization Name		ate of	f Re	eceipt			
	Mailing Address 707 STONINGTON ROAD	01-1-	7. 0.1		12 ^M	J.	31	J L	2019	
	City SILVER SPRING	State MD	Zip Code 20902-1549	A					69285634 iis Period	
	FEC ID number of contributing federal political committee.	С					y		384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Corp Strat		M	emo	o Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/	R Ded	lucti	on (\$19	2.30 Bi-V	Veekly)	
⊢	UBTOTAL of Receipts This Page (optional)						9 i 7 i	, , , , , , , , , , , , , , , , , , ,	846.	12

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			Use separate schedule(s)			(check only one)					
			for each category of the Detailed Summary Page	×	11a 13		11b	11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				for the		pose of	soliciting	g con	tributi	ons
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initial FARRELL, STEPHEN, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 50 MAJOR DOANE RD				м м 12	/	D D D	/ Y	۲ 20	19 19	Y
	City WELLFLEET	State MA	Zip Code 02667-7836					PR2575			
	FEC ID number of contributing federal political committee.	С								76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 999.96		P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial PROKOCKI, ELIZABETH, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
Mailing Address 9091 KORNBRUST DR					^M 12	1	D D D 31	/ Y	201	9 9	Y
	City LONE TREE	State CO	Zip Code 80124-5333					PR2575			
	FEC ID number of contributing federal political committee.	Occupation (for Individual) SVP Gen Mamt			Amount of Each Receipt this Period						
	Name of Employer (for Individual) United HealthCare Services Inc				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	P/R Deduction (\$192.30 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initial THIERY, LINDA, , ,) or Full Or	rganization Name		Date of	Re	ceipt				
	Mailing Address 999 LABEAUX AVE NE	1			^M 12	/	31		201		
	City ST MICHAEL	State MN	Zip Code 55376					PR2575			
	FEC ID number of contributing federal political committee.	С					,	J.		153.8	4
Name of Employer (for Individual) United HealthCare Services Inc		Occu VP F	upation (for Individual) Fin		M	emc	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96] •	P/R Ded	ucti	on (\$38.	.46 Bi-W	eekly)		
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			, .	. ,	(615.3	6
т	OTAL This Period (last page this line number on	ly)		•						-	

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		Use separate schedule(s)	(check only one)					
IIEWIIZED RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	łC)					
Full Name of Individual (Last, First, Middle WILSON, D ELLEN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 400 STUART STREET 25D			12 31 / Y Y Y Y Y 12 31 2019					
City BOSTON	State MA	Zip Code 02116-5011	Transaction ID : PR2575708856342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Human Capital	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. VOLLRATH, MICHELLE, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 7647 MARKER ROAD			12 31 Y Y Y Y Y 12 31 2019					
City SAN DIEGO	State CA	Zip Code 92130-5616	Transaction ID : PR2575719856342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s (
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Dir Client Mngt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)					
Full Name of Individual (Last, First, Middle CREED, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6813 67TH STREET NE	State	Zip Code	12 31 2019					
City ALBERTVILLE	MN	55301-4643	Transaction ID : PR2575720556342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) hirector Technology	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			528.06					
TOTAL This Period (last page this line numb	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
			13 14 15 16 17 berson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,							
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle CAIN, STEVE, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 4 COUNTRYSIDE CT			12 31 2019						
City DANVILLE	State CA	Zip Code 94506-1126	Transaction ID : PR2575724356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		1000.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	P/R Deduction (\$115.38 Bi-Weekly)						
Full Name of Individual (Last, First, Middle MCKEE, PATRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6500 TRANQUIL RIVER L			12 / D D / Y Y Y Y Y 12 31 2019						
City WAUSAU	State WI	Zip Code 54401-3302	Transaction ID : PR2575726756342						
FEC ID number of contributing federal political committee.	С	<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>	Amount of Each Receipt this Period						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CRANDALL, KIM, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 6016 BRIGIDS CLOSE DI			12 / D D / Y Y Y Y Y 12 31 2019						
City DUBLIN	State OH	Zip Code 43017-3428	Transaction ID : PR2575731256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional))		1128.08						
TOTAL This Period (last page this line num	per only)								

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12						
An	y information copied from such Reports and S	tatements ma	ay not be sold or used by any p	13 14 15 16 erson for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and a	address of any political committe	e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group P	AC)						
/	· ·	``	I	,						
Full Name of Individual (Last, First, Middle Initial) or Full Organiza A. HELLAND, ROBYN, , ,			Drganization Name	Date of Receipt						
	Mailing Address 9089 PARTRIDGE RD			12 31 2019						
	City	State	Zip Code	Transaction ID : PR2575733856342						
	MINNETRISTA	MN	55375-4513	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		28.08						
	federal political committee.	U								
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	United HealthCare Services Inc	Dir	Gen Mgmt							
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
	Other (specify)			1						
	Full Name of Individual (Last, First, Middle Init	tial) or Full C	Drganization Name							
B.	OLSON, KRISTIN, , ,			Date of Receipt						
	Mailing Address 5901 TRACY AVENUE			12 31 Y Y Y Y Y 12 31 2019						
	City	State	Zip Code	Transaction ID : PR2575734456342						
	EDINA	MN	55436-2516	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.08						
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Compli	Memo Item						
	Receipt For:	Aggregate	Year-to-Date V	P/R Deduction (\$14.04 Bi-Weekly)						
	Primary General Other (specify) V	, igg. eguie	365.04							
	Full Name of Individual (Last, First, Middle Init GROSKLAGS, JEFFREY, , ,	tial) or Full C	Drganization Name	Date of Receipt						
	Mailing Address 3233 TIMBERWOLF CIRCLE			M = M / D = D / Y = Y = Y						
		01-1-1-	7 55 Octo	12 31 2019						
	City PRIOR LAKE	State MN	Zip Code 55372-3272	Transaction ID : PR2575735756342 Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	С		192.30						
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item						
	Optum Services, Inc		s Segment CFO							
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		2422.22	P/R Deduction (\$96.15 Bi-Weekly)						
	Other (specify)		2499.90	J j						
				248.46						
S	UBTOTAL of Receipts This Page (optional)		······)	246.40						
Т	OTAL This Period (last page this line number of	only)								

Use separate schedule(s)

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IT.			Use separate schedule(s)	(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b	11c	12	 				
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
<u> </u>	NAME OF COMMITTEE (In Full)										
\rangle	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initia KRAL, JESSICA, , ,	l) or Full Or	rganization Name	Date of Receipt	;						
	Mailing Address 4358 COOLIDGE AVE			M M / D D / Y Y Y Y 12 31 2019							
	City SAINT LOUIS PARK	State MN	Zip Code 55424-1020	Transaction II Amount of Each			2				
	FEC ID number of contributing federal political committee.	С				384.6	60				
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	upation (for Individual) IT	Memo Iten	١						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$	192.30 Bi-W	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia MURRAY, THOMAS, , ,	l) or Full Or	organization Name	Date of Receipt	:						
	Mailing Address 10 CIRCLE WEST	1			31 / Y	y y 2019	Y				
	City EDINA	State MN	Zip Code 55436-1313	Transaction II Amount of Each			2				
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment COO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	organization Name	Date of Receipt	:						
	Mailing Address 675 PLEASANT VIEW ROAD	Otata	7. 0.4	12	31	2019					
	City CHANHASSEN	State MN	Zip Code 55317-9509	Transaction II Amount of Each			2				
	FEC ID number of contributing federal political committee.	С				285.7	70				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Act Svs	Memo Iten	n						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.95	P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••			1054.9	90				
т	OTAL This Period (last page this line number or	ly)	••••••								

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IT.			Use separate schedule(s)	(ch	neck only	/ or	ne)						
11			for each category of the Detailed Summary Page		× 11a		11b	11c	12				
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
$\overline{\}$	NAME OF COMMITTEE (In Full)			10 0									
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial CESARETTI, GINA, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 5020 CIRCLE DOWN			12 31 Y Y Y Y Y 12 31 2019									
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304	_				PR25757					
	FEC ID number of contributing federal political committee.	С						-	384	.60			
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) uty Gen Counsel		Me	emo	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	F	P/R Ded	uctio	on (\$19:	2.30 Bi-W	/eekly)				
в.	Full Name of Individual (Last, First, Middle Initial STRICKLAND, JULIE, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 3207 SUNNYWOOD DRIVE			12 / D D / Y Y Y Y 12 31 2019									
	City FULLERTON	State CA	Zip Code 92835-1858					PR25757 Receipt th					
	FEC ID number of contributing federal political committee.	С		28.00									
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Product	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial WAITE, STEPHANIE, , ,) or Full Or	ganization Name		Date of	Re	eceipt						
	Mailing Address 2501 S HORIZON DR	1			^M ^M 12	1	31) / Y	ү ү 2019	Y			
	City APPLETON	State WI	Zip Code 54915-5851					PR2575 Receipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	y	28	.08			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) apability Manager		M	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		••••••				, .	. ,	440	.68			
Т	OTAL This Period (last page this line number on	ly)	•	-			-						

SCHEDULE A (FEC Form 3X) DEOFIDTO

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle CONE, ANDREW, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 4321 EAST LAKE HARRIE	T BLVD		12 31 2019									
City MINNEAPOLIS	State MN	Zip Code 55409-1725	Transaction ID : PR2575743756342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		153.84									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. PORTZ, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 2119 SHERIDAN HILLS RE)		12 31 Y Y Y Y Y 12 31 2019									
City WAYZATA	State MN	Zip Code 55391-2327	Transaction ID : PR2575744556342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. PINERSKI, JENNIFER, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 7501 HART LN			12 / D D / Y Y Y Y 12 31 2019									
City AUSTIN	State TX	Zip Code 78731-2237	Transaction ID : PR2575752856342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			258.84									
TOTAL This Period (last page this line numb	er only)											

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 172 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1 ¹									
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle Ir A. LAMOINE, DAVID, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 6075 LINCOLN DR APT 110			12 31 2019									
City EDINA	State MN	Zip Code 55436-1649	Transaction ID : PR2575755156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle Ir B. FULTON, RYAN, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 805 LANEWOOD LANE NOF	RTH		12 31 2019									
City PLYMOUTH	State MN	Zip Code 55447-4347	Transaction ID : PR2575756956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	P/R Deduction (\$14.04 Bi-Weekly)									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04										
Full Name of Individual (Last, First, Middle Ir C. JOHNSON, KURT, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 8351 E REDFIELD RD	1 -		12 / D D / Y Y Y Y Y 12 31 2019									
City SCOTTSDALE	State AZ	Zip Code 85260-3535	Transaction ID : PR2575758356342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		8.00									
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:		upation (for Individual) irector Data Science	Memo Item									
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 587.00	P/R Deduction (\$21.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			113.00									
TOTAL This Period (last page this line number	only)											

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle I EKLO, BENJAMIN, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 3942 CAMPELLO CURVE			12 31 2019									
City CHASKA	State MN	Zip Code 55318-4639	Transaction ID : PR2575761856342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I 3. HOWARTH, CRAIG, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 1820 NAPOLI DRIVE			12 / D D / Y Y Y Y 2019									
City APEX	State NC	Zip Code 27502-9659	Transaction ID : PR2575762456342									
		21302-9039	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		125.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svcs	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	1									
Primary General Other (specify) ▼		, 1000.00	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I C. NEESE, LARRY, , ,	nitial) or Full C	organization Name	Date of Receipt									
Mailing Address 309 DUNLEIGH COURT			12 31 2019									
City MADISON	State MS	Zip Code 39110-6806	Transaction ID : PR2575766156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs & AM-Producing	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			537.68									
TOTAL This Period (last page this line number	er only)											

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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EMIZED RECEIPTS		for each category of the Detailed Summary Page	४ 11a ☐ 11b ☐ 11c ☐ 12								
		Detailed Summary Page	13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In F UnitedHealth Group		JnitedHealth Group PA	AC)								
/ Full Name of Individual (Last, A. CUNNINGHAM, MICHAE	First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 50 SOUTH 1 UNIT 4706	6TH STREET		12 31 2019								
	State	Zip Code	Transaction ID : PR2575767856342								
PHILADELPHIA		19102-2534	Amount of Each Receipt this Period								
FEC ID number of contributin federal political committee.	C		384.60								
Name of Employer (for Individ Optum Services, Inc	,	upation (for Individual) D NA Acct	Memo Item								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, B. MONTOYA, MATTHE	, First, Middle Initial) or Full O N, , ,	rganization Name	Date of Receipt								
Mailing Address 12370 BRAD	FORD DR		12 31 2019								
City	State	Zip Code	Transaction ID : PR2575777656342								
PARKER	CO	80134-3609	Amount of Each Receipt this Period								
FEC ID number of contributin federal political committee.	g C		28.00								
Name of Employer (for Individual Vinited HealthCare Services In	- '	upation (for Individual) Dir Acct Mgmt	Memo Item								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)								
Full Name of Individual (Last, C. PAIK, JESSICA, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 18 BUTTON	WOOD LANE EAST		12 31 / Y Y Y Y 12 31 2019								
City	State	Zip Code	Transaction ID : PR2575783156342								
RUMSON	NJ	07760-1010	Amount of Each Receipt this Period								
FEC ID number of contributin federal political committee.	^g C		384.60								
Name of Employer (for Individ United HealthCare Services In	,	upation (for Individual) CInt Mgmt Svc	Memo Item								
Receipt For: Primary Gener Other (specify)		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This P			797.20								

SCHEDULE A (FEC Form 3X) _____ _

Use separate schedule(s)

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PAGE 175 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
VinitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle A. MADDUX, SUSAN, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 16426 FARMERS MILL L	ANE		M M / D D / Y Y Y Y 12 31 2019									
City CHESTERFIELD	State MO	Zip Code 63005-4549	Transaction ID : PR2575783856342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pharm	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. REILLY, MELISSA, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5 LEGHORN LANE			12 / D D / Y Y Y Y 12 31 2019									
City CROMWELL	State CT	Zip Code 06416-1671	Transaction ID : PR2575784656342									
		00410-1071	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		40.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Product	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼	-									
Primary General Other (specify) ▼		260.00	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle SUAREZ, MARIO, , ,	e Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 21294 SMOKEHOUSE C			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
City ASHBURN	State VA	Zip Code 20147-5316	Transaction ID : PR2575787356342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		153.84									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 923.04	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		221.92									
TOTAL This Period (last page this line num	ber only)											

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			Use separate schedule(s)	(check	(check only one)								
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 13 14 15			12 16	17					
	v information copied from such Reports and Stat or commercial purposes, other than using the na			rson for	the p		oose of	solicitir		ontribut	ions		
\	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial BERGDOLL, JENNIFER, , ,) or Full Oi	rganization Name	Dat	e of	Re	ceipt						
-	Mailing Address 523 LOS DOLCES ST			12 31 2019									
	City	State	Zip Code	Т	ransa	acti	on ID :	PR257	5793	756342	2		
-	LAS VEGAS	NV	89138-4559	Am	ount	of	Each F	Receipt	this I	Period			
	FEC ID number of contributing rederal political committee.	С			_		7			76.9	92		
Ī	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo	Item						
	Optum Services, Inc	VPH	Human Capital Partner										
Ī	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		000.00	P/R	Dedu	uctic	on (\$38	.46 Bi-V	Veek	ly)			
	Other (specify) ▼		999.96										
	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization Name										
-	JELINEK, TROY, , ,			Dat	e of	Re	ceipt						
	Mailing Address 16601 S MOUNTAIN STONE TR				[™]	/	31			019	Y		
	City PHOENIX	State AZ	Zip Code 85048-2080					PR257			2		
-		- AL	05040-2000	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	C	76.92										
	Name of Employer (for Individual) Dptum Services, Inc		upation (for Individual) 2 CInt Relationship		Ме	emo	Item						
Ī	Receipt For:	Aggregate	Year-to-Date ▼	-									
	Primary General Other (specify) ▼		999.96	P/R I	Dedu	uctic	on (\$38.	.46 Bi-W	/eekl	у)			
	Turk Manage of the dividual (Lands Flords Middle 1993)		, , , , , , , , , , , , , , , , , , ,										
	Full Name of Individual (Last, First, Middle Initial SANKEN, SARA, , ,) or full OI	rganization Name	Dat	e of	Re	ceipt						
-	Mailing Address 3018 ASPEN LAKE DRIVE				м 12	/	31			019	Y		
i	City	State	Zip Code	_	1 mail	acti	the state of the s	PR257	-	- 1	2		
_	BLAINE	MN	55449-7517					Receipt			-		
	FEC ID number of contributing rederal political committee.	С					y .	, j		28.0)8		
·	Name of Employer (for Individual)	Occu	upation (for Individual)		Me	emo	Item						
	United HealthCare Services Inc	Hum	an Capital Partner Mgr										
Ī		Aggregate	Year-to-Date 🔻										
	Other (specify)		365.04	P/R Deduction (\$14.04 Bi-Weekly)									
รเ	 JBTOTAL of Receipts This Page (optional)		>			_				181.9	2		
							7	7		=			
TC	OTAL This Period (last page this line number on	ly)	•••••••••••••••••••••••••••••••••••••••							1.00			

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		Use separate schedule(s)	(check only one)								
I EIVILLED RECEIPIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)								
Full Name of Individual (Last, First, Middle A. WIX, LACOSTA, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 910 MANILA ST			12 31 2019								
City NASHVILLE	State TN	Zip Code 37206-3437	Transaction ID : PR2575800056342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle GALIAN, SANDRA, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 120 SEQUAMS LANE WE			12 31 / Y Y Y Y 12 31 2019								
	State NY	Zip Code	Transaction ID : PR2575803256342								
WEST ISLIP		11795-4549	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item								
Receipt For:	Aggregate	Year-to-Date V	1								
Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle C. LEVINE, CAROL, , ,	e Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9100 LARKSPUR LANE			12 / Y Y Y Y 12 31 2019								
City EDEN PRAIRIE	State MN	Zip Code 55347-2004	Transaction ID : PR2575803356342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)		538.44								
TOTAL This Period (last page this line num	ber only)										

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			Use separate schedule(s)	(check only	(check only one)						
			for each category of the Detailed Summary Page	X 11a	11b 11c	12	_				
	nation copied from such Reports and Sta mercial purposes, other than using the r										
	of COMMITTEE (In Full) edHealth Group Incorporated	d PAC (L	JnitedHealth Group PA	C)							
	me of Individual (Last, First, Middle Initia RPE, ADAM, , ,	al) or Full Oi	rganization Name	Date of F	Receipt						
Mailing	Address 13932 UTAH AVE S			12 ^M	/ D D / Y 31	2019	Y				
City SAVA0	GE	State MN	Zip Code 55378-2159		ction ID : PR2575 of Each Receipt th		2				
) number of contributing political committee.	С				384.6	0				
United	of Employer (for Individual) HealthCare Services Inc		ipation (for Individual) Gen Mgmt	Mer	no Item						
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
	me of Individual (Last, First, Middle Initia SELL, LAURIE, , ,	al) or Full Oi	rganization Name	Date of F	Receipt						
	Address 3108 SONIA DRIVE	Ototo	Zin Oode	12	/ D D / Y 31	2019	Ŷ				
City LAS VI	EGAS	State NV	Zip Code 89107-3246		ction ID : PR2575						
FEC ID) number of contributing political committee.	С		Amount of Each Receipt this Period							
	of Employer (for Individual) HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item							
	t For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1014.00	P/R Deduction (\$39.00 Bi-Weekly)							
	me of Individual (Last, First, Middle Initia	al) or Full O	rganization Name	Date of F	Receipt						
	Address 126 RAINBOW TRAIL			^M 12	31	2019					
City VERN	ON	State CT	Zip Code 06066-5950		ction ID : PR2575 of Each Receipt th		2				
) number of contributing political committee.	С			y	153.8	4				
United	of Employer (for Individual) HealthCare Services Inc		ipation (for Individual) Gen Mgmt	Mer	no Item						
	rimary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOT	AL of Receipts This Page (optional)					616.4 [,]	4				
TOTAL T	his Period (last page this line number or	nly)	••••••								

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			Use separate schedule(s)	(ch	(check only one)								
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12				
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)	anie anu au	duress of any political committee	10 5						iee.			
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial SCHENEMAN, STEPHEN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 428 8TH ST				12 31 Y Y Y Y Y 12 31 2019								
	City HUNTINGTON BEACH	State CA	Zip Code 92648-4629					PR25758 eceipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>				76	92			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Clin Affordability		Me	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96		P/R Dedu	uctio	on (\$38.	46 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial SHAPIRO, DAVID, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 5215 MORGAN AVENUE SOUT				12 / D D / Y Y Y Y 12 31 2019								
	City MINNEAPOLIS	State MN	Zip Code 55419-1026					PR25758					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Cnsmr Off	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial SPAULDING, TODD, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt						
	Mailing Address 15174 53RD ST NW				^M 12	1	31	/ Y	2019 [°]	Y			
	City ANNANDALE	State MN	Zip Code 55302-3576	-			-	PR25758 eceipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		46	14			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Prov Svc		Me	emo	tem						
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 299.91	P/R Deduction (\$11.53 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•				, .	9	507.	66			
т	OTAL This Period (last page this line number on	ly)	•	-				-					

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							(check only one)							
11	EMIZED RECEIPTS			or each category of the Detailed Summary Page		× 11a		11b	11c	12	Г	_		
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	ay n	ot be sold or used by any pe	erson	for the plicit con	purp purp	14 Dose of	15 soliciting	g contril	butio	17 1s		
	NAME OF COMMITTEE (In Full)	anie anu a	luure		10 5						nitee			
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia TAYLOR, DUSTIN, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 3712 NE 34TH UNIT 2C	1				12 31 2019								
	City VANCOUVER	State WA		Zip Code 98665	_	Trans: Amount			PR2575 eceipt th					
	FEC ID number of contributing federal political committee.	С								7	6.92			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) egn Pres		Me	emo	Item						
Receipt For: Aggregat Primary General Other (specify) ▼				r-to-Date ▼ 499.98		P/R Dedu	uctio	on (\$19.	23 Bi-W	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia NESTOR, MICHAEL, , ,	l) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 8 HUMBLE LANE	1-			12 / D D / Y Y Y Y 12 31 2019									
	City WESTON	State CT		Zip Code 06883-2509		Transa Amount		-	PR2575 eceipt th		-			
	FEC ID number of contributing federal political committee.	С						125.06						
	Name of Employer (for Individual) Optum Services, Inc	Occ Mgr		Me	emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1000.35	P/R Deduction (\$38.50 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia SEXTON, ELLEN, , ,	l) or Full O	Orgar	nization Name		Date of	Re	ceipt						
	Mailing Address 14750 CRESTWOOD COURT			I		M M 12	/	D D D 31		2019]		
	City ELM GROVE	State WI		Zip Code 53122-1603		Trans Amount			PR2575 eceipt th					
	FEC ID number of contributing federal political committee.	С				<u> </u>		y :	, <u>,</u>	38	84.60			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Me	emc	ltem						
Receipt For: Aggree Primary General Other (specify)				r-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•••••				,	,	58	6.58			
т	OTAL This Period (last page this line number on	ly)		••••••	-						-			

SCHEDULE A (FEC Form 3X) DEOEIDTO

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purposes, other than using th /MITTEE (In Full)	e name and ac ed PAC (L nitial) or Full Or State GA	InitedHealth Group PA	X 11a 11b 11c 12 13 14 15 16 erson for the purpose of soliciting contributions from such committee. AC) Date of Receipt 12 31 2019 Transaction ID : PR2575824956342 Amount of Each Receipt this Period						
purposes, other than using th MITTEE (In Full) Ilth Group Incorporat Idividual (Last, First, Middle Ir CHARD, , , 1120 KENSINGTON COURT r of contributing committee. and committee.	e name and ac ed PAC (L nitial) or Full Or State GA	InitedHealth Group PA	AC) Date of Receipt 12 Transaction ID : PR2575824956342						
MITTEE (In Full) Ith Group Incorporat Individual (Last, First, Middle In CHARD, , , 1120 KENSINGTON COURT r of contributing committee.	ed PAC (L nitial) or Full Or State GA	JnitedHealth Group PA rganization Name Zip Code	AC) Date of Receipt 12 12 12 12 12 12 12 12 12 12 12 12 12						
Alth Group Incorporate Individual (Last, First, Middle In CHARD, , , 1120 KENSINGTON COURT r of contributing committee.	nitial) or Full Or State GA	rganization Name	Date of Receipt 12 / 31 / 2019 Transaction ID : PR2575824956342						
CHARD, , , 1120 KENSINGTON COURT r of contributing committee. aver (for Individual)	State GA C	Zip Code	M M / D / Y						
r of contributing committee. yer (for Individual)	GA C		12 31 2019 Transaction ID : PR2575824956342						
committee.	GA								
committee.									
	0.000		76.92						
		pation (for Individual) SIs Ops & Reg Field SIs	Memo Item						
General ecify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
idividual (Last, First, Middle Ir JOEL, , ,	nitial) or Full Or	ganization Name	Date of Receipt						
360 TWIN OAKS CT			12 / D D / Y Y Y Y Y 12 31 2019						
City KINGSTON SPRINGS			Transaction ID : PR2575825856342						
r of contributing committee.	С	37082-8900	Amount of Each Receipt this Period 36.92						
oyer (for Individual) are Services Inc			Memo Item						
General ecify) ▼	Aggregate	Year-to-Date ▼ 479.96	P/R Deduction (\$18.46 Bi-Weekly)						
ndividual (Last, First, Middle Ir I, PHILIP, , ,	hitial) or Full Or	ganization Name	Date of Receipt						
5 1580 BOHNS POINT ROAD			12 / D D / Y Y Y Y 12 31 2019						
	State MN	Zip Code 55391-9309	Transaction ID : PR2575829856342 Amount of Each Receipt this Period						
r of contributing committee.	С		384.60						
yer (for Individual) are Services Inc			Memo Item						
General ecify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
eceipts This Page (optional)		••••••	498.44						
	JOEL, , , 3 360 TWIN OAKS CT RINGS r of contributing committee. byer (for Individual) are Services Inc General ecify) ▼ individual (Last, First, Middle In I, PHILIP, , , 5 1580 BOHNS POINT ROAD r of contributing committee. byer (for Individual) are Services Inc General ecify)	JOEL, , , 3 360 TWIN OAKS CT RINGS r of contributing committee. Dyer (for Individual) are Services Inc General ecify) ▼ Aggregate Aggregate Aggregate State MN r of contributing committee. State MN r of contributing committee. Dyer (for Individual) C Aggregate State MN r of contributing committee. Dyer (for Individual) Aggregate C Aggregate State MN C Aggregate State MN C State MN C State MN C State State MN C State State	B 360 TWIN OAKS CT RINGS State TN Zip Code 37082-8906 r of contributing committee. C Dyer (for Individual) are Services Inc Occupation (for Individual) Sr Med Dir Aggregate Year-to-Date ▼ 479.96 ecify) ▼ Aggregate Year-to-Date ▼ Idividual (Last, First, Middle Initial) or Full Organization Name 479.96 I, PHILIP, , , State NN Zip Code 55391-9309 r of contributing committee. C ver (for Individual) are Services Inc Occupation (for Individual) Bus Segment COO Aggregate Year-to-Date ▼ 4999.80						

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	Use separate schedule(s)	(check only one)								
I LIVILLED KEGEIP15		for each category of the Detailed Summary Page	× 11a		11b	11c	12			
Any information copied from such Reports and or for commercial purposes, other than using t										
NAME OF COMMITTEE (In Full)		duress of any political committee				UIII SUCI	Commu			
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle SCHMITT, MARIE, , ,	Initial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 3045 25TH AVENUE			M 12	VI /	D D 31	/ Y	2019	Y		
City SAN FRANCISCO	State CA	Zip Code 94132-1541					33005634 is Period	2		
FEC ID number of contributing federal political committee.	C				-	-	166.6	66		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Clnt Relationship		/lemo	tem					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Dec	ductio	on (\$38.4	46 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle VERITY, CLAIRE, , ,	Initial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 3220 NE 94TH STREET			M 12	/	D D D 31	/ Y	2019	Y		
City SEATTLE	State WA	Zip Code 98115-3656	Transaction ID : PR2575830256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C	C Occupation (for Individual) HIth Plan CEO			434.78					
Name of Employer (for Individual) United HealthCare Services Inc										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.97	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. HELLER, ALYSIA, , ,	Initial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 22331 W 44TH TER			12		D D D 31	L	2019			
City SHAWNEE	State KS	Zip Code 66226-2511			-		33055634 is Period	2		
FEC ID number of contributing federal political committee.	С			80.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		/lemc	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R De	ducti	on (\$38.	46 Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optional).					, .	. ,	681.4	14		
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) DEOFIDTO

Use separate schedule(s)

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	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12			
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)	e name and a	duress of any pointcar committee			utions in	om suci	Commu	ee.		
UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	NC)							
Full Name of Individual (Last, First, Middle In HENRY, STEPHANIE, , ,	itial) or Full C	rganization Name	Date c	of Re	ceipt					
Mailing Address 8970 VINCENT CIRCLE			M N 12	1	D D D 31	/ Y	y y 2019	Y		
City BLOOMINGTON	State MN	Zip Code 55431-1900					33105634 is Period	2		
FEC ID number of contributing federal political committee.	С				7		125.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology		lemo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	P/R Dec	ductic	on (\$38.4	46 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle In B. HUNTLEY, MICHELLE, , ,	itial) or Full C	rganization Name	Date c	of Re	ceipt					
Mailing Address 24905 MILLER BAY ROAD			12	/	D D D 31	/ Y	2019	Y		
City CROSBY	State MN	Zip Code 56441-2400	Transaction ID : PR2575832056342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С				384.60					
Name of Employer (for Individual) United HealthCare Services Inc					Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle In C. HARPER, JENNIFER, , ,	itial) or Full C	rganization Name	Date c	Date of Receipt						
Mailing Address 8206 WEST 16TH STREET			M 12		D D D 31		2019			
City SAINT LOUIS PARK	State MN	Zip Code 55426-1904					33555634 is Period	2		
FEC ID number of contributing federal political committee.	С			_	, .	, ,	28.0	08		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel Mgr		1emo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Dec	ductio	on (\$14.0	04 Bi-We	eekly)			
SUBTOTAL of Receipts This Page (optional)		••••••			,	. ,	537.6	88		
TOTAL This Period (last page this line number	only)	••••••			,					

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. JERDE, MARY, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 304 EAST VERA LANE			12 31 2019						
City TEMPE	State AZ	Zip Code 85284-4036	Transaction ID : PR2575837456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		153.84						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. MANDELL, WILLIAM, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 720 MISSION HILL WAY			12 31 2019						
City COLORADO SPRINGS	State CO	Zip Code 80921-2672	Transaction ID : PR2575837856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. BEESON, MARY JANE, , ,	Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 204 BLUE INDIGO CT			12 / D D / Y Y Y Y 31 2019						
City PONTE VEDRA BEACH	State FL	Zip Code 32082-6543	Transaction ID : PR2575839556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		192.30						
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Gen Mgmt	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			374.22						
TOTAL This Period (last page this line number	er only)								

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ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	× 11a			_	_، ٦			
Any information copied from such Reports and					citing contr	ibutior				
or for commercial purposes, other than using t	ne name and a	duress of any political committee	e io solicit contr	IDULIONS TROM	such com	mittee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle HARRISON, CHARLES, , ,	nitial) or Full C	rganization Name	Date of F	Receipt						
Mailing Address 10603 MILLET SEED HILL			M M 12	/ D D / 31	Y Y 201	ү ү 9				
City COLUMBIA	State MD	Zip Code 21044-4150		tion ID : PR2						
FEC ID number of contributing federal political committee.	С					28.08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Men	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle WILLIAMS, DALE, , ,	nitial) or Full C	rganization Name	Date of F	Receipt						
Mailing Address 8559 ALISA CT			M M 12	/ D D / 31	Y Y 2019					
City CHANHASSEN	State MN	Zip Code 55317-9371	Transaction ID : PR2575849256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Info Security	Men	no Item						
Receipt For:	Aggregate	Year-to-Date V		-						
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle BOROCH, BLAIR, , ,	nitial) or Full C	rganization Name	Date of F	Receipt						
Mailing Address 800 BELFRY DRIVE	01-1	Zin Onde	12 -	/ D D / 31	Y Y 2019	9				
City BLUE BELL	State PA	Zip Code 19422-1210		ction ID : PR2 of Each Recei						
FEC ID number of contributing federal political committee.	С			,	,	80.00				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Men	no Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduc	tion (\$40.00 B	i-Weekly)					
SUBTOTAL of Receipts This Page (optional).		,		,	1:	36.16				
TOTAL This Period (last page this line number	er only)					-				

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Middle GOLDEN, WILLIAM, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 106 SOUND COURT			12 31 2019									
City	State	Zip Code	Transaction ID : PR2575859356342									
NORTHPORT	NY	11768-3527	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		192.30									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item									
Receipt For:	I	Year-to-Date ▼										
Other (specify) ▼		4999.90	P/R Deduction (\$96.15 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. COTTINGTON, NYLE BRENT, , ,		Organization Name	Date of Receipt									
Mailing Address 15050 47TH STREET NE			12 31 2019 Transaction ID : PR2575865356342									
City	State	Zip Code										
SAINT MICHAEL	MN	55376-1613	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		990.00 Memo Item									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4998.42	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. ADAMO, BRENT, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 3109 E DESERT LN			12 31 2019									
City	State	Zip Code	Transaction ID : PR2575867856342									
PHOENIX	AZ	85042-7198	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		142.84									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Optum Services, Inc		Dir Software Engineering										
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		999.88	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			1325.14									
TOTAL This Period (last page this line numb	er only)	••••••										

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	🗶 11a 🗌 11b 🗌 11c 🗌 12						
			, ,	13 14 15 16 17						
or	y information copied from such Reports and Statem for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (L	JnitedHealth Group PA	.C)						
A.	Full Name of Individual (Last, First, Middle Initial) c ROSS, CHRISTY, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 211 JIM CANNON RD			12 / D D / Y Y Y Y 12 31 2019						
		State	Zip Code	Transaction ID : PR2575873356342						
	VAN ALSTYNE	ТХ	75495-2803	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			77.00						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs	Memo Item						
	Dessint For:		Year-to-Date ▼	-						
	Primary General Other (specify) ▼		1001.00	P/R Deduction (\$38.50 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initial) c LU, RANYAN, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 31 EXPLORATION			12 31 2019						
		State	Zip Code	Transaction ID : PR2575878356342						
	IRVINE	CA	92618-8850	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			166.66 Memo Item						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops							
	Receipt For: Ag Primary General Other (specify) ▼	igregate `	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
с.	Full Name of Individual (Last, First, Middle Initial) c PEZHMAN, PAYMAN, , ,	or Full Or	rganization Name	Date of Receipt						
	Mailing Address 3016 GROVELAND SCHOOL ROA	٩D		12 / D D / Y Y Y Y 12 31 2019						
		State	Zip Code	Transaction ID : PR2575883556342						
	WAYZATA	MN	55391-2816	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			384.60						
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item						
	United HealthCare Services Inc	Bus \$	Segment Gen Counsel							
		gregate '	Year-to-Date 🔻							
	Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			628.26						
Т	OTAL This Period (last page this line number only)		•••••							

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
or for commercial purposes, other than usir			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Mide A. RANDALL, RHONDA, , ,		rganization Name	Date of Receipt					
Mailing Address 48 INTERLAKEN ROAD	State	Zip Code	12 / 31 / 2019 Transaction ID : PR2575889656342					
ORLANDO	FL	32804-3418	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Seg Chief Med Off	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1351.00	P/R Deduction (\$1000.00 Bi-Weekly)					
Full Name of Individual (Last, First, Mido B. SCHMUKER, ERIN, , ,	lle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 2575 TALL TIMBER CO			12 / D D / Y Y Y Y 12 31 2019					
City GRAND RAPIDS	State MI	Zip Code 49546-6787	Transaction ID : PR2575906656342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		38.46					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Midc C. ALT, ROBERT, , ,	lle Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 133 PHEASANT FIELD			12 / D D / Y Y Y Y Y 12 31 2019					
City MOORESTOWN	State NJ	Zip Code 08057-1431	Transaction ID : PR2575907356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Prov Svc	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	al)		1080.58					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	a 🗌	11b	11c	12	_	
Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ed PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ir MARGHERIO, MICHAEL, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt				
Mailing Address 6412 JEFFERSON STREET			M 12		31) / Y	2019	Y	
City KANSAS CITY	State MO	Zip Code 64113-1542					91635634 is Period	2	
FEC ID number of contributing federal political committee.	C				т. і. - т. і.		76.9	92	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		Mem	o Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R D	educt	ion (\$38	.46 Bi-We	ekly)		
Full Name of Individual (Last, First, Middle Ir B. CZAJKA, DAVID, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt				
Mailing Address 8590 BIG MANGROVE DRIV			M 1.		31) / Y	2019	Ŷ	
City FORT MYERS	State FL	Zip Code 33908-7694	Transaction ID : PR2575918656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С						62.5	50	
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Human Capital Partner Mgr			o Item				
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir C. OLSON, TRUDY, , ,	nitial) or Full C	rganization Name	Date	of R	eceipt				
Mailing Address 7208 WOODDALE AVE SOU	JTH		M 1		31) / Y	2019 [°]	Y	
City EDINA	State MN	Zip Code 55435-4156					91875634 is Period	2	
FEC ID number of contributing federal political committee.	С				, .	,	250.0	00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Human Capital		Mem	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R D	educt	ion (\$38	.46 Bi-We	eekly)		
SUBTOTAL of Receipts This Page (optional)					7	,	389.4	12	
TOTAL This Period (last page this line number	only)				-	4			

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PAGE 190 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle Ir JENSENPFIEFFER, KIM, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9449 ASPEN RD			M M / D D / Y Y Y Y 12 31 2019						
City LAKEVILLE	State MN	Zip Code 55044-8148	Transaction ID : PR2575929756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acctng	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir B. MCGOLDRICK, CHRISTOPHER, ,		rganization Name	Date of Receipt						
Mailing Address 48 MOUNTAIN TERRACE R			12 31 Y Y Y Y 2019						
City	State	Zip Code	Transaction ID : PR2575930456342						
WEST HARTFORD	СТ	06107-1533	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		543.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Broker & Consulting	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.32	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Ir C. ZITZER, CHRISTOPHER, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2848 FRANCE AVE S			12 / D D / Y Y Y Y 12 31 2019						
City ST LOUIS PARK	State MN	Zip Code 55416-4204	Transaction ID : PR2575933356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		648.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4997.52	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1219.08						
TOTAL This Period (last page this line number	r only)								

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	y information copied from such Reports and S for commercial purposes, other than using the					purp							
	NAME OF COMMITTEE (In Full)			5 10 50				on such	r commu				
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle In MATTERA, RICHARD, , ,	itial) or Full O) or Full Organization Name				Date of Receipt						
	Mailing Address 640 LOCUST HILLS DRIVE				^M ^M 12	/	D D D 31	/ Y	2019	Y			
	City WAYZATA	State MN		Transaction ID : PR2575938456342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					y	- 45-	384.6	80			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Group Gen Counsel		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle In RILEY, FELICITY, , ,	itial) or Full O	rganization Name		Date of	Red	ceipt						
	Mailing Address 3330 EDMUND BLVD				M M / D D / Y Y Y Y 12 31 2019								
	City MINNEAPOLIS	State	State Zip Code MN 55406-2348				Transaction ID : PR2575943356342						
	FEC ID number of contributing federal political committee.	C			Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Tax				Item						
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle In DONAHUE, JEANINE, , ,	itial) or Full O	rganization Name		Date of	Red	ceipt						
	Mailing Address 164 MORNINGSIDE DRIVE				^M 12	/	D D 31	/ Y	2019	Y			
	City MANDEVILLE	State LA	Zip Code 70448-7571						95925634 is Period	2			
	FEC ID number of contributing federal political committee.	С			153.84								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96		P/R Ded	uctio	on (\$38.4	46 Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)			•			,	, ,	730.7	' 4			
т	OTAL This Period (last page this line number	only)		•			<u> </u>						

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PAGE 192 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)							
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	y information copied from such Reports and St				17 S						
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	address of any political committee	to solicit contributions from such committee.							
	UnitedHealth Group Incorporate	d PAC (I	UnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Init NEFF, WAYNE, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1158 DESERT ROCK DRIVE			12 / D D / Y Y Y Y Y 12 31 2019							
	City REXBURG	State ID	Zip Code 83440-3697	Transaction ID : PR2575961856342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) 'P Sales	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Init SALVO, GIANCARLO, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 1027 SW 149 LANE			12 / D D / Y Y Y Y Y 12 31 2019							
	City SUNRISE	State FL	Zip Code 33326-1957	Transaction ID : PR2575964956342							
	FEC ID number of contributing federal political committee.	C	333201337	Amount of Each Receipt this Period 76.92							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) &R Reg SIs Dir	Memo Item							
	Receipt For: Primary General Other (specify) ▼		9999.96	P/R Deduction (\$38.46 Bi-Weekly)							
<u>с</u> .	Full Name of Individual (Last, First, Middle Init CORBETT, WILLIAM, , ,	al) or Full C	Organization Name	Date of Receipt							
	Mailing Address 8217 STONE MASON CT			12 / D D / Y Y Y Y Y 12 31 2019							
	City WINDERMERE	State FL	Zip Code 34786-5624	Transaction ID : PR2575965956342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		57.68							
Name of Employer (for Individual) Optum Services, Inc			cupation (for Individual) t SIs SVP	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 374.92	P/R Deduction (\$14.42 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			211.52							
Т	OTAL This Period (last page this line number of	only)	b		٦						

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171			Use separate schedule(s)	(check only one)							
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 13 14	11c	12 16	17				
	y information copied from such Reports and St for commercial purposes, other than using the				soliciting cor	ntributio	ons				
$\overline{\}$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	.C)							
Α.	Full Name of Individual (Last, First, Middle Init KISCH, DAVID, , ,	ial) or Full O	Organization Name	Date of Receipt							
	Mailing Address 7715 GIBRALTER TERRACE			M M / D D / Y Y Y Y Y							
	City	State	Zip Code	12 31 Transaction ID :		in the second second					
	APPLE VALLEY	MN	55124-6124	Amount of Each R							
	FEC ID number of contributing federal political committee.	С				30.00	0				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item							
	Optum Services, Inc		Gen Mgmt								
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		390.00	P/R Deduction (\$15.	00 Bi-Weekly	()					
B	Full Name of Individual (Last, First, Middle Init DICELLO, MARK, , ,	ial) or Full O	Organization Name	Date of Receipt							
υ.	Mailing Address 619 SAND CRANE CT				/	Y Y	ŕ				
				12 31 2019							
	City	State	Zip Code	Transaction ID :	PR25759779	56342	_				
	BRADENTON	FL	34212-5226	Amount of Each R	eceipt this P	eriod					
	FEC ID number of contributing federal political committee.	С				28.00	0				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /k Regn Pres	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼	_							
	Primary General Other (specify) ▼		364.00	P/R Deduction (\$14.	00 Bi-Weekly	')					
	Eath Marson of Institutional (Look Elizab Middle Inst										
C.	Full Name of Individual (Last, First, Middle Init SIEBERT, GREGORY, , ,	iai) or Full O	rganization Name	Date of Receipt							
	Mailing Address 46 VIA BELLEZA			12 / D D) 19	Ý				
	City	State	Zip Code	Transaction ID :	PR25759796	56342					
	SAN CLEMENTE	CA	92673-6910	Amount of Each R	eceipt this P	eriod					
	FEC ID number of contributing federal political committee.	С		, .		200.00	0				
	Name of Employer (for Individual)		upation (for Individual)	Memo Item							
	United HealthCare Services Inc		Ntwk Contrctng	_							
	Receipt For: Aggregate Year-to-Date ▼ Primary General			P/R Deduction (\$100	0 00 Bi-Week	(lv)					
	Other (specify)		2600.00		J.OU DI-WEEK	.iy)					
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number of				<u> </u>	258.00)				

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		Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	NC)									
Full Name of Individual (Last, First, Middle I RICHARDS, ALISON, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 257 WEST GRANTLEY			12 31 / Y Y Y Y 12 31 2019									
City ELMHURST	State IL	Zip Code 60126-2237	Transaction ID : PR2575987956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit COO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I GOLD, PAMELA, , ,	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2821 E SWISS OAKS DR			12 / 31 / 2019									
City SANDY	State UT	Zip Code 84093-6587	Transaction ID : PR2575988656342									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle I	nitial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4012 S XERXES AVENUE			12 / D D / Y Y Y Y 12 31 2019									
City MINNEAPOLIS	State MN	Zip Code 55410-1146	Transaction ID : PR2575990956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) uty Gen Counsel	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			489.52									
TOTAL This Period (last page this line numbe	r only)											

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171			Use separate schedule(s)	(check o	nly o	ne)	L		-			
11	TEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c 15		2 6 [17		
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	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init CHAMBUNDABONGSE, KUNJORN, , ,	ial) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 9128 WOODLAND DRIVE				12 31 Y Y Y Y Y 12 31 2019							
	City MINNETRISTA	State MN	Zip Code 55375-4515			tion ID : Each R						
	FEC ID number of contributing federal political committee.	С		Ē				16	676.00)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4997.66	P/R De	əduct	ion (\$192	2.30 Bi-W	Veekly)			
в.	Full Name of Individual (Last, First, Middle Init BRIGGS, MARC, , ,	ial) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 13534 TUSCALEE HILL CIR			12 / 31 / 2019 Transaction ID : PR2576001656342								
	City	State	Zip Code									
	DRAPER	UT	84020-5653	Amou	int of	Each R	eceipt th	nis Per	riod			
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Mem	o Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R De	∍ducti	ion (\$192	30 Bi-W	/eekly))			
с.	Full Name of Individual (Last, First, Middle Init SCHOENER, SHAUN, , ,	ial) or Full O	rganization Name	Date	of R	eceipt						
	Mailing Address 884 LAS PALOMAS DR			12		/ D D 31	/ Y	2019				
	City LAS VEGAS	State NV	Zip Code 89138-5001			tion ID : Each R						
	FEC ID number of contributing federal political committee.	С			_	9			85.00)		
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) KA VP SIs Acct Mgt	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.00	P/R Deduction (\$16.34 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)					,	.,	21	45.60)		
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	IAME OF COMMITTEE (In Full)										
\rangle (JnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	NC)							
	ull Name of Individual (Last, First, Middle Initia	l) or Full O	rganization Name	Di	ate of	Rec	ceipt				
	ailing Address 7210 HEGGIE AVE			12 31 2019							
C	Sity	State	Zip Code	12 31 2019 Transaction ID : PR2576033256342							
_l	AS VEGAS	NV	89131-3233	Ar	nount	of E	Each Re	eceipt th	is Perio	d	
	EC ID number of contributing ederal political committee.	С					,		28	3.00	
N	lame of Employer (for Individual)	Occu	upation (for Individual)	7 D	Me	emo	Item				
_	Inited HealthCare Services Inc	Hlth	Plan CEO	_							
F	Receipt For:	Aggregate	Year-to-Date 🔻		Ded	4: .	- (044)				
	Other (specify) ▼		364.00		k Deal	ICTIO	n (\$14.0	00 Bi-We	екіу)		
				<u> </u>							
B	ull Name of Individual (Last, First, Middle Initia	l) or Full Oi	rganization Name	Da	ate of	Red	ceipt				
_	failing Address 30 BRIDGHAM FARM ROAD				12	/	D 31	/ Y	2019	Y	
	ity RUMFORD	State RI	Zip Code 02916-1304					PR25760 eceipt th			
	EC ID number of contributing				nount			eceipt ti	IS FEIIO	u	-
	ederal political committee.	С		28.08							
	lame of Employer (for Individual) nited HealthCare Services Inc		upation (for Individual) Ned Dir		Me	emo	Item				
F	Receipt For:	Aggregate	Year-to-Date 🔻								
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N	lailing Address 39 CANYON RIDGE DRIVE				12	/	D D D 31	/ Y	2019	Y	
	ity SANDIA PARK	State NM	Zip Code 87047-8509					PR2576			-
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ι	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategic Acct Mgmt	1	Me	emo	ltem				
F	Acceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/F	R Dedu	uctio	n (\$96. [∙]	15 Bi-We	eekly)		
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SCHEDULE A (FEC Form 3X) _ _ _ _ _ _ _ _ _

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			for each category of the Detailed Summary Page	X 1	-	11b 14	11c 15	12	Г	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n						soliciting				
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initia BYRNES, CHRISTOPHER, , ,	l) or Full Or	rganization Name	Dat	e of F	Receipt					
	Mailing Address 3920 GLENWOOD STREET			12 31 / Y Y Y Y 2019							
	City DULUTH	State MN	Zip Code 55804-1403			ction ID : of Each F					
	FEC ID number of contributing federal political committee.	С			_		-	38	84.60		
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Ops		Men	no Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4999.80	P/R	Deduc	tion (\$19	2.30 Bi-V	√eekly)			
в.	Full Name of Individual (Last, First, Middle Initial KANDALAFT, KEVIN, , ,	l) or Full Or	rganization Name	Dat	ie of F	Receipt					
	Mailing Address 4189 WINDSOR POINT PLACE	04-44-	7.0.1		12	/ D 1		2019	Y Y)]	
	City EL DORADO HILLS	State CA	Zip Code 95762-3797			tion ID : of Each F					
	FEC ID number of contributing federal political committee.	С							46.76		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Men	no Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 4153.89	P/R	Jeduc	tion (\$19	2.30 Bi-W	/eekly)			
С.	Full Name of Individual (Last, First, Middle Initia STONE, LAURA, , ,	l) or Full Or	rganization Name	Dat	e of F	Receipt					
	Mailing Address 4644 VENETO DRIVE	1			12 ^M	/ D 1		2019]	
	City FRISCO	State TX	Zip Code 75033-7135			ction ID : of Each F					
	FEC ID number of contributing federal political committee.	С			_	, .	.,	2	28.00		
United HealthCare Services Inc			ipation (for Individual) Contract Dir		Men	no Item					
Receipt For: Aggregate Primary General Other (specify)			Year-to-Date ▼ 364.00	P/R	Deduc	ction (\$14	.00 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)					9		85	59.36		
т	OTAL This Period (last page this line number on	ly)				7	-		-		

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

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ITEMIZED RECEIPTS				or each category of the Detailed Summary Page	×	11a] 11k		11c	12		
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	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)								
Full	Name of Individual (Last, First, Middle Initial) ROENENDAAL, MICHAEL, , ,) or Full O	Organ	nization Name		Date of Receipt							
Mai	ling Address 1017 N EUCLID				M M / D D / Y Y Y Y Y 12 31 2019								
City	KPARK	State IL		Zip Code 60302-1321							04625634		
				00302-1321	Amount of Each Receipt this Period								
	C ID number of contributing eral political committee.				_		-		-9-	28.	.00		
	ne of Employer (for Individual) ted HealthCare Services Inc		•	ion (for Individual) cutive Compensation		M	emo	b Ite	m				
Rec	eipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify) ▼		-	364.00	P/	R Ded	uctio	on (\$14.0	0 Bi-We	ekly)		
	Name of Individual (Last, First, Middle Initial)) or Full O	Drgan	nization Name		Date of	Re	eceip	ot				
Mai	ing Address 3320 SHAVERS LAKE ROAD		12 31 / Y Y Y Y 2019										
City		State		Zip Code		04795634	2						
WA	ΥΖΑΤΑ	MN		55391-3341	A	mount	of	Eac	h Re	ceipt th	nis Period	l	
	C ID number of contributing eral political committee.	С			76.92								
	ne of Employer (for Individual) ed HealthCare Services Inc		•	ion (for Individual) t Initiv		M	emo) Ite	m				
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year	r-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)								
	Name of Individual (Last, First, Middle Initial)) or Full O	Drgan	ization Name		Date of	Re	eceip	ot				
Mai	ing Address 2515 HERON LANE					^M 12	/	D	31	/ Y	2019	Y	
City		State		Zip Code		Trans	acti	ion	ID : P	R2576	04915634	42	
VIC	CTORIA	MN		55386-4579	A	mount	of	Eac	h Re	ceipt th	nis Period		
	C ID number of contributing aral political committee.	С						7		y	14.	.04	
Nan	ne of Employer (for Individual)	Occi	upati	ion (for Individual)		M	emo	o Ite	m				
	ted HealthCare Services Inc	Dir (Comr	m									
Rec	eipt For:	Aggregate	Yea	r-to-Date ▼	-								
Primary General Other (specify) 351.0						R Ded	uctio	on (\$14.0	4 Bi-W	∋ekly)		
SUBT	OTAL of Receipts This Page (optional)			•				,			118.	96	
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	D RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		 	
	ation copied from such Reports and Stat nercial purposes, other than using the n											
\	DF COMMITTEE (In Full)											
	dHealth Group Incorporated	PAC (U	InitedHealth Group PA	AC)								
	ne of Individual (Last, First, Middle Initia CAL, KENT, , ,	l) or Full Or	ganization Name		Date of	f Re	ceipt					
	Address 9795 E PIEDRA DRIVE	1			12 31 Y Y Y Y Y 12 31 2019							
City SCOTTS	SDALE	State AZ	Zip Code 85255-9231	_				PR25760 eceipt th				
	number of contributing political committee.	С						-	384	4.60		
	Employer (for Individual) ealthCare Services Inc		pation (for Individual) Medicare STARS		M	emo	Item					
	For: imary General her (specify) ▼	Aggregate Y	/ear-to-Date ▼ 4999.80		P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)			
	ne of Individual (Last, First, Middle Initia , BARTON, , ,	l) or Full Org	ganization Name		Date of	f Re	ceipt					
	Address 16716 MAYFIELD DRIVE	1			^M 12	1	D D D 31	/ Y	2019	Y]	
City EDEN P	RAIRIE	State MN	Zip Code 55347-2242					PR25760 eceipt th				
FEC ID	number of contributing political committee.	С								8.08		
	f Employer (for Individual) ealthCare Services Inc	Occu Dir N	pation (for Individual) Iktg		M	emo	Item					
	For: mary General her (specify) ▼	Aggregate Y	/ear-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
	ne of Individual (Last, First, Middle Initia NG, JAMES, , ,	l) or Full Or	ganization Name		Date of	f Re	ceipt					
	Address 6838 IDLEWOOD WAY				^M 12		D D D 31		2019]	
City EDEN F	PRAIRIE	State MN	Zip Code 55346-3519					PR2576				
	number of contributing political committee.	С			<u> </u>		y :	y		6.92		
Optum S	Employer (for Individual) Services, Inc		pation (for Individual) en Mgmt		М	emc	Item					
	For: mary General her (specify)	Aggregate Y	/ear-to-Date ▼ 999.96		P/R Ded	lucti	on (\$38.	46 Bi-We	eekly)			
SUBTOTA	L of Receipts This Page (optional)		•••••	•			,	,	48	9.60		
TOTAL Th	is Period (last page this line number on	ly)	•••••	- •						-		

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathe name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle REX, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 503 HARRINGTON ROAD			12 / D D / Y Y Y Y 12 31 2019							
City WAYZATA	State MN	Zip Code 55391-1512	Transaction ID : PR2576060056342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) G CFO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MCEWAN, JOSHUA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4916 ALDRICH AVE SOUT	12 31 / Y Y Y Y 12 31 2019									
City MINNEAPOLIS	State MN	Zip Code 55419-5353	Transaction ID : PR2576085756342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. GRANT, AMY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 34 FAIRLAWN DR	Otata	7.0.4	12 d b b / y y y y y 12 31 2019							
City WALLINGFORD	State CT	Zip Code 06492-2588	Transaction ID : PR2576089056342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			797.28							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n			rson for the purpose of soliciting contributions								
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial DUDA, MICHAEL, , ,) or Full C	organization Name	Date of Receipt								
	Mailing Address 5208 RICHWOOD DRIVE	1 -		12 / D D / Y Y Y Y Y 12 31 2019								
	City EDINA	State MN	Zip Code 55436-2322	Transaction ID : PR2576089956342								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Fin	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial FREIBERG, BRIAN, , ,) or Full C	organization Name	Date of Receipt								
	Mailing Address 9605 LEXINGTON CT			M M / D D / Y Y Y Y 12 31 2019								
	City WESTON	State WI	Zip Code 54476-6730	Transaction ID : PR2576093656342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		363.62								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.91	P/R Deduction (\$76.92 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial OLUJIC, TAMMY, , ,) or Full C	organization Name	Date of Receipt								
	Mailing Address 14908 SE 66TH STREET	1		12 / D D / Y Y Y Y 12 31 2019								
	City BELLEVUE	State WA	Zip Code 98006-5022	Transaction ID : PR2576097356342								
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		•	586.68								
т	OTAL This Period (last page this line number on	ly)										

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II ⊂IVI	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				_	11a		1	1b		11c		12	
Anv inf	formation copied from such Reports and Stat	tements ma	av no	t be sold or used by	any per	son		13 r the		14 rpo:		f so	15 Dicitina		16 htribut	17 tions
or for c	commercial purposes, other than using the n															
\ \	ME OF COMMITTEE (In Full) hitedHealth Group Incorporated	I PAC (l	Unit	edHealth Grou	p PA(C)										
	Name of Individual (Last, First, Middle Initia ARBISON, CECILIA, , ,	l) or Full O	Organi	zation Name		Date of Receipt										
	ing Address 233 MAGNOLIA STREET						12 31 2019									
City		State PA		Zip Code			Transaction ID : PR2576100156342 Amount of Each Receipt this Period								2	
	ESHER		\perp	19025-2012		-	Ar	nour	nt of	Ε	ach F	Rec	eipt thi	is P∉	eriod	
	C ID number of contributing eral political committee.	С					Ĺ	_		-	_	_	-		28.0	28
	ne of Employer (for Individual)		•	on (for Individual)		1	Ľ	N	/lemo	o It	tem					
	ed HealthCare Services Inc	I	Gen I	5		_										
Hec	eipt For: Primary General	Aggregate	Year	-to-Date ▼		-	ס/ר	2 Do	Juct	ior	(\$1 ^	1.04	l Bi-We	ekı.,)	
	Other (specify) V		Ţ	365.04	4		. /Г	. Je	יייינ	.01	,ψ14	4	_, vve	≂n(y)	,	
	Name of Individual (Last, First, Middle Initia	l) or Full O)rgani	zation Name		\top	D;	ate o	of Re	ece	ipt					
	ling Address 21 HOEFER ST		_			Date of Receipt								Y		
City		State	-	Zip Code				[ran:	sact	tion	۱D :	: PR	25761	0025	5634	2
LAT	ГНАМ	NY		12110-4742		-	Ar	nour	nt of	Εέ	ach F	Rec	eipt thi	is Pe	eriod	
	C ID number of contributing eral political committee.	С	-			28.08)8			
Optu	ne of Employer (for Individual) um Services, Inc		cupati Comp	on (for Individual) pli			Ľ	N	/lemo	o li	tem					
	eipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 365.0)4	F	⊃/R	Dec	ducti	ion	(\$14	1.04	Bi-We	ekly))	
	Name of Individual (Last, First, Middle Initia IAMOND, TIFFANY, , ,	l) or Full O	Organi	zation Name			Da	ate c	of Re	ece	ipt					
Mail	ling Address 5 HARVEY DRIVE						_	12	VI /	/	D 31		/ Y	20 ²	ү 19	Y
City GO	PFFSTOWN	State NH	T	Zip Code 03045-2315		-							R25761			2
	C ID number of contributing					1		nour	n Of	. –:	auri f	nec.	eipt thi	13 P(
	eral political committee.	С					L			7		_	J.		76.9	92
Opt	ne of Employer (for Individual) um Services, Inc		upatio Gen N	on (for Individual) Mgmt			L	N	/lem	io li	tem					
Rec	eipt For: Primary General Other (specify)	Year	-to-Date ▼ 999.9		F	P/F	۲De	duct	tion	(\$38	3.46	8 Bi-We	ekly	')		
	OTAL of Receipts This Page (optional) L This Period (last page this line number on					<u>(</u>	Г Г	+	+		-		1		133.()8

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12				
Any information copied from such Reports and											
or for commercial purposes, other than using the	ne name and a	uuress or any political committee		Unin	uuons t	IOTT SUCE	Committe				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle I CASEY, TAMMY, , ,	nitial) or Full C	organization Name	Date	of Re	ceipt						
Mailing Address 5400 LAKESIDE DRIVE			12 31 2019 Transaction ID : PR2576107356342 Amount of Each Receipt this Period								
City LAKE WALES	State FL	Zip Code 33898-8812									
FEC ID number of contributing federal political committee.	С				-y		28.0)8			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Nemo	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R De	ductio	on (\$14.	04 Bi-We	ekly)				
Full Name of Individual (Last, First, Middle I MELNICK, BRADLEY, , ,	nitial) or Full C	organization Name	Date	of Re	ceipt						
Mailing Address 5185 KELSEY TERRACE			12 / D D / Y Y Y Y 12 / 31 2019								
City EDINA	State MN	Zip Code 55436-1174			-	PR25761 eceipt thi	11956342 is Period	2			
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	N	Nemo	Item						
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle I C. KIEWEL, NATHAN, , ,	nitial) or Full C	organization Name	Date	of Re	ceipt						
Mailing Address 1137 PRAIRIE VIEW DR S			12		31		2019 [°]				
City HUTCHINSON	State MN	Zip Code 55350-6725				PR25761 eceipt thi	1755634	2			
FEC ID number of contributing federal political committee.	С				,	7	28.0	00			
Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) d Software Engineer		Memo	tem						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.00	P/R De	ducti	on (\$14.	00 Bi-We	ekly)				
SUBTOTAL of Receipts This Page (optional)					, ,	,	440.6	8			
TOTAL This Period (last page this line number	er only)										

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PAGE 204 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)	g the fighter and a											
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Midd WEDIN, JEFF, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 115 EAGLE COVE			12 / D D / Y Y Y Y 12 31 2019									
City MADISON	State MS	Zip Code 39110-6629	Transaction ID : PR2576122356342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		153.84									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1999.92	P/R Deduction (\$76.92 Bi-Weekly)									
Full Name of Individual (Last, First, Middl B. SANCHEZ, VINCENT, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 5025 BRANFORD COUR			12 / D D / Y Y Y Y 12 31 2019									
City DUBLIN	State CA	Zip Code 94568-7241	Transaction ID : PR2576126956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middl C. STINE, KARL, , ,	le Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address PO BOX 265			12 / D D / Y Y Y Y Y 12 31 2019									
City CRESSON	State PA	Zip Code 16630-0265	Transaction ID : PR2576133456342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 1ed Dir	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optiona	al)		210.00									
TOTAL This Period (last page this line nun	nber only)											

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	orated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Mide A. KERAN, PATRICK, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6631 108TH CT			12 31 2019						
City BROOKLYN PARK	State MN	Zip Code 55445-6503	Transaction ID : PR2576137856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Product	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Mide B. LIRETTE, KARL, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 9 WEST WOODLAWN I			12 31 / Y Y Y Y Y 12 31 2019						
City DESTREHAN	State LA	Zip Code 70047-2535	Transaction ID : PR2576138956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Mide C. BOADO, ANDREA, , ,	dle Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 14924 PONDVIEW CIR			12 / D D / Y Y Y Y Y 2019						
City WAYZATA	State MN	Zip Code 55391-2249	Transaction ID : PR2576144656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (option	al)		440.76						
TOTAL This Period (last page this line nu	mber only)								

Use separate schedule(s)

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PAGE 206 OF

		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page							
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee						
or for commercial purposes, other than using t	ne name and a	duress of any political committee	e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle GROSSMAN, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 15725 56TH AVE N			12 31 / Y Y Y Y 12 31 2019						
City PLYMOUTH	State MN	Zip Code 55446-2984	Transaction ID : PR2576145856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		111.10						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.90	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FRIDNER, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 782 PENFIELD DR			12 / D D / Y Y Y Y Y 12 31 2019						
City CAROL STREAM	State IL	Zip Code 60188-4738	Transaction ID : PR2576147556342						
	_	00100-4730	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		78.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		1014.00	P/R Deduction (\$39.00 Bi-Weekly)						
Full Name of Individual (Last, First, Middle SCOTT, GARLAND, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 8018 PERLETTE COURT			12 / D D / Y Y Y Y 12 31 2019						
City KERNERSVILLE	State NC	Zip Code 27284-9957	Transaction ID : PR2576151056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		90.90						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.95	P/R Deduction (\$19.23 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			280.00						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) DEOFIDTO

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 berson for the purpose of soliciting contributions a to collect contributions from such committee							
NAME OF COMMITTEE (In Full)	using the name and a	doress of any political committe	e to solicit contributions from such committee.							
UnitedHealth Group Inco	rporated PAC (l	JnitedHealth Group P	4C)							
Full Name of Individual (Last, First, WARN, ROBERT, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2079 AUSTRIAN P	NE LN		12 31 Y Y Y Y 2019							
City MINNETONKA	State MN	Zip Code 55305-2429	Transaction ID : PR2576157856342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		62.50							
Name of Employer (for Individual) Optum Services, Inc	Occi VP /	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, B. PAUNOVICH , VUKASIN, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1209 KEITH RD			12 31 2019							
City	State NC	Zip Code	Transaction ID : PR2576306756342							
WAKE FOREST		27587-7301	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ef Tech Off	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, C. BENSON, JEAN, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 14951 HIGHLAND	COURT NE		12 / D D / Y Y Y Y 12 31 2019							
City PRIOR LAKE	State MN	Zip Code 55372-4109	Transaction ID : PR2576310956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment CFO	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (o	tional)		831.70							
TOTAL This Period (last page this lin	e number only)	······								

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th	Statements mane and a	L ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle I COMBSMORGAN, LAURIE, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 513 RIVERVIEW DRIVE			12 31 / Y Y Y Y Y 12 31 2019						
City FRANKLIN	State TN	Zip Code 37064-5512	Transaction ID : PR2578719856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.40						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.20	P/R Deduction (\$19.20 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I TIDMARSH, BRIAN , , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 14425 NORTH 15TH STREE	ET		12 31 Y Y Y Y Y 12 31 2019						
City PHOENIX	State AZ	Zip Code 85022-4454	Transaction ID : PR2578724256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.04						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) E 2 NA Accts	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		364.52	P/R Deduction (\$14.02 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I LONG, PAUL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 12352 PRINCETON AVE			12 / D D / Y Y Y Y Y 12 31 2019						
City EDEN PRAIRIE	State MN	Zip Code 55347-1936	Transaction ID : PR2578734956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		264.42						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.96	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			330.86						
TOTAL This Period (last page this line numbe	r only)								

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma	l ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle I EGELAND, DANIEL, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2659 E LAKE OF THE ISLE	SPKWY		M M / D D / Y Y Y Y Y 12 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55408-1052	Transaction ID : PR2578741056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Dev	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I B. STRODE, KURT, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 15 MIRA SEGURA			M M / D D / Y Y Y Y Y 12 31 2019						
City RANCHO SANTA MARGARITA	State CA	Zip Code 92688-4113	Transaction ID : PR2578819256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.84						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Gen Counsel	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 374.92	P/R Deduction (\$14.42 Bi-Weekly)						
Full Name of Individual (Last, First, Middle I c. ASNER, BARTLEY, , ,	nitial) or Full C	rganization Name	Date of Receipt						
Mailing Address 25 OFFSHORE			12 31 / Y Y Y Y Y 12 31 2019						
City NEWPORT BEACH	State CA	Zip Code 92657-2162	Transaction ID : PR2578819456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Strategy	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			798.04						
TOTAL This Period (last page this line number	er only)								

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			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a	11b	11c	12			
	tion copied from such Reports and Si									
	nercial purposes, other than using the	name and a	address of any political committee	to solicit co	ntributions fro	om sucr	Committe	e.		
	F COMMITTEE (In Full) dHealth Group Incorporate	ed PAC (l	UnitedHealth Group PA	NC)						
	e of Individual (Last, First, Middle Init EY, KRISTY, , ,	ial) or Full O	Organization Name	Date of	f Receipt					
	Address 42095 N 109TH PLACE			12 ^M	/ D D 31	/ Y	2019	Y		
City SCOTTS	SDALE State Zip Code AZ 85262-3293				t of Each Re			2		
	number of contributing olitical committee.	C				-	384.6	0		
Optum S	Employer (for Individual) ervices, Inc	Occupation (for Individual) Chief Clin Off			emo Item					
	For: mary General ner (specify) ▼	Aggregate Year-to-Date ▼ 4999.80			P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CIAVOLA, LAURA, , ,				Date o	f Receipt					
	Address 6958 DELOACH COURT			M M 12	/ D D 31	/ Y	2019	Y		
City FRISCO		State TX	Zip Code 75034-7436		action ID : P t of Each Re					
	number of contributing olitical committee.	С					384.6	0		
	Employer (for Individual) ervices, Inc		upation (for Individual) Ops	М	emo Item					
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Ded	uction (\$192.:	30 Bi-W	eekly)			
	e of Individual (Last, First, Middle Init BEE, NATHANAEL, , ,	ial) or Full O	Organization Name	Date o	f Receipt					
	Address 611 ORPINGTON RD	01-1-	7. 0.1	12	31		2019			
City BALTIM	ORE	State MD	Zip Code 21229-2128		t of Each Re			<u>'</u>		
	number of contributing olitical committee.	С				9	76.9	2		
United H	Employer (for Individual) ealthCare Services Inc		upation (for Individual) Bus Process	M	emo Item					
	-or: mary General ner (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Dec	luction (\$38.4	6 Bi-We	eekly)			
SUBTOTAI	L of Receipts This Page (optional)				, , ,	9	846.1	2		
TOTAL Thi	is Period (last page this line number o	only)								

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	-	Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mather name and a	L ay not be sold or used by any p uddress of any political committe	person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. MILLER, TRACI, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 729 PINE TRAIL			M M / D D / Y Y Y Y Y 12 31 2019						
City ARNOLD	State MD	Zip Code 21012-1628	Transaction ID : PR2578829956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		115.38						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FARMER, RACHEL, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1846 SOUTH COLUMBINE			12 / D D / Y Y Y Y Y 2019						
City BATON ROUGE	State LA	Zip Code 70808-5227	Transaction ID : PR2595208356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ELLIS, DENNIS, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6001 DRIPPING SPRINGS			12 / D D / Y Y Y Y 12 31 2019						
City FRISCO	State TX	Zip Code 75034-4039	Transaction ID : PR2595209156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		32.76						
Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	KA	upation (for Individual) Dir SIs	Memo Item						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 425.88	P/R Deduction (\$16.38 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			263.52						
TOTAL This Period (last page this line numb	er only)								

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	aratad DAC (I	Inited Health Crown D						
UnitedHealth Group Incorp	Stated PAC (I		4C)					
Full Name of Individual (Last, First, Mid BOWES, DOUGLAS, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 583 BATTERY STREE	Г 908N		12 31 2019					
City SEATTLE	State WA	Zip Code 98121-1682	Transaction ID : PR2595226956342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		38.46					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Mid B. SNYDER, MARY, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 156 HIGH WINDS DRIN			12 31 2019					
City YARMOUTH	State ME	Zip Code 04096-5958	Transaction ID : PR2595229356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Mid C. SCOTT, WESTON, , ,	dle Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 16333 VANCE JACKS0 APT 1215			12 / D D / Y Y Y Y 12 31 2019					
City SAN ANTONIO	State TX	Zip Code 78257-5090	Transaction ID : PR2601125356342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		61.54					
Name of Employer (for Individual) Optum Services, Inc	Occ Med	upation (for Individual) Dir	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 800.02	P/R Deduction (\$30.77 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		484.60					
TOTAL This Period (last page this line nu	mber only)							

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(check only one)

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Mailing Address 2215 SUMMIT AVENUE Image: Constraint of the second	15 16 17						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt A. SHORT, MARIANNE, , , Mailing Address 2215 SUMMIT AVENUE Date of Receipt City State Zip Code SAINT PAUL MN 55105-1002 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item United HealthCare Services Inc Aggregate Year-to-Date ▼ P/R Deduction (\$192.							
A. SHORT, MARIANNE, , , Date of Receipt Mailing Address 2215 SUMMIT AVENUE Image: Constraint of Receipt City State Zip Code SAINT PAUL MN 55105-1002 FEC ID number of contributing federal political committee. C Amount of Each Receipt Name of Employer (for Individual) Occupation (for Individual) Memo Item United HealthCare Services Inc EVP Gen Counsel Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$192.)							
City State Zip Code SAINT PAUL MN 55105-1002 FEC ID number of contributing C federal political committee. C Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc EVP Gen Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General							
SAINT PAUL MN 55105-1002 FEC ID number of contributing federal political committee. C Amount of Each Re Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel Memo Item Receipt For: Aggregate Year-to-Date ▼ P/R Deduction (\$192.)	2019						
FEC ID number of contributing federal political committee. C Amount of Each Reference of Each							
federal political committee. Image: Committee of the service of	ceipt this Period						
United HealthCare Services Inc EVP Gen Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General	384.60						
Primary General P/R Deduction (\$192.							
Primary General P/R Deduction (\$192.							
Other (specify) ▼ 4999.80	30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PATRICK, ALLEN, , ,							
Mailing Address 225 W ESCALONES							
City State Zip Code Transaction ID : P	R2601136856342						
SAN CLEMENTE CA 92672-5102 Amount of Each Rev	ceipt this Period						
FEC ID number of contributing federal political committee.	28.08						
Name of Employer (for Individual) Occupation (for Individual) Memo Item United HealthCare Services Inc SB Dir SIs Acct Mgmt							
Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 365.04	4 Bi-Weekly)						
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. LEVAY, CHRISTINE, , , Date of Receipt							
Mailing Address 17190 ROBB PL 12 31	/ Y Y Y Y 2019						
City State Zip Code Transaction ID : P	R2601147456342						
LAKE OSWEGO OR 97034-5829 Amount of Each Rev	ceipt this Period						
FEC ID number of contributing federal political committee.	25.00						
Name of Employer (for Individual)Occupation (for Individual)Memo ItemUnited HealthCare Services IncM&R Reg SIs Dir							
Peoplet For:							
Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00							
SUBTOTAL of Receipts This Page (optional)	Bi-Weekly)						

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ted PAC (I	UnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Middle A. OLDHAM, LORA, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 20039 E BRIGHTWAY			12 31 2019					
City	State	Zip Code	Transaction ID : PR2601147656342					
MOKENA	IL	60448-1404	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		19.24					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
United HealthCare Services Inc	M&	R Reg Dir of Brkr Sls						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		250.12	P/R Deduction (\$9.62 Bi-Weekly)					
			1					
Full Name of Individual (Last, First, Middle MCBRIEN, ROBERT, , ,	Initial) or Full C	Organization Name	Date of Receipt					
Mailing Address 305 HONEYBEE DRIVE			12 31 Y Y Y Y Y 12 31 2019					
City	State	Zip Code	Transaction ID : PR2601148956342					
WEXFORD	PA	15090-8699	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Cnslt	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)					
		<u>, , , , , , , , , , , , , , , , , , , </u>	1					
Full Name of Individual (Last, First, Middle C. WILLIAMS, DAVID, , ,	Initial) or Full C	organization Name	Date of Receipt					
Mailing Address 10 SOUTHERN OAKS DRI	VE		12 31 2019					
City	State	Zip Code	Transaction ID : PR2601151156342					
CLINTON	MS	39056-9772	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		125.00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) /led Dir	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		1000.00	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			172.32					
TOTAL This Period (last page this line number	er only)	······						

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			Use separate schedule(s)	(che	(check only one)						
	RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b	11c	12		
Any information	on copied from such Reports and Stat	emente ma	av not be sold or used by any po	areon f	13		14	15 soliciting	16	17	
	rcial purposes, other than using the n										
	COMMITTEE (In Full)			\sim							
United	Health Group Incorporated	PAC (L	United Health Group PA	(C)							
	of Individual (Last, First, Middle Initia) or Full Or	rganization Name			_					
	, SHAUNA, , , dress 1180 TRUMPET VINE LANE			- '	Date of	Red	· .		N N	X	
					12 ^M	ĺ	31	/ Y	2019	Ŷ	
City SAN RAM		State CA	Zip Code 94582-5183	Transaction ID : PR2601154756342							
					Amount	of I	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.							<u> </u>	-	28.0	08	
Name of Employer (for Individual) Occupation (for Individual)			upation (for Individual)	_	Ме	mo	Item				
Optum Services, Inc Dir Proj Mgmt											
	Receipt For: Aggregate Year-to-Date ▼										
Othe	ary General r (specify) ▼		365.04	P/	/R Dedu	ictio	on (\$14.	04 Bi-We	ekly)		
	of Individual (Last, First, Middle Initia) or Full Or	rganization Name		Data of	De					
	CARRIE, , , dress 1917 SW 27TH STREET			- '	Date of	Red		/ 7	YY	Y	
					12	Ľ	31	Ľ	2019		
City TOPEKA		State KS	Zip Code 66611-1643						6205634	2	
	mber of contributing		00011-1043		Amount	OTI	Each R	eceipt th	is Period	_	
	itical committee.	С			_			-	200.0	00	
	mployer (for Individual) IthCare Services Inc		upation (for Individual) Gen Mgmt		Me	mo	Item				
Receipt Fo	r:		Year-to-Date ▼								
Prim			P/R Deduction (\$19.23 Bi-Weekly)								
Othe			500.00								
	of Individual (Last, First, Middle Initia RA, SUSAN, , ,) or Full Or	rganization Name		Doto of	Dec	agint				
	dress 1201 UNITY AVE N				Date of		- D - D	/ Y	YY	Y	
		1			12		31	L	2019		
City GOLDEN	VALLEY	State MN	Zip Code 55422-4735				-		16885634	2	
	mber of contributing			_ ^	Amount			eceipt tri	is Period		
	itical committee.	C				-	y	y y	76.9	92	
Name of E	mployer (for Individual)	Occu	upation (for Individual)		Me	emo	Item				
United Hea Receipt Fo	IthCare Services Inc		uty Gen Counsel	_							
Prima		Aggregate `	Year-to-Date	P.	/R Dedu	uctic	on (\$38.	46 Bi-We	eklv)		
Othe	r (specify)		999.96				(¢001		, endy ,		
				_	-				305.0	00	
SUBTOTAL	of Receipts This Page (optional)		•••••	-		-	,	y	505.0		
TOTAL This	Period (last page this line number on	ly)	••••••					-			

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	5	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, of	ther than using the name and a		erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In UnitedHealth Grou		JnitedHealth Group PA	NC)
A. ESCHERJR, DELBERT		rganization Name	Date of Receipt
Mailing Address 400 ARBO	R LAKE COURT	Zip Code	12 / D D / Y Y Y Y 31 2019
City BALLWIN	MO	63021-7362	Transaction ID : PR2601171056342 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting C		56.14
Name of Employer (for Indi Optum Services, Inc		upation (for Individual) /led Dir	Memo Item
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 364.91	P/R Deduction (\$14.03 Bi-Weekly)
Full Name of Individual (Las B. RODRIGUEZ, ROGE	st, First, Middle Initial) or Full C R, , ,	rganization Name	Date of Receipt
Mailing Address 4825 DAVI			12 D D / Y Y Y Y 12 31 2019
City MIAMI	State FL	Zip Code 33143-6141	Transaction ID : PR2601176856342 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting		384.60
Name of Employer (for Indi United HealthCare Services		upation (for Individual) Plan CEO	Memo Item
Receipt For: Primary Gen Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Las C. HUDSON, JEFFRE	st, First, Middle Initial) or Full C Y, , ,	rganization Name	Date of Receipt
Mailing Address 1536 BRE			12 / D D / Y Y Y Y 12 31 2019
City CARROLLTON	State TX	Zip Code 75010-6444	Transaction ID : PR2605703056342 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ing C		28.00
Name of Employer (for Indi United HealthCare Services		upation (for Individual) 3us Dvlp	Memo Item
Receipt For: Primary Gen Other (specify)		Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
SUBTOTAL of Receipts This	Page (optional)		468.74
TOTAL This Period (last page	e this line number only)	·····	

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12							
			13 14 15 16 17 version for the purpose of soliciting contributions a collicit contributions from such committee							
NAME OF COMMITTEE (In Full)	the name and a	doress of any political commute	e to solicit contributions from such committee.							
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle MCBEATH, ROBERT, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 2537 RED ARROW DRIV	E		12 / D D / Y Y Y Y 12 31 2019							
City LAS VEGAS	State NV	Zip Code 89135-1628	Transaction ID : PR2605708956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		384.60							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) D Med Grp Physn	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. HUTCHINS, LEIGH, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 16786 RAINY VALE AVE	1		12 / D D / Y Y Y Y 12 31 2019							
City RIVERSIDE	State CA	Zip Code 92503-6535	Transaction ID : PR2605717856342							
FEC ID number of contributing federal political committee.	С	92303-0333	Amount of Each Receipt this Period							
Name of Employer (for Individual) Primecare Medical Network, Inc		upation (for Individual) D Med Grp Non Physn	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. RICKS, RHONDA, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5084 JERICHO ROAD			12 / D D / Y Y Y Y 12 31 2019							
Columbia	State MD	Zip Code 21044-5409	Transaction ID : PR2605733456342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		30.76							
Name of Employer (for Individual) United HealthCare Services Inc	Occi Dir N	upation (for Individual) Mktg	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		492.28							
TOTAL This Period (last page this line num	ber only)									

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle DAVIS, KELLY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 905 N LEBANON ST			12 31 2019						
City ARLINGTON	State VA	Zip Code 22205-1433	Transaction ID : PR2605734256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. FINLAY, CHRISTOPHER, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3221 COLFAX AVE S			12 / D D / Y Y Y Y Y 12 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55408-3555	Transaction ID : PR2605735156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. LEIGHPITSTICK, EMILY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 17307 97TH DR SE			12 31 2019						
City SNOHOMISH	State WA	Zip Code 98296-8168	Transaction ID : PR2605735256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		117.64						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.94	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			338.02						
TOTAL This Period (last page this line numb	er only)								

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$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (L	InitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) MALONE, TRACY, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 900 S 22ND ST			M M / D D / Y Y Y Y 12 31 2019
		State VA	Zip Code	Transaction ID : PR2605736956342
	ARLINGTON	v A	22202-2625	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) External Affs	Memo Item
	Receipt For: Ad	ggregate '	Year-to-Date ▼	1
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) PETERSON, ERIC, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 6615 W DEERFIELD DR			12 31 2019
		State	Zip Code	Transaction ID : PR2605750456342
	ZIONSVILLE	IN	46077-8588	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0		222.22
	Name of Employer (for Individual) Optum Services, Inc	Occu VP N	pation (for Individual) /Iktg	Memo Item
	Receipt For: A Primary General Other (specify) ▼	ggregate `	Year-to-Date ▼ 999.99	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial) JAEGER, MICHELLE, , ,	or Full Or	ganization Name	Date of Receipt
	Mailing Address 14506 MCGINTY ROAD WEST			12 / D D / Y Y Y Y 12 31 2019
	3	State	Zip Code	Transaction ID : PR2605753956342
	WAYZATA	MN	55391-2541	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	0		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) nterprise Growth	Memo Item
	Receipt For: And the second	1	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			634.90
т	OTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (UnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Mid SMITH, LARRY, , ,	dle Initial) or Full C	Organization Name		Date of	f Re	eceipt						
Mailing Address 1164 RUE CHINON				M M / D D / Y Y Y Y 12 31 2019								
City MANDEVILLE	State LA	Zip Code 70471-1213		Transaction ID : PR2605760656342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C			<u> </u>				38.	46			
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Compli		M	emo	ttem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98] F	P/R Ded	ucti	on (\$19.:	23 Bi-We	eekly)				
Full Name of Individual (Last, First, Mid B. HECKERT, EDWARD, , ,		Organization Name		Date of	f Re	eceipt						
Mailing Address 1555 BARRINGTON DR				^M 12	/	D D D 31	/ Y	ү ү 2019	Y			
City WEXFORD	State PA	Zip Code 15090-9378						7 6305634 is Period	2			
FEC ID number of contributing federal political committee.	C			116.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		M	emo	ttem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 986.00	P	/R Ded	uctio	on (\$58.0	00 Bi-We	ekly)				
Full Name of Individual (Last, First, Mid SONSTEGARD, NATHAN, ,		Organization Name		Date of	f Re	eceipt						
Mailing Address 4216 Zenith Ave S				^M 12	1	D D D 31	/ Y	2019	Y			
City Minneapolis	State MN	Zip Code 55410-1413						84445634 is Period	2			
FEC ID number of contributing federal political committee.	C			Ľ.		, .	, y	14.	04			
Name of Employer (for Individual) UHC International Services Inc	Occ VP	upation (for Individual) Fin		М	emo	tem						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04]	P/R Ded	lucti	on (\$14.	04 Bi-We	eekly)				
SUBTOTAL of Receipts This Page (option	nal)		•					168.	50			
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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	/		
	y information copied from such Reports and Sta for commercial purposes, other than using the r											
	NAME OF COMMITTEE (In Full)			10 0								
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initia RAWLINSON, DORIEN, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 4795 W RED ROCK DRIVE				^M 12	/	D 31) / Y	y y 2019	Y		
	City LARKSPUR	State CO	Zip Code 80118-8413						35465634 is Period	2		
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	· ·	28.0	08		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04		P/R Dedu	uctio	on (\$14.	.04 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia EYER, JAN, , ,	l) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 6241 CRESTBROOK DRIVE				M M 12	/	D D D 31	/ Y	2019	Y		
	City MORRISON	State CO	Zip Code 80465-2225	-					5755634	2		
	FEC ID number of contributing federal political committee.	С				U			is Period 28.0	08		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) n Exec Dir		Me	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedu	uctic	on (\$14.	04 Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initia FICKER, MARK, , ,	ll) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 173 LAURELWOOD DRIVE				^M 12	/	31) / Y	ү ү 2019	Y		
	City NOVATO	State CA	Zip Code 94949-8427						80675634 is Period	2		
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	, ,	76.9	92		
	Name of Employer (for Individual) Optum Services, Inc	Occu VP C	upation (for Individual) Ops		Me	emo	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96		P/R Dedu	uctio	on (\$38.	.46 Bi-We	eekly)			
s	UBTOTAL of Receipts This Page (optional)						,	,	133.(08		
т	OTAL This Period (last page this line number or	ıly)		-				- 41-				

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a	11b	11c 15	12 16	17		
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the p	ourpose of s	oliciting	contribut	ions		
$\overline{)}$	NAME OF COMMITTEE (In Full)									
\rangle	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	.C)						
Α.	Full Name of Individual (Last, First, Middle Initi SCHWARTZ, SHAWN, , ,	al) or Full C	Organization Name	Date of	Receipt					
	Mailing Address 338 SNELLING AVE S			M M 12	/ D D 31	/ Y	ү 2019	Y		
	City SAINT PAUL	State MN	Zip Code 55105-2048		action ID : P of Each Re			2		
	FEC ID number of contributing federal political committee.	С			-7	-	28.0)8		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) sc Dir Ntwk Contrctng	Me	mo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Dedu	iction (\$14.0	4 Bi-We	ekly)			
B.	Full Name of Individual (Last, First, Middle Initi LANDO, LISA, , ,	al) or Full C	Drganization Name	Date of	Receipt					
	Mailing Address 60 PINEAPPLE STREET APT 3J	Ototo	Zin Onde	12	/ D D 31	/ Y	2019	Y		
	City BROOKLYN	State NY	Zip Code 11201-6839		of Foot Do			2		
	FEC ID number of contributing federal political committee.	С			of Each Re		76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt	Me	mo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Dedu	ction (\$38.4	6 Bi-We	ekly)			
С.	Full Name of Individual (Last, First, Middle Initi FERGUSON, SANDRA, , ,	al) or Full C	Drganization Name	Date of	Receipt					
	Mailing Address 710 SOUTH SHERATON DRIV			12 ^M	/ D D 31	L	2019			
	City AKRON	State OH	Zip Code 44319-1918		action ID : F of Each Re			2		
	FEC ID number of contributing federal political committee.	С			y	y	76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Med Clin Ops	Me	emo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Dedu	uction (\$38.4	6 Bi-We	ekly)			
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c						181.9	2		

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		Use separate schedule(s)	(check on	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a		11b	11c	12	,		
Any information copied from such Reports and or for commercial purposes, other than using th										
NAME OF COMMITTEE (In Full)						UIII SUCI	Commu			
UnitedHealth Group Incorporat	ed PAC (l	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle Ir SAVOIE, DANA, , ,	itial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 8756 STONEFIELD LN			M 12	VI /	D D D 31	/ Y	ү ү 2019	Y		
City CHANHASSEN	State MN	Zip Code 55317-4713					309556342 is Period	2		
FEC ID number of contributing federal political committee.	С				-		250.0	00		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		/lemo	Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R De	ductio	on (\$76.9	92 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle Ir B. BODELL, LESLIE, , ,	itial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 18710 34TH AVENUE NORT		7. 0.1	12	И /	31	/ Y	2019	Y		
City PLYMOUTH	State MN	Zip Code 55447-1000					11356342 is Period	2		
FEC ID number of contributing federal political committee.	С						384.6	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops		/lemo	Item					
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4999.80	P/R Dec	ductio	on (\$192	30 Bi-W	'eekly)			
Full Name of Individual (Last, First, Middle Ir C. WRIGHT, NORMAN, , ,	itial) or Full C	organization Name	Date o	of Re	ceipt					
Mailing Address 5205 KELSEY TERRACE			12		D D 31	/ Y	2019	Y		
City EDINA	State MN	Zip Code 55436-1172			-		31235634 is Period	2		
FEC ID number of contributing federal political committee.	С				9		384.6	60		
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Customer Officer		/lemc	tem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R De	ducti	on (\$192	2.30 Bi-W	/eekly)			
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Use separate schedule(s)				(check only one)							
			for each category of the Detailed Summary Page		1 1a		11b	11c	12	47				
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Initia PATEL, KETAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 4682 WARNER AVE #C304				м м 12	/	31) / Y	ү ү 2019	Y				
	City HUNTINGTON BEACH	State CA	Zip Code 92649-3990					PR26128 Receipt th						
	FEC ID number of contributing federal political committee.	С							76.	92				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 999.96	F	P/R Dedi	ucti	on (\$38.	.46 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initia PELUSO, JOSIANE, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 112 WITHERS STREET 1ST FL				^M ^M 12	1	31	/ Y	ү 2019	Y				
	City BROOKLYN	State NY	Zip Code 11211-2314	-				PR26125 leceipt th						
	FEC ID number of contributing federal political committee.	С				0	-		38.	_				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) S Medicr Dir NYC		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	F	P/R Dedu	uctio	on (\$19.	23 Bi-We	ekly)					
C.	Full Name of Individual (Last, First, Middle Initia STEVENS, J, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 93 CONSERVATION ROAD				^M 12	1	31		2019					
	City SUFFIELD	State CT	Zip Code 06078-2442					PR2612						
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	. ,	76.	92				
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) ech Proj-Prgm Mgmt		Me	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96		P/R Ded	ucti	on (\$38.	.46 Bi-We	eekly)					
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	y information copied from such Reports and S for commercial purposes, other than using the				for the		pose of	soliciting	g cont	ributio	ons
	NAME OF COMMITTEE (In Full)	any pointed committee								.	
\rangle	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	NC)							
Α.	Full Name of Individual (Last, First, Middle Init BAKER, MICHAEL, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 2383 HIGHOVER TRAIL				^M 12	/	D D D 31	/ Y	ې 201	19	
	City CHANHASSEN	State MN	Zip Code 55317-4744					PR2612			_
	FEC ID number of contributing federal political committee.	С			<u> </u>				;	384.60)
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	P/R Ded	ucti	on (\$192	2.30 Bi-V	Veekly	/)	
в.	Full Name of Individual (Last, First, Middle Init SHILTS, MATTHEW, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 10 WOODLAND ROAD				^M 12	/	31	/ Y	201	9	
	City	State	Zip Code					PR2612			
	EDINA	MN	55424-1631		Amount	t of	Each R	eceipt th	nis Pe	riod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			184.60	D
	Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1199.90	P	/R Ded	uctio	on (\$46.	15 Bi-We	eekly)		
с.	Full Name of Individual (Last, First, Middle Init RIVERS, CAROLINE, , ,	tial) or Full C	Organization Name		Date of	f Re	eceipt				
	Mailing Address 6368 TIMBER TRACE				^M 12	/	31	/ Y	201		
	City BROWNSBURG	State IN	Zip Code 46112-8641					PR2612 eceipt th			
	FEC ID number of contributing federal political committee.	С			<u> </u>		, .	, ,	_	28.02	2
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) c Dir		M	emo	b Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 364.26	P	P/R Ded	lucti	on (\$14.	.01 Bi-W	eekly)		
s	UBTOTAL of Receipts This Page (optional)		•	.			, .	. ,	Ę	597.22	2
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a		11b		11c	12	
					13		14		15	16	17
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) (KIECKHAFER, REGINA, , ,	or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 28 BINNACLE LANE				^M ^M 12	/		^р 31	/ Y	y y 2019	Y
		State	Zip Code		Trans	acti	ion ID):P	R26125	53625634	2
	KENNEBUNKPORT	ME	04046-5434	A	mount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	0					-		-9	28.	08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	ltem	۱			
	Receipt For: Ac	gregate	Year-to-Date V								
	Primary General Other (specify) ▼		365.04	P/	R Ded	uctio	on (\$1	14.0	4 Bi-We	ekly)	
B.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6227 UPLAND LN N				^M ^M 12	/		^р 31	/ Y	ү 2019	Y
	,	State	Zip Code		Trans	acti	on ID):P	R26133	8325634	2
	MAPLE GROVE	MN	55311-4003	A	mount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	0			_		-		-9	28.	08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		Me	emo	ltem	1			
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 365.04	P/I	R Dedi	uctic	on (\$1	14.0	4 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6319 21 ST AVE NE				^M 12	/		а 31	/ Y	2019	Y
	5	State	Zip Code		Trans	acti	ion ID) : F	PR26133	38345634	2
	SEATTLE	WA	98115-6915	A	mount	of	Each	Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.					_	y		y	28.	08
	Name of Employer (for Individual)	Осси	upation (for Individual)	\dashv	M	emo	ltem	ı			
	United HealthCare Services Inc	Dir C	Gen Mgmt								
		ggregate	Year-to-Date 🔻								
	Other (specify)		365.04	P/	'R Ded	uctio	on (\$´	14.0	94 Bi-W€	ekly)	
s	UBTOTAL of Receipts This Page (optional)		•	. [,		9	84.	24
т	OTAL This Period (last page this line number only))		. [

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
	y information copied from such Reports and Sta for commercial purposes, other than using the r									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated									
<u> </u>	Full Name of Individual (Last, First, Middle Initia CORCORAN, SUSAN, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 4 DONBUSH ROAD			12 31 / Y Y Y Y 12 31 2019						
	City NORTH OAKS	State MN	Zip Code 55127-2095	Transaction ID : PR2613385356342						
	FEC ID number of contributing federal political committee.	C	33121-2033	Amount of Each Receipt this Period 76.92						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Acctng	Memo Item						
	Optum Services, inc Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initia KREJCI, ANDREW, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 19880 LAKEVIEW AVENUE			12 / D D / Y Y Y Y Y 12 31 2019						
	City EXCELSIOR	State MN	Zip Code 55331-9352	Transaction ID : PR2614310756342 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		56.16						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 730.08	P/R Deduction (\$28.08 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initia THOMPSON, JOHN, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 230 DEVIN PLACE NE			12 / D D / Y Y Y Y 12 31 2019						
	City ATLANTA	State GA	Zip Code 30305-4409	Transaction ID : PR2614322356342 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.46						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs	Memo Item						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)		•	171.54						

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1						
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle In A. BURKHOLDER, CHAD, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 2423 DUBONNET DRIVE			12 31 Y Y Y Y Y 12 31 2019						
City	State PA	Zip Code	Transaction ID : PR2615073456342						
MACUNGIE	FA	18062-8857	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Optum Services, Inc	VP	Ops	_						
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) V		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II A. RHODES, JOHN, , ,	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1604 EAGLE PEAK WAY			12 ^D D ^J Y Y Y Y 12 31 2019						
City	State	Zip Code	Transaction ID : PR2615075156342						
LAS VEGAS	NV	89134-6404	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		83.32						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ⁄Ied Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		499.92	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle II	nitial) or Full O	rganization Name	Date of Receipt						
Mailing Address 12059 VIBRATO COURT			12 31 2019						
City	State	Zip Code	Transaction ID : PR2615080856342						
LAS VEGAS	NV	89138-4654	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2500.00	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)	<u> </u>		967.92						
TOTAL This Period (last page this line numbe									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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			for each category of the Detailed Summary Page	×	11a 13		11b 14	11	1c	12	17	
	y information copied from such Reports and Stateme for commercial purposes, other than using the name				or the		oose of	solic	citing	contribu	tions	
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P/	AC (U	nitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial) or OCONNOR, THOMAS, , ,	Full Org	ganization Name	Date of Receipt								
	Mailing Address 1510 JAMES STREET		-		12 31 2019						Y	
	City Sta DURHAM N	ate C	Zip Code 27707-1514		Transaction ID : PR2615082056342							
	FEC ID number of contributing federal political committee.		2/10/-1314		Amount of Each Receipt this Period 384.60							
	Name of Employer (for Individual) United HealthCare Services Inc	· · ·	pation (for Individual) Plan CEO		Me	emo	Item					
	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 4999.80	P/I	R Ded	uctio	on (\$19	2.30	Bi-We	eekly)		
B.	Full Name of Individual (Last, First, Middle Initial) or SOLOMON, RANDALL, , ,	ganization Name	Date of Receipt									
	Mailing Address 760 HAIGHT STREET				12 / D D / Y Y Y Y 12 31 2019						Y	
	City Sta SAN FRANCISCO C	ate A	Zip Code 94117-3317		Transaction ID : PR2615671556342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C				76.92					92	
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Sr Behvrl Med Dir					Memo Item					
	Receipt For: Agg Primary General Other (specify) ▼	regate Y	ear-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initial) or BIRNBAUM, MICHAEL, , ,	Full Org	ganization Name	D	ate of	Re	ceipt					
	Mailing Address 55 DEAN STREET				^M 12	/	31) /	Y	2019 [°]	Y	
	,	ate	Zip Code				-			7165634		
			11201-6245	A	mount	of	Each F	Receip	pt this	s Period		
	FEC ID number of contributing federal political committee.			ļļ	_		,		9	384.	60	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) thcare Econ		Me	emo	Item					
	Receipt For: Agg Primary General Other (specify)	regate Y	ear-to-Date ▼ 4999.80	P/	R Ded	uctio	on (\$19	2.30	Bi-W	eekly)		
s	UBTOTAL of Receipts This Page (optional)		>				,		,	846.	12	
т	OTAL This Period (last page this line number only)		►	ĺ			,		,			

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PAGE 230 OF

			Use separate schedule(s)	(check only one)						
116			for each category of the Detailed Summary Page	X	11a		11b	11c	12	
	v information copied from such Reports and Stat									
	or commercial purposes, other than using the nation of COMMITTEE (In Full)	ame and a	doress of any political committee	10 50	DIICIT CON	dirid	utions t	rom sucr	Committ	ee.
\	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)						
Α.	Full Name of Individual (Last, First, Middle Initial KNUTSON, DIANE, , ,) or Full Oi	rganization Name		Date of	Re	ceipt			
	Mailing Address 5321 EMPIRE LANE NORTH				12 ^M	/	D 31) / Y	y y 2019	Y
	City PLYMOUTH	State MN	Zip Code 55446-3723						2395634 is Period	2
	FEC ID number of contributing rederal political committee.	C					,		76.9	92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Pricing		Me	emo	Item			
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 9999.96					on (\$38.	46 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial SCALLY, MICHAEL, , ,) or Full Oi	rganization Name		Date of	Re	ceipt			
	Mailing Address 601 PLYMOUTH RD						D D D 31	/ Y	2019	Y
		State MD	Zip Code	_					2915634	2
-		-	21229-2213		Amount	of	Each R	eceipt th	is Period	_
	FEC ID number of contributing federal political committee.					28.08				
	Name of Employer (for Individual) Jnited HealthCare Services Inc	Occupation (for Individual) Dir Bus Process			Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedu	ıctic	on (\$14.	04 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial YOUNG, JENNIFER, , ,) or Full Oi	rganization Name		Date of	Re	ceipt			
	Mailing Address 939 OCEAN BLVD UNIT 15				12 ^M	/	31		2019 [°]	
	City HAMPTON	State NH	Zip Code 03842-1442	-					32945634 is Period	2
	FEC ID number of contributing rederal political committee.	С					,		28.0	08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Sales		Me	emo	Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	F	P/R Dedi	uctio	on (\$14.	.04 Bi-We	ekly)	
รเ	JBTOTAL of Receipts This Page (optional)		•						133.(08
тс	TAL This Period (last page this line number on	ly)	····· •				, .			

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	5 • • • • • •							
UnitedHealth Group Incorpo	prated PAC (l	JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Mid GARVEY, MARISA, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1986 MABEL COURT			12 31 Y Y Y Y Y 12 31 2019					
City CHASKA	State MN	Zip Code 55318-1241	Transaction ID : PR2615937756342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.			119.26					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sls Strat Mkt Allis	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.96	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Mid B. KIRBY, WESLEY, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 3301 SANDY TRAIL LN								
	State TX	Zip Code	Transaction ID : PR2615957056342					
PLANO		75023-5639	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		28.08					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nager, Advisory Svcs	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Mid C. OSTRANDER, ROBERT, , ,	dle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 18 BARTON COURT			M M / D D / Y Y Y Y 12 31 2019					
City PLEASANT HILL	State CA	Zip Code 94523-2029	Transaction ID : PR2615960656342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		153.84					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (option	nal)		301.18					
TOTAL This Period (last page this line nu	mber only)							

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle LONGORIA, PATRICIA, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 906 BLUEBIRD			M M / D D / Y Y Y Y 12 31 2019					
City MANCHACA	State TX	Zip Code 78652-4154	Transaction ID : PR2617361156342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. PASSINEAU, MEGHAN, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4 BUROAK DRIVE	12 / D D / Y Y Y Y Y 12 31 2019							
City HOPEWELL JUNCTION	State NY	Zip Code 12533-6434	Transaction ID : PR2617363656342					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. TRAW, KEVIN, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 518 13TH ST			12 / D D / Y Y Y Y Y 12 31 2019					
City HUNTINGTON BEACH	State CA	Zip Code 92648-4038	Transaction ID : PR2617365656342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Process	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optiona)		133.08					
TOTAL This Period (last page this line num	ber only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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	ENIZED RECEIPTS		for each category of the	X 11a 11b 11c 12								
			Detailed Summary Page									
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma	y not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions								
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	NC)								
۹.	Full Name of Individual (Last, First, Middle Initia BAUBLIT, MICHAEL, , ,	l) or Full Oi	ganization Name	Date of Receipt								
	Mailing Address 2201 RIDGEWIND WAY			12 31 / Y Y Y Y 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10								
	City	State	Zip Code	Transaction ID : PR2617927156342								
	WINDERMERE	FL	34786-5823	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.08								
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Sen Mgmt	Memo Item								
	Pagaint For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.04 P/R Deduction (\$14.04 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initia GARNER, JOHN, , ,	Date of Receipt										
	Mailing Address 6025 CHERRYWOOD RD	12 31 2019										
	City	State	Zip Code	Transaction ID : PR2617933456342								
	MOUND	MN	55364-8515	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	15.46										
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Architecture	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.98	P/R Deduction (\$7.73 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initia MISKELLCLOUTIER, DOMINIQUE		ganization Name	Date of Receipt								
	Mailing Address 12101 STRETFORD FOREST C	COURT		12 / D D / Y Y Y Y 12 31 2019								
	City	State	Zip Code	Transaction ID : PR2618984956342								
	BRISTOW	VA	20136-2078	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.08								
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item								
	Optum Services, Inc	Dir N	led Clin Ops									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify)		365.04	P/R Deduction (\$14.04 Bi-Weekly)								
	JBTOTAL of Receipts This Page (optional)			71.62								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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			Detailed Summary Page	×	11a		11	1b	11c	12	17		
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		rpos	se of	soliciting	g contribu	tions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group P	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial) CONNOR, MARSHA, , ,	or Full C	Drganization Name		Date of Receipt								
	Mailing Address 3845 WEST 143RD TERRACE				12 31 Y Y Y Y 12 31 2019								
	City LEAWOOD	State KS	Zip Code 66224-3911	-	Transaction ID : PR2618994356342								
		C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) ec Dir		Memo Item								
	Receipt For: Primary General Other (specify) ▼	lggregate	Year-to-Date ▼ 365.04] P	/R De	ducti	ion	(\$14.0	04 Bi-We	eekly)			
в.	Full Name of Individual (Last, First, Middle Initial) BROWN, ROGER, , ,	or Full C	Drganization Name		Date of Receipt								
	Mailing Address 512 EAST STATE AVE							12 / D D / Y Y Y Y 12 31 2019					
	City PHOENIX	State AZ	Zip Code 85020-4940							5 5795634 nis Perioc			
	FEC ID number of contributing federal political committee.	C					-		F	384	60		
	Name of Employer (for Individual) United HealthCare Services Inc							em					
	Receipt For: A Primary General Other (specify) ▼	General Aggregate Year-to-Date ▼						(\$192	.30 Bi-W	/eekly)			
с.	Full Name of Individual (Last, First, Middle Initial) OLSON, MARK, , ,	or Full C	Drganization Name		Date of	of Re	ece	eipt					
	Mailing Address 13454 E JEWELL AVE 202				^M 12		L	D D 31	JL	ү ү 2019			
	City AURORA	State CO	Zip Code 80012-5465	-						56165634 nis Perioc			
	FFC ID number of contributing	С			Amou		1 20				92		
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) VP SIs Acct Mgmt		N	Mem	o It	tem					
	Receipt For: A Primary General Other (specify)	Aggregate Year-to-Date ▼ 999.96						P/R Deduction (\$38.46 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)						y			489.	60		
т	OTAL This Period (last page this line number only	/)		►			-						

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		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpora	ted PAC (l	JnitedHealth Group P	AC)					
Full Name of Individual (Last, First, Middle I A. TROCINSKI, CAROL, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 1030 ROBIN COURT			12 31 2019					
City WEST SALEM	State WI	Zip Code 54669-1919	Transaction ID : PR2623691056342					
		34003-1313	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item					
Receipt For:		Year-to-Date ▼						
Primary General	Aggregate		P/R Deduction (\$14.04 Bi-Weekly)					
Other (specify) ▼		365.04						
Full Name of Individual (Last, First, Middle I B. MOURAS, DENNIS, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 6376 MARSH ROAD			12 31 2019					
City	State	Zip Code	Transaction ID : PR2623702956342					
COTTRELLVILLE	MI	48039-1314	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	ů (
Name of Employer (for Individual) United HealthCare Services Inc	Name of Employer (for Individual)Occupation (for Individual)United HealthCare Services IncHIth Plan CEO							
Receipt For:	Aggregate	Year-to-Date ▼	-					
Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle I C. CAMP, MELISSA, , ,	nitial) or Full C	rganization Name	Date of Receipt					
Mailing Address 124 WOODFIELD BLVD			12 31 2019					
City	State	Zip Code	Transaction ID : PR2624436856342					
MECHANICVILLE	NY	12118-3038	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual)		upation (for Individual)	Memo Item					
United HealthCare Services Inc Receipt For:		c Dir Ntwk Contrctng						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)			440.76					
TOTAL This Period (last page this line numbe	r only)							

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)		(check only one)						
11			for each category of the Detailed Summary Page	×	-		11b	11c	12	<u> </u>	
	y information copied from such Reports and S										
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to so	olicit cor	ntribi	utions fi	rom such	committe	96.	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	C)							
Full Name of Individual (Last, First, Middle Initial) of MULES, REBECCA, , ,			rganization Name		Date of	Re	ceipt				
	Mailing Address 1136 BATTERY AVENUE				^M 12	/	D D D 31	/ Y	2019	Y	
	City BALTIMORE	State MD	Zip Code 21230-4112						4265634	2	
	FEC ID number of contributing federal political committee.				<u> </u>		y		384.6	60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)		
в.	Full Name of Individual (Last, First, Middle Init SINGH, KANWAR, , ,	tial) or Full O	rganization Name		Date of	Ree	ceipt				
	Mailing Address 10422 VERDI COURT			^M 12	/	D D D 31	/ Y	2019	Y		
	City ELLICOTT CITY	State MD	Zip Code 21042-2586						45956342	2	
				Amount	of	Each R	eceipt th	is Period	_		
	FEC ID number of contributing federal political committee.	C			<u>L</u> .		7	- 7	28.0)8	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) e Practitioner 3		Me	emo	Item				
	Receipt For:	Aggregate	Year-to-Date ▼								
	Other (specify) ▼		365.04				P/R Deduction (\$14.04 Bi-Weekly)				
с.	Full Name of Individual (Last, First, Middle Ini STALLWOOD, GREGG, , ,	tial) or Full O	rganization Name		Date of	Ree	ceipt				
	Mailing Address 4842 JUNIPER DR				^M 12	/	31	/ Y	2019	Y	
	City PALM HARBOR	State FL	Zip Code 34685-2688						19905634 is Period	2	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	, ,	384.6	80	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs		M	emo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P	P/R Ded	uctic	on (\$192	2.30 Bi-W	/eekly)		
s	UBTOTAL of Receipts This Page (optional)						, .		797.2	28	
Т	OTAL This Period (last page this line number	only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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	EIVIZED RECEIPTS		Detailed Summary Page	✗ 11a11b11c12						
				13 14 15 16 17						
	y information copied from such Reports and State for commercial purposes, other than using the na									
\backslash	NAME OF COMMITTEE (In Full)									
$\Big)$	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)						
A.	Full Name of Individual (Last, First, Middle Initial) COLLETTE, CHRISTOPHER, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 4776 MANITOU ROAD			12 / Y Y Y Y 12 31 2019						
	City	State	Zip Code	Transaction ID : PR2625499556342						
	EXCELSIOR	MN	55331-9400	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UnitedHIth Grp	Memo Item						
	Pagaint For:		Year-to-Date ▼	-						
	Primary General Other (specify) ▼	.ggrogate	4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
В.	Full Name of Individual (Last, First, Middle Initial) RELLER, TAMI, , ,	or Full O	rganization Name	Date of Receipt						
	Mailing Address 5120 MIRROR LAKES DRIVE			12 31 2019						
	City	State	Zip Code	Transaction ID : PR2625501956342						
	EDINA	MN	55436-1342	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) : Grp Chief Mktg Off	Memo Item						
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
С.	Full Name of Individual (Last, First, Middle Initial) SMITH, LISA, , ,	or Full O	organization Name	Date of Receipt						
	Mailing Address 5040 INTERLACHEN BLUFF			12 31 2019						
	City	State	Zip Code	Transaction ID : PR2625503756342						
	EDINA	MN	55436-1360	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		384.60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Ops	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
S	UBTOTAL of Receipts This Page (optional)		•	1153.80						
т	OTAL This Period (last page this line number only	y)								

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)		Inited Health Group P						
	aleu PAC (l		AC)					
Full Name of Individual (Last, First, Middle A. LAWTON, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 1720 CROSS PINES DR			12 31 2019					
City	State	Zip Code	Transaction ID : PR2625505456342					
FLEMING ISLAND	FL	32003-4915	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
United HealthCare Services Inc		Plan CEO						
Receipt For:		Year-to-Date ▼						
Primary General	, iggi oguto		P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify) v		4999.80]					
Full Name of Individual (Last, First, Middle B. LIVERS, JEFFREY, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 402 DERBY COURT			12 31 2019					
City	State	Zip Code	Transaction ID : PR2626346056342					
MEBANE	NC	27302-9452	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		28.08					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) cc Dir	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	-					
Primary General	, iggi oguto		P/R Deduction (\$14.04 Bi-Weekly)					
Other (specify) v		365.04						
Full Name of Individual (Last, First, Middle C. CULHANE, DEBORAH, , ,	Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 15412 ALSASK CIRCLE			12 31 2019					
City	State	Zip Code	Transaction ID : PR2626356056342					
PORT CHARLOTTE	FL	33981-3101	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		384.60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For:		-						
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)					
Other (specify)		4999.80						
SUBTOTAL of Receipts This Page (optional)			797.28					
TOTAL This Period (last page this line numb	er only)							

Use separate schedule(s)

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(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for o	commercial purposes, other than using the na			rson for the purpose of soliciting contributions						
	NE OF COMMITTEE (In Full) itedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)						
	Name of Individual (Last, First, Middle Initial) RRAL, RECCA, , ,) or Full O	organization Name	Date of Receipt						
	ing Address 6828 SIMMONS RD			12 / D D / Y Y Y Y 12 31 2019						
City	RTH RICHLAND HILLS	State TX	Zip Code 76182-4259	Transaction ID : PR2626359656342						
			70102-4239	_ Amount of Each Receipt this Period						
	D number of contributing ral political committee.	С		28.08						
	ne of Employer (for Individual) um Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
•	aint For:		Year-to-Date ▼	-						
	Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
	Name of Individual (Last, First, Middle Initial)	organization Name	Date of Receipt							
Mail	ing Address 3127 GABRI CT	12 31 2019								
City		State	Zip Code	Transaction ID : PR2626886556342						
	ST SACRAMENTO	CA	95691-5292	Amount of Each Receipt this Period						
	D number of contributing ral political committee.	С		384.60						
	ne of Employer (for Individual) ed HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
	Name of Individual (Last, First, Middle Initial)) or Full O	organization Name	Date of Receipt						
Mail	ing Address 2589 HONEYBELL LANE			12 31 Y Y Y Y 12 31 2019						
City		State	Zip Code	Transaction ID : PR2626906856342						
	CONDIDO	CA	92027-1847	Amount of Each Receipt this Period						
	D number of contributing ral political committee.	С		28.08						
Nam	ne of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
•	um Services, Inc	Sr N	Igr, Software Engineering	_						
Rec	eipt For: Primary General	Aggregate	Year-to-Date ▼	D/D Doduction (\$14.04 Di Wooldu)						
	Other (specify)		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBT	OTAL of Receipts This Page (optional)			440.76						
	L This Period (last page this line number onl									

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12					
	y information copied from such Reports and Sta for commercial purposes, other than using the n								
<u>.</u>	NAME OF COMMITTEE (In Full)								
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	NC)					
A.	Full Name of Individual (Last, First, Middle Initia STOCKSTAD, LYNNE, , ,	l) or Full O	Drganization Name	Date of Receipt					
	Mailing Address 5190 MEADVILLE STREET			12 31 / Y Y Y Y 12 31 2019					
	City EXCELSIOR	State MN	Zip Code 55331-8790	Transaction ID : PR2626915556342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		384.60					
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) t Grp Chief Mktg Off	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
в.	Full Name of Individual (Last, First, Middle Initia SCHENCK, ERIK, , ,	l) or Full O	Drganization Name	Date of Receipt					
	Mailing Address 18236 DOE TRAIL	1		12 31 / Y Y Y Y 2019					
	City BRAINERD	State MN	Zip Code 56401-7987	Transaction ID : PR2627730456342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	ů l							
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) sc Dir Clin Cnslt	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)					
с.	Full Name of Individual (Last, First, Middle Initia GRABSKI, BENJAMIN, , ,	l) or Full O	Drganization Name	Date of Receipt					
	Mailing Address 5520 UPTON AVE S			12 / D D / Y Y Y Y 12 31 2019					
	City MINNEAPOLIS	State MN	Zip Code 55410-2406	Transaction ID : PR2627731656342 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		76.92					
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	999.96	P/R Deduction (\$38.46 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)			489.60					
т	OTAL This Period (last page this line number or	ıly)							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	g the name and a												
UnitedHealth Group Incorpo	rated PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl A. SCOTT, NICOLE, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 29039 HOBBLEBUSH			12 / D D / Y Y Y Y 12 31 2019										
City SAN ANTONIO	State TX	Zip Code 78260-2249	Transaction ID : PR2627731956342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir SIs Acct Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middl B. MORRIS, BARBARA, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 1045 SWEET GUM WAY			12 / 12 / 2019										
	State NC	Zip Code	Transaction ID : PR2627735556342										
MEBANE	NC	27302-6511	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		28.08										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item										
Receipt For:	Aggregate	Year-to-Date 🔻											
Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. LINDLEY, SHEILA, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 3656 WINDING WOOD L			12 / D D / Y Y Y Y 2019										
City LEXINGTON	State KY	Zip Code 40515-1283	Transaction ID : PR2627739856342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		27.80										
Name of Employer (for Individual) Optum Services, Inc	Occi Med	upation (for Individual) Dir	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 361.40	P/R Deduction (\$13.90 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	l)		83.96										
TOTAL This Period (last page this line num	ber only)												

SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only (one)							
		for each category of the Detailed Summary Page	× 11		11b 14	11c	12	47				
Any information copied from such Reports or for commercial purposes, other than us				he pu	irpose of							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mi A. SENDEN, SCOTT, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 6285 BUTTERWORTH	I LANE			2 ^M	/ D 31	D / Y	y y 2019	Y				
City CORCORAN	State MN	Zip Code 55340-9406	Transaction ID : PR2627743456342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C				7	-	28.0	08				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Info Security Risk Mgmt		Men	no Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R I)educ	tion (\$14	.04 Bi-We	ekly)					
Full Name of Individual (Last, First, Mine RUSH, ROBERT, , ,	ddle Initial) or Full O	rganization Name	Date	e of F	Receipt							
Mailing Address 4735 BYWOOD CT				^M 2	/ D 31		2019	Y				
City COLORADO SPRINGS	State	Zip Code 80906-5936				PR26277		2				
FEC ID number of contributing federal political committee.	C					Receipt th	76.9	92				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R D	educ	tion (\$38	.46 Bi-We	ekly)					
Full Name of Individual (Last, First, Mic. SEGUIN, SUSAN, , ,	ddle Initial) or Full O	rganization Name	Date	e of F	Receipt							
Mailing Address 3830 CALYPSO RD	Otata	Zin Onde	1	2 ^M	/ 31		2019					
City HOLT	State MI	Zip Code 48842-7704				Receipt th		2				
FEC ID number of contributing federal political committee.	С				7	,	20.0	00				
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) roj Mgr II	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00		P/R Deduction (\$10.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optic	nal)				7		125.0	00				
TOTAL This Period (last page this line n	umber only)				-	-						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a 13	-	11	-	11			12 16	□ ₄ ¬		
	y information copied from such Reports and St for commercial purposes, other than using the					for the		pos	e of		ting	con				
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate															
A.	Full Name of Individual (Last, First, Middle Initi NAKAJIMA, KENICHI, , ,	ial) or Full C	Orga	nization Name		Date of Receipt										
	Mailing Address 15822 BELFAST LANE					^M 12	1	ľ	31	/	Y		19	Y		
	City HUNTINGTON BEACH	State CA		Zip Code 92647-3104		Transaction ID : PR2628319056342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			28.08											
	Name of Employer (for Individual) United HealthCare Services Inc		cupa Act (tion (for Individual) Cnslt		Me	əmc	o Ite	em							
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initi MANNING, KIM, , ,															
	Mailing Address 12703 DEER CREEK DRIVE					12 / D D / Y Y Y Y 12 31 2019										
	City OMAHA	State NE		Zip Code 68142-1762		Trans Amount		-				-		2		
	FEC ID number of contributing federal political committee.	С				28.08										
	Name of Employer (for Individual) United HealthCare Services Inc		cupa r Mkt	tion (for Individual) g		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Yea	ar-to-Date ▼ 365.04	P	P/R Deduction (\$14.04 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initi VANDERWALDE, LAMBERT, , ,	ial) or Full C	Orga	nization Name	Date of Receipt											
	Mailing Address 45 AUDUBON CAUSEWAY	Chata		Zin Code		12	/	L	31		Ŷ	20				
	City LANTANA	State FL		Zip Code 33462-4756		Trans Amount								2		
	FEC ID number of contributing federal political committee.	С						9			,		384.6	60		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ovt Research		M	emo	o Ite	em							
	Receipt For: Primary General Other (specify)	Aggregate	e Yea	ar-to-Date ▼ 4999.80	F	P/R Ded	ucti	on	(\$192	2.30 E	Bi-W	eekl	ly)			
					_				-	_	_	_	_			

Use separate schedule(s)

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16									
			13 14 15 16 verson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Mid A. PIAZZA, ELIZABETH, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 117 HILLSIDE LN			12 / D D / Y Y Y Y Y 12 31 2019									
City POTTSTOWN	State PA	Zip Code 19465-8583	Transaction ID : PR2628334156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		153.84									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mid B. KORNHAUSER, MICHAEL, , ,	Idle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 180 SUMMIT LANE			12 / D D / Y Y Y Y 12 31 2019									
City BALA CYNWYD	State	Zip Code 19004-2931	Transaction ID : PR2628335756342									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /Ied Dir	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1506.96	P/R Deduction (\$57.96 Bi-Weekly)									
Full Name of Individual (Last, First, Mic BROERSE, DEBRA, , ,	ddle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 443 FARLEY DR			12 / D D / Y Y Y Y 12 31 2019									
City INDIANAPOLIS	State IN	Zip Code 46214-3572	Transaction ID : PR2628791356342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optic	nal)		297.84									
TOTAL This Period (last page this line n	umber only)											

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		Use separate schedule(s)	(check only one)									
II EIVIIZED KEGEIF13		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle ERICKSON, ALYSSA, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 6430 POLARIS LANE N			12 31 2019									
City MAPLE GROVE	State MN	Zip Code 55311-4320	Transaction ID : PR2628798956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. KOSHY, MATHEW, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 311 HAMLET DRIVE			12 31 2019									
City	State PA	Zip Code	Transaction ID : PR2628799756342									
CHALFONT		18914-1847	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.16									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Rsch	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		366.08	P/R Deduction (\$14.08 Bi-Weekly)									
Full Name of Individual (Last, First, Middle HANSEN, YVETTE, , ,	Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 10524 MUIRFIELD DRIVE			12 / D D / Y Y Y Y 12 31 2019									
City NAPERVILLE	State IL	Zip Code 60564-8086	Transaction ID : PR2628807156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Recruit	Memo Item									
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			133.16									
TOTAL This Period (last page this line number		•										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a 13		11 14	-	-	11c	12	17		
	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pos	se of s	sol		contribut	ions		
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated														
A.	Full Name of Individual (Last, First, Middle Initial THOMPSON, BRUCE, , ,) or Full O	rgar	nization Name	C	ate of	Re	cei	ipt						
	Mailing Address 2826 HEDGEROW DRIVE					^M 12	/	ſ	D D 31]	/ Y	ү 2019	Y		
	City DALLAS	State TX		Zip Code 75235-7590	Transaction ID : PR2628833656342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				_		,			-7	384.0	60		
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP (•	ion (for Individual) s		Me	emo) Ite	em						
	Receipt For: Primary General Other (specify) ▼	r-to-Date ▼ 4999.80	P/	R Dedi	uctio	on ((\$192	.30) Bi-W	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial RILEY, LORI, , ,	Date of Receipt													
	Mailing Address 5636 JAMES AVENUE SOUTH	1				у у 2019	Y								
	City MINNEAPOLIS	State MN		Zip Code 55419-1611	Transaction ID : PR2628834056342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			ļĮ	-		,			- y	166.0	6		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) nan Capital Partner		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial TITA, MARYBETH, , ,) or Full O	rgar	nization Name		ate of	Re	cei	ipt						
	Mailing Address 16 BEACH WOOD ROAD	1				^M 12	/	L	31	L		2019			
	City FERNANDINA BEACH	State FL		Zip Code 32034-6504	A							7785634 s Period	2		
	FEC ID number of contributing federal political committee.	С				_		y			9	76.9	92		
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	•	ion (for Individual)		Me	emo	o Ite	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 999.96	P/	R Ded	uctio	on	(\$38.4	46	Bi-We	ekly)			
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$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initia SAYEED, OMER, , ,	ll) or Full O	organization Name		Date of Receipt								
	Mailing Address 2239 HOLLISTON AVE				12 31 / Y Y Y Y 12 31 2019								
	City ALTADENA	State CA	Zip Code 91001-3213		Transaction ID : PR2632078256342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С								76.9	2		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svcs		M	emc	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	1	P/R Ded	ucti	on (\$38.	46 Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initia DREFAHL, JASON, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 1755 CARRIAGE DRIVE				12 ^M	1	D D D 31	/ Y	ү 201	9 9	Y		
	City VICTORIA	State MN	Zip Code 55386-4512					PR26320					
	FEC ID number of contributing federal political committee.	С			Amoun	. 01		eceipt th	-	526.3	0		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.85]	P/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	()			
С.	Full Name of Individual (Last, First, Middle Initia OTTESON, WILLIAM, , ,	l) or Full O	Organization Name		Date of	Re	eceipt						
	Mailing Address 4545 OXFORD AVE				^M 12	1	D 0 31	/ Y	201		Y		
	City EDINA	State MN	Zip Code 55436-1405					PR2632 eceipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		,	y	÷	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	4999.80 P/R Deduction (\$192.30 Bi-Weekly)						y)			
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .	,	ę	987.8	2		
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SCHEDULE A (FEC Form 3X)

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F	JnitedHealth Group Incorporated	d PAC (L	InitedHealth Group PA	AC)									
A	ull Name of Individual (Last, First, Middle Initia MILLIGANJR, CHARLES, , ,	al) or Full Or	ganization Name	Date of Receipt									
_	lailing Address 6901 RIM ROCK CIRCLE NW			12 31 Y Y Y Y 12 31 2019									
	ity ALBUQUERQUE	State NM	Zip Code 87120-3196	Transaction ID : PR2632083556342 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С		80.00									
U	lame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item									
R	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1040.00	P/R Deduction (\$40.00 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initia NAPOLITANO, DIANE, , ,	al) or Full Or	ganization Name	Date of Receipt									
_	lailing Address 9 CHESTNUT COURT			12 31 Y Y Y Y 2019									
		State	Zip Code	Transaction ID : PR2632087756342									
	BASKING RIDGE	NJ	07920-3100	Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С		28.08									
	lame of Employer (for Individual) nited HealthCare Services Inc		ipation (for Individual) Capability	Memo Item									
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,	al) or Full Or	ganization Name	Date of Receipt									
N	lailing Address 2780 COUNTRYSIDE DRIVE V	VEST		M M / D D / Y Y Y Y 12 31 2019									
	ity DRONO	State MN	Zip Code 55356-9676	Transaction ID : PR2632087856342 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С		384.60									
ι	ame of Employer (for Individual) Inited HealthCare Services Inc		pation (for Individual) Comm	Memo Item									
н	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SU	BTOTAL of Receipts This Page (optional)		•	492.68									

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1'									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle TUFFIN, MICHAEL, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5904 ASHBY MANOR PLA	ACE		12 31 Y Y Y Y 2019									
City ALEXANDRIA	State VA	Zip Code 22310-2267	Transaction ID : PR2632087956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Govt Affs	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$0.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. MEENTS, BENJAMIN, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 24995 GLEN ROAD			12 31 2019									
City EXCELSIOR	State MN	Zip Code 55331-8549	Transaction ID : PR2632088156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		500.00									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. BARTEN, TIMOTHY, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2294 164TH AVE NW			12 / D D / Y Y Y Y 12 31 2019									
City ANDOVER	State MN	Zip Code 55304-2156	Transaction ID : PR2632854956342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		19.24									
Name of Employer (for Individual) Optum Services, Inc	Occ Dir F	upation (for Individual) Fin	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12	P/R Deduction (\$9.62 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			903.84									
TOTAL This Period (last page this line numb	per only)											

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Middle ORRICK, VERONICA, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 10403 SANTA RITA ST			12 / D D / Y Y Y Y 12 31 2019									
City CYPRESS	State CA	Zip Code 90630-4221	Transaction ID : PR2632858556342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Itwk Prgm Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle TEMPLE, MARTHA , , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 194 LITTLE LANE			12 / 31 / 2019									
City DURHAM	State CT	Zip Code 06422-1303	Transaction ID : PR2632873656342									
FEC ID number of contributing		00422-1303	Amount of Each Receipt this Period									
federal political committee.	C		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ision CEO	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. WALTHOUR, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 5049 COLFAX AVE S			M M / D D / Y Y Y Y 12 31 2019									
City MINNEAPOLIS	State MN	Zip Code 55419-1145	Transaction ID : PR2632877056342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Rsch	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$57.69 Bi-Weekly)									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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	IMIZED RECEIPTS			or each category of the Detailed Summary Page	age X 11a 11b 11c 13 14 15							12			
	v information copied from such Reports and State or commercial purposes, other than using the na					or th			005	se of	sol	iciting		ibuti	
	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)										
	Full Name of Individual (Last, First, Middle Initial) RADEL, TRAVIS, , ,	or Full O	rgar	nization Name		Date	of	Re	cei	ipt					
-	Mailing Address 1890 SANDBAR CIRCLE				12 31 2019 Transaction ID : PP2632878856342										Y
(City WACONIA	State MN		Zip Code 55387-1072	Transaction ID : PR2632878856342 Amount of Each Receipt this Period										
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	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	ion (for Individual) Mgmt			Me	emo) Ite	em					
Ì	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 499.95	P/R Deduction (\$19.23 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) PLATT, LAWRENCE, , ,	or Full O	rgar	nization Name		Date	of	Re	cei	ipt					
l	Mailing Address 3830 KING STREET					12 / D D / Y Y Y Y 12 / 31 / 2019									
	City ALEXANDRIA	State VA		Zip Code 22302-1906		Transaction ID : PR2632880756342 Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С				Memo Item								0	
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upat Con	tion (for Individual) nm											
ļ	Receipt For: A Primary General Other (specify) ▼	ggregate	Yea	r-to-Date ▼ 4807.50	P/	P/R Deduction (\$0.00 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial) PARR, MICHAEL, , ,	or Full O	rgar	nization Name		Date	of	Re	cei	ipt					
l	Mailing Address 2625 LEROY LANE					™ 1:		/	E	31] '	/ Y	2019		Y
(City WEST BLOOMFIELD	State MI		Zip Code 48324-2237								26328 eipt thi			2
	FEC ID number of contributing rederal political committee.	С					um	U	J		ece	J		28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc	Occi Exec	•	ion (for Individual)			Me	emo) It	em					
Ī	Receipt For: A Primary General Other (specify)	Aggregate	ggregate Year-to-Date ▼ 365.04 P/R Deduction (\$14.04 Bi-Weekly)												
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or	for commercial purposes, other than using the n NAME OF COMMITTEE (In Full)	ame and a	ddress	s of any political committee	to s	olicit con	itrib	utions fi	rom suc	n comm	ittee.			
\rangle	UnitedHealth Group Incorporated	I PAC (l	Jnite	edHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initia SARGENT, GLORIA, , ,	l) or Full O	rganiz	ation Name		Date of Receipt								
	Mailing Address 3750 CANAL STREET				12 / D D / Y Y Y Y 12 31 2019									
	City SAINT CHARLES	State MO	Z	ip Code 63301-8510	Transaction ID : PR2634119356342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С						7		28	8.08			
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Acct Mgmt		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia HAPGOOD, WADE, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt						
	Mailing Address 330 NW 82ND				12 / 31 / 2019 Transaction ID : PR2634167056342									
	City TOPEKA	State KS		ip Code 66617-2223		Transa Amount		-						
	FEC ID number of contributing federal political committee.	С						7			5.38			
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Govt A	n (for Individual) ffs		Me	emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-t	o-Date ▼ 1499.94		P/R Dedu	ıctic	on (\$57.6	69 Bi-We	eekly)				
C.	Full Name of Individual (Last, First, Middle Initia ROALDI, MICHAEL, , ,	l) or Full O	rganiz	ation Name		Date of	Re	ceipt						
	Mailing Address 670 TOURNAMENT DRIVE	1-				M M 12	/	31		ү 2019				
	City AVON LAKE	State OH		ip Code 44012-2285		Trans: Amount			PR2634 eceipt th					
	FEC ID number of contributing federal political committee.	С			77.0									
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Plan C	n (for Individual) CEO	Memo Item									
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1	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	C)									
	Full Name of Individual (Last, First, Middle Initial HACKNEY, JOHN, , ,) or Full Or	rganization Name	Date of Receipt									
	Mailing Address 425 N 15TH ST			M M / D / Y									
(City	State	Zip Code										
_	NASHVILLE	TN	37206-2774	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		133.32									
ī	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
	United HealthCare Services Inc		Gen Mgmt										
Ī			Year-to-Date ▼										
	Primary General Other (specify) ▼		999.90	P/R Deduction (\$38.46 Bi-Weekly)									
				-									
	Full Name of Individual (Last, First, Middle Initial PRIBLE, JOHN, , ,) or Full Or	rganization Name	Date of Receipt									
-	Mailing Address 1923 SHIVER DR			12 31 2019									
(City	State	Zip Code	Transaction ID : PR2634656656342									
_	ALEXANDRIA	VA	22307-1629	Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		384.60									
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item									
Ī		Aggregate	Year-to-Date ▼	1									
	Primary General Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial SCHEID, ADREAN, , ,) or Full Or	rganization Name	Date of Receipt									
-	Mailing Address 2915 CATHEDRAL AVENUE NV	V											
-	Oit	State	Zin Codo	12 31 2019									
	City WASHINGTON	State DC	Zip Code 20008-3406	Transaction ID : PR2634880456342 Amount of Each Receipt this Period									
	FEC ID number of contributing rederal political committee.	С		192.30									
Ī	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item									
I	United HealthCare Services Inc		xternal Affs										
ł	Receipt For: Primary General	Aggregate	Year-to-Date V										
	Other (specify)		4807.50	P/R Deduction (\$192.30 Bi-Weekly)									
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

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\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	.C)									
Α.	Full Name of Individual (Last, First, Middle Initial) CRAWFORD, KIMBERLY, , ,	or Full O	Orgai	nization Name		Date of Receipt								
	Mailing Address 309 NE DREAMWEAVER AVE			12 31 2019										
	City LEES SUMMIT	State MO		Zip Code 64086-8445		Transaction ID : PR2634884556342								
		C		04080-8443	_ /	Amount of Each Receipt this Period								
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) r Mktg			Me	emo) Ite	em		,		
	Pagaint For:	ggregate		P/R Deduction (\$14.04 Bi-Weekly)										
В.	Full Name of Individual (Last, First, Middle Initial) WOJCIK, ADAM, , ,	or Full O	Orgai	nization Name		Date	of	Re	cei	ipt				
	Mailing Address 11424 BOULDER DRIVE			12 / D D / Y Y Y Y 12 31 2019										
	City ORLAND PARK	State IL		Zip Code 60467-7419					-				865563 s Peric	
	FEC ID number of contributing federal political committee.	Occupation (for Individual) VP Gen Mgmt							,		_	-g=-	4	5.62
	Name of Employer (for Individual) United HealthCare Services Inc						Memo Item							
	Receipt For: A Primary General Other (specify) ▼	ggregate	P/R Deduction (\$14.03 Bi-Weekly)											
	Full Name of Individual (Last, First, Middle Initial) PESCATELLO, SARA, , ,	or Full O	Orgai	nization Name		Date of Receipt								
	Mailing Address 2149 CALIFORNIA STREET NW APT #D	_												
	City WASHINGTON	State DC		Zip Code 20008-1834					-				885563 s Peric	-
	FEC ID number of contributing federal political committee.	С	l						1			J	-	4.60
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) Affs		Memo Item								
	Receipt For: A Primary General Other (specify)	ggregate	Yea	ur-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Report or for commercial purposes, other than u											
NAME OF COMMITTEE (In Full)											
> UnitedHealth Group Incor	porated PAC (L	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, M A. POWER, ROBERT, , ,	iddle Initial) or Full O	rganization Name	Date of	Receipt							
Mailing Address 20 SMITH LANE			^M 12								
City SAINT JAMES	State NY	Zip Code 11780-3810		Transaction ID : PR2634892856342							
FEC ID number of contributing		11780-3810	Amount	of Each Rec	eipt this	Period					
federal political committee.	C				- y -	76.9	12				
Name of Employer (for Individual) Optum360 Services Inc	Occu VP F	ipation (for Individual) Fin	Me	emo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, M B. GILREATH, BRIAN, , ,	iddle Initial) or Full Or	rganization Name	Date of	Receipt							
Mailing Address 236 JERRY ROAD			M M 12	/ D D 31		2019	Y				
City EAST HARTFORD	State CT	Zip Code 06118-3124		action ID : PR			2				
FEC ID number of contributing federal political committee.	C		Amount	of Each Rec	apt this	19.2	24				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Me	Memo Item							
Receipt For:		Dvlp Cons Year-to-Date ▼		-							
Primary General Other (specify) ▼		250.12	P/R Dedu	P/R Deduction (\$9.62 Bi-Weekly)							
Full Name of Individual (Last, First, M C. STOTENBUR, SHANNON,		rganization Name	Date of	Receipt							
Mailing Address 7640 GLEN ALCOVE			M M 12	/ D D 31		y y 2019	Y				
City WOODBURY	State MN	Zip Code 55129-4308		action ID : PF			2				
FEC ID number of contributing federal political committee.	С			,	,	28.0)8				
Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Business Development Exe	Me	emo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Ded	uction (\$19.23	Bi-Weel	kly)					
SUBTOTAL of Receipts This Page (opti	onal)				, ,	124.2	4				
TOTAL This Period (last page this line	number only)										

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

FOR LINE NUMBER:

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Any inf or for o NAM Ur Full A. PA Mail City BRI FEC fede Nan Unit	ite OF COMMITTEE (In Full) itedHealth Group Incorporate Name of Individual (Last, First, Middle Initi YET, KEITH, , , ing Address 9608 STONEBLUFF DRIVE	name and ad	Idress of any political committee	Date of Receipt								
A. PA Full A. PA Mail City BR FEC fede Nan Unit	IE OF COMMITTEE (In Full) itedHealth Group Incorporate Name of Individual (Last, First, Middle Initi YET, KEITH, , , ing Address 9608 STONEBLUFF DRIVE ENTWOOD ID number of contributing ral political committee.	name and ad d PAC (U al) or Full Org State TN	Idress of any political committee	AC)								
A. PA Mail City BR FEC fede Nan Unit	itedHealth Group Incorporate Name of Individual (Last, First, Middle Initi YET, KEITH, , , ing Address 9608 STONEBLUFF DRIVE ENTWOOD ID number of contributing ral political committee.	al) or Full Or State TN	ganization Name	Date of Receipt								
A. PA Mail City BRI FEC fede Nan Unit	Name of Individual (Last, First, Middle Initi YET, KEITH, , , ing Address 9608 STONEBLUFF DRIVE ENTWOOD ID number of contributing ral political committee.	al) or Full Or State TN	ganization Name	Date of Receipt								
A. PA Mail City BR FEC fede Nan Unit	YET, KEITH, , , ing Address 9608 STONEBLUFF DRIVE ENTWOOD ID number of contributing ral political committee.	State TN	Zip Code	12 / D D / Y Y Y Y 12 31 2019								
City BRI FEC fede Nan Unit	ENTWOOD ID number of contributing ral political committee.	TN		12 31 2019								
BRI FEC fede Nan Unit	ID number of contributing ral political committee.	TN										
fede Nan Unit	ral political committee.	С		Transaction ID : PR2635440056342 Amount of Each Receipt this Period								
Unit	e of Employer (for Individual)			384.60								
Rec	ed HealthCare Services Inc		pation (for Individual) Plan CEO	Memo Item								
	eipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
	Name of Individual (Last, First, Middle Initi NN, MELISSA, , ,	al) or Full Org	ganization Name	Date of Receipt								
	ing Address 15526 ELM RD			12 / D D / Y Y Y Y Y 12 31 2019								
City		State	Zip Code	Transaction ID : PR2635442156342								
	PLE GROVE	MN	55311-3941	Amount of Each Receipt this Period								
	ID number of contributing ral political committee.	С		76.92								
	ne of Employer (for Individual) m Services, Inc		pation (for Individual) Iuman Capital Partner	Memo Item								
Rec	eipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ , 499.98	P/R Deduction (\$19.23 Bi-Weekly)								
	Name of Individual (Last, First, Middle Initi GUYEN, ANTHONY, , ,	al) or Full Or	ganization Name	Date of Receipt								
Mail	ing Address 17816 PORTO MARINA			12 / D D / Y Y Y Y 12 31 2019								
City PA	CIFIC PALISADES	State CA	Zip Code 90272-4154	Transaction ID : PR2635444056342 Amount of Each Receipt this Period								
	ID number of contributing ral political committee.	С		76.92								
Unit	e of Employer (for Individual) ed HealthCare Services Inc		pation (for Individual) Population HIth	Memo Item								
	eipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
SUBT	OTAL of Receipts This Page (optional)		•	538.44								

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	4C)									
Full Name of Individual (Last, First, Middle	Initial) or Full O	rganization Name										
A. <u>ELLER, JESSE, , ,</u>			Date of Receipt									
Mailing Address 28108 N 17TH DR			12 31 2019									
City	State	Zip Code	Transaction ID : PR2635445156342									
PHOENIX	AZ	85085-5352	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
·												
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
United HealthCare Services Inc Receipt For:		Gen Mgmt										
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$14.04 Bi-Weekly)									
Other (specify)		365.04										
Full News of Individual (Last First Middle												
Full Name of Individual (Last, First, Middle B. EICHENLAUB, MANDIE, , ,	Initial) of Full O	rganization Name	Date of Receipt									
Mailing Address 6607 CINDY LANE			12 31 2019									
City	State	Zip Code	Transaction ID : PR2635448556342									
HOUSTON	TX	77008-5110	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		999.96	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. ROOS, THOMAS, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3199 KAGEN AVE NE												
	1		12 31 2019									
City SAINT MICHAEL	State MN	Zip Code 55376-3416	Transaction ID : PR2635451256342									
FEC ID number of contributing			Amount of Each Receipt this Period									
federal political committee.	C		384.60									
Name of Employer (for Individual)		upation (for Individual)	Memo Item									
United HealthCare Services Inc Receipt For:		Chief Acctng Off										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional).			489.60									
TOTAL This Period (last page this line number	er only)											

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)									
Full Name of Individual (Last, First, Middle NELSON, MICHAEL, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 3253 MARSCHALL RD			12 31 Y Y Y Y 2019									
City SHAKOPEE	State MN	Zip Code 55379-3337	Transaction ID : PR2636719356342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Human Capital Partner	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. HILL, DAVID, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 1800 RIDGE AVENUE UN	IIT 303		12 31 2019									
City	State	Zip Code	Transaction ID : PR2636726556342									
EVANSTON	IL	60201-5980	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		111.10									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel Mgr	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.90	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. LUSIC, TANYA, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 20840 SAWMILL ROAD			12 / D D / Y Y Y Y 12 31 2019									
City JORDAN	State MN	Zip Code 55352-9633	Transaction ID : PR2636727556342									
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		523.78									
TOTAL This Period (last page this line num												

SCHEDULE A (FEC Form 3X) DEAEIDTA

Use separate schedule(s)

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PAGE 259 OF

ידו			Use separate schedule(s) for each category of the	(check	(check only one)									
111			Detailed Summary Page				11b	11c		12	_			
An	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma	y not be sold or used by any p	erson for	the p	ourp	14 ose of	15 soliciti from si	ing c	16 ontribut	ions			
	NAME OF COMMITTEE (In Full)		duress of any political committee					1011 30		Johnmitte				
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)										
۹.	Full Name of Individual (Last, First, Middle Ini QUICK, JAMES, , ,	tial) or Full O	rganization Name	Da	Date of Receipt									
	Mailing Address 114 MOUNTAIN RIDGE DRIV	Έ			M M / D D / Y Y Y Y 12 31 2019									
	City JONESBOROUGH	State TN	Zip Code 37659-6382		Transaction ID : PR2637679556342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			_		,			28.0	18			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Cust Service		Mei	mo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	P/R Deduction (\$14.04 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Ini PEDERSEN, NICHOLAS, , ,	tial) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 1862 CLOVER MEADOW DR				[™] 12	/	31			2019	Y			
	City	State MN	Zip Code			-				4756342	2			
	CHASKA	IVIIN	55318-5400	Am	ount	of	Each F	Receipt	this	Period				
	FEC ID number of contributing federal political committee.	C					, .	28.08						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comp Bus Grp		Mer	mo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R	Deduo	ctio	n (\$14	.04 Bi-\	Veel	kly)				
	Full Name of Individual (Last, First, Middle Ini LARSON, CHRISTINE, , ,	tial) or Full O	rganization Name	Da	te of	Re	ceipt							
	Mailing Address 3360 VISTA COURT			M	12 [™]	/	D 31			2019	Y			
	City HASTINGS	State MN	Zip Code 55033-3347							8756342 Period	2			
	FEC ID number of contributing federal political committee.	С			_		, .			28.0	8			
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir E	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
					_				-	84.2				

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
I EIVILLED KEGEIFIS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle FLOOD, ANDREW, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4833 TOWNES ROAD			12 31 Y Y Y Y 2019							
City EDINA	State MN	Zip Code 55424-1239	Transaction ID : PR2637693256342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ector Data Science	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle SIVLEYIII, HARRY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 7218 AVALON BLVD			12 31 / Y Y Y Y 12 31 2019							
City ALPHARETTA	State GA	Zip Code 30009-2500	Transaction ID : PR2638106656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		38.46							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. HAUSCHILDT, TODD, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 111 4TH AVE N UNIT 703	State	Zin Code	12 31 2019							
City MINNEAPOLIS	MN	Zip Code 55401-1538	Transaction ID : PR2638114756342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) T	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			143.46							
TOTAL This Period (last page this line numb	er only)									

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

Use separate schedule(s)

FOR LINE NUMBER:

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ıт,			Use separate schedule(s)	(check	(check only one)								
	EMIZED RECEIPTS		for each category of the Detailed Summary Page				11b 14	11c	12		17		
	y information copied from such Reports and Star for commercial purposes, other than using the n			erson for	the p		ose of	solicitin	g contri	ibutio	ns		
\backslash	NAME OF COMMITTEE (In Full)		Inited Health Oraun DA	\sim									
	UnitedHealth Group Incorporated												
Α.	Full Name of Individual (Last, First, Middle Initia ZEGLINSKI, MICHAEL, , ,	l) or Full O	rganization Name	Dat	te of	Red	ceipt	_	_		_		
	Mailing Address 1 TRIMONT LANE #610A				12 31 2019								
	City PITTSBURGH	State PA	Zip Code 15211-1206		Transaction ID : PR2639701856342 Amount of Each Receipt this Period								
	FEC ID number of contributing	С			Junt					84.60			
	federal political committee.										_		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		Me	mo	Item						
	Receipt For: Primary General	Aggregate	Year-to-Date 🔻	P/R	Dedi	ictio	n (\$19	2.30 Bi-\	Neekly				
	Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
B	Full Name of Individual (Last, First, Middle Initia EDWARDS, MICHAEL, , ,	l) or Full Oi	rganization Name	Dat	te of	Rer	ceint						
	Mailing Address 379 DURHAM ROAD			M	12	/	D 1 31		2019		1		
	City	State	Zip Code					PR2639					
	FEC ID number of contributing	NJ	07481-1018	Am	ount	of I	Each F	Receipt t	his Peri	iod	-		
	federal political committee.	С			-		<u> </u>		38	84.60	_		
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Mkt SIs SVP				mo	Item						
	Receipt For:	Aggregate	Year-to-Date V		. .		(* • • •						
	Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia CALABRESE, DAVID, , ,	l) or Full Oi	rganization Name	Dat	te of	Reg	ceint						
~1	Mailing Address 85 LITTLE POND RD			M	12	/	31		2019		1		
	City NORTHBOROUGH	State MA	Zip Code 01532-1686				-	PR2639					
	FEC ID number of contributing		013521000	Am	ount	of I	∟ach F	Receipt t			-		
	federal political committee.	С					y		38	84.60	_		
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Pharmacy Programs		Me	emo	ltem						
	Receipt For:	I	Year-to-Date V	_									
	Primary General Other (specify)		P/R Deduction (\$192.30 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)								11:	53.80			
					-		7	,		-	۲		
ľ	OTAL This Period (last page this line number on	ıy)	••••••	- L		-	,			-			

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			person for the purpose of soliciting contributions te to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpora	ated PAC (I	UnitedHealth Group P	4C)									
Full Name of Individual (Last, First, Middle KAHL, ROBERT, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 2833 GRANITE CT			12 / D D / Y Y Y Y Y 12 31 2019									
City PRAIRIE GROVE	State IL	Zip Code 60012-2609	Transaction ID : PR2639726156342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		28.08									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle B. MESSING, KEITH, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 9 BUTTERFIELD DR			12 31 2019									
City GREENLAWN	State NY	Zip Code 11740-2001	Transaction ID : PR2639734956342									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ad Software Engineer	Memo Item									
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First, Middle C. SMITH, ANTHONY, , ,	Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 1 ROCKAWAY AVE			12 / 31 / Y Y Y Y 2019									
City MARBLEHEAD	State MA	Zip Code 01945-1726	Transaction ID : PR2639746256342 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)			133.08									
TOTAL This Period (last page this line numb	per only)											

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any p Iddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle WIGGIN, MATTHEW, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 6 MIDDLEBROOK RD			12 31 / Y Y Y Y Y 12 31 2019							
City WEST HARTFORD	State CT	Zip Code 06119-1014	Transaction ID : PR2639759356342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. ZUCCO, BETHANY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 5212 JAMES AVE S			12 / D D / Y Y Y Y Y 12 31 2019							
City	State	Zip Code	Transaction ID : PR2639760056342							
MINNEAPOLIS	MN	55419-1137	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		363.14							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg	Memo Item							
Receipt For:	Aggregate	Year-to-Date V	P/R Deduction (\$38.46 Bi-Weekly)							
Other (specify)		1000.00								
Full Name of Individual (Last, First, Middle JENSENMOORE, KIMBERLY,		rganization Name	Date of Receipt							
Mailing Address 230 ROSE AVENUE			12 / D D / Y Y Y Y 12 31 2019							
City MILL VALLEY	State CA	Zip Code 94941-1728	Transaction ID : PR2639770356342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		49.52							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 643.76	P/R Deduction (\$24.76 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			489.58							
TOTAL This Period (last page this line numb	per only)									

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

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check or	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a]11b	11c	12	<u> </u>			
Any information copied from such Reports an											
or for commercial purposes, other than using	the name and a	duress of any political committee	e to solicit c	Untrib	outions f	IOTTI SUCI	i committe	ee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle FLEMING , SUSAN, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 2016 N HOWE ST UNIT 1S			12	12 31 2019							
City CHICAGO	State IL	Zip Code 60614-4414					7 7375634 is Period	2			
FEC ID number of contributing federal political committee.	С						384.6	50			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg		Vemc	tem						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle DUTTA, SUMIT, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 1112 W WRIGHTWOOD A			12		31		2019	Ŷ			
City CHICAGO	State IL	Zip Code 60614-1315					73856342 is Period	2			
FEC ID number of contributing federal political committee.	С			384.60							
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Bus Seg Chief Med Off			tem						
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) V		4999.80	P/R De	ductio	on (\$192	2.30 Bi-W	eekly)				
Full Name of Individual (Last, First, Middle C. KETTLEWELL, KELLY, , ,	Initial) or Full C	rganization Name	Date	of Re	eceipt						
Mailing Address 457 N OAK ST	04-4-	Zin Code	12		31		2019				
City ELMHURST	State IL	Zip Code 60126-2215					77415634 is Period	۷			
FEC ID number of contributing federal political committee.	С				,		588.2	22			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Relationship		Memo	b Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.87	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)					, ,	. ,	1357.4	2			
TOTAL This Period (last page this line numb	per only)										

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle FITZGERALD, JAMES, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6206 CLIFTON COURT			M M / D D / Y Y Y Y Y 12 31 2019						
City PLAINFIELD	State IL	Zip Code 60586-1761	Transaction ID : PR2639783056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C	30.76							
Name of Employer (for Individual) Optum Services, Inc	Optum Services, Inc Sr Mgr I O Engineering								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. NELSON, ELLEN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 11882 TILDEN PLACE	12 / D D / Y Y Y Y Y 2019								
City WELLINGTON	State FL	Zip Code 33414-6056	Transaction ID : PR2639795356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ID number of contributing								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. SMITH, DELYLE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address PO BOX 447			12 31 Y Y Y Y Y 2019						
City MT PROSPECT	State IL	Zip Code 60056-0447	Transaction ID : PR2639801556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date 999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			492.28						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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PAGE 266 OF

		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	prated PAC (JnitedHealth Group PA	4C)								
Full Name of Individual (Last, First, Mide GALLOWAY, MERCEDEIS, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 6737 LANCER DRIVE			12 / D D / Y Y Y Y 12 31 2019								
CHARLOTTE	State NC	Zip Code 28226-7729	Transaction ID : PR2640452056342								
CHARLOTTE	INC	20220-7729	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item								
Receipt For:		Year-to-Date ▼	-								
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Mide B. WEBER, ALISSA, , ,	Date of Receipt										
Mailing Address 10633 NW 74TH PLACE	12 31 2019										
City	State	Zip Code	Transaction ID : PR2640461056342								
JOHNSTON	IA	50131-2342	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		332.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1494.00	P/R Deduction (\$57.69 Bi-Weekly)								
Full Name of Individual (Last, First, Mide C. JOSEPH, TAYLOR, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 2077 BERKELEY AVE			12 31 2019								
City	State	Zip Code	Transaction ID : PR2640462456342								
SAINT PAUL	MN	55105-1203	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		19.24								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.12	P/R Deduction (\$9.62 Bi-Weekly)								
SUBTOTAL of Receipts This Page (option	al)		379.32								
TOTAL This Period (last page this line nu	mber only)	·····									

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			Use separate schedule(` ' ' '	(check only one)							
	EMIZED RECEIPTS	for each category of the Detailed Summary Page			¥ 11a 13	11		11c 15	12	Г	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the n				on for the	purpos	se of so	bliciting	contri	butio	ns	
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Grou	p PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia STOW, CHRISTINA, , ,	l) or Full Or	rganization Name		Date of	Recei	ipt					
	Mailing Address 4709 ALTON PL NW			^M 12		31	/ Y	2019		1		
City WASHINGTON		State DC		Transaction ID : PR2640466456342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С						-7	38	84.60		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) External Affs		M	emo Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.8	0	P/R Ded	uction	(\$192.3	80 Bi-W	eekly)			
в.	Full Name of Individual (Last, First, Middle Initia WILJANENHATHAWAY, AMY, , ,	l) or Full Or	rganization Name		Date of	Recei	ipt					
	Mailing Address 369 135TH AVE				12 / D D / Y Y Y Y 12 31 2019							
	City WAYLAND	State MI	Zip Code 49348-9402	-	Trans Amount		ID:PF			-		
	FEC ID number of contributing federal political committee.	С			28.08							
	Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Bus Dvlp Cons				Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.0	94	P/R Ded	uction ((\$14.04	Bi-We	ekly)			
с.	Full Name of Individual (Last, First, Middle Initia SHARKEY, S PAUL, , ,	l) or Full Or	rganization Name		Date of	Recei	ipt					
	Mailing Address 8607 ELLISTON DRIVE				^M 12	/	31	/ Y	2019			
	City WYNDMOOR	State PA	Zip Code 19038-7957	-	Trans Amount		ID:PI					
	FEC ID number of contributing federal political committee.	С				, y		9	2	28.08		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) SIs SB KA		М	emo Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.04					(\$14.04	1 Bi-We	ekly)			
s	UBTOTAL of Receipts This Page (optional)			►				1	44	0.76		
т	OTAL This Period (last page this line number or	ıly)		►				-		-		

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ITEMIZED RECEIPTS	Use separate schedule(s)) (check only one)
I LIVILLU RECEIPIO	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
		ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
	oorated PAC (UnitedHealth Group	PAC)
Full Name of Individual (Last, First, Mi BRISSON, SAMUEL, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3408 YUKON AVENU		12 31 2019
City ST LOUIS PARK	StateZip CodeMN55426-3840	Transaction ID : PR2640854556342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.00
Name of Employer (for Individual) Optum Services, Inc	Occupation (for Individual) Dir Bus Systems Analysis	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	P/R Deduction (\$14.00 Bi-Weekly)
Full Name of Individual (Last, First, Mi B. PIERCEHARRIS, PHELISHA,		Date of Receipt
Mailing Address 3041 DEE ANN DRIVE		12 31 2019
City	State Zip Code TN 38119-9132	Transaction ID : PR2640866356342
MEMPHIS	TN 38119-9132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	28.08
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Assoc Dir Clin Pract Perf	Memo Item
	Aggregate Year-to-Date ▼	
Other (specify) ▼	365.04	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Mi c. WAGNER, JOSEPH, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 3405 MEREDITH RID		12 31 2019
City PHOENIX	State Zip Code MD 21131-1456	Transaction ID : PR2640875856342 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.62
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Fin	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1100.06	P/R Deduction (\$42.31 Bi-Weekly)
SUBTOTAL of Receipts This Page (optic	nal)	140.70
TOTAL This Period (last page this line n	umber only)	

SCHEDULE A (FEC Form 3X) DEAEIDTA

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		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12								
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorporat	ted PAC (l	JnitedHealth Group P/	AC)								
Full Name of Individual (Last, First, Middle In A. WITT, JULIE, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 155 TALBERT TOWN LOOF			12 31 Y Y Y Y Y 12 12 12 12 12 12 12 12 12 12 12 12 12 1								
City MOORESVILLE	State NC	Zip Code 28117-8069	Transaction ID : PR2640876056342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director, Actuarial	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
Full Name of Individual (Last, First, Middle II ESTESS, SHARON, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 128 ASHBROOKE TRAIL			12 / D D / Y Y Y Y 12 31 2019								
City MADISON	State MS	Zip Code 39110-6855	Transaction ID : PR2640876556342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		76.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
Full Name of Individual (Last, First, Middle In C. WONG, PAMELA, , ,	nitial) or Full O	rganization Name	Date of Receipt								
Mailing Address 575 WARWICK AVENUE	1		12 31 / Y Y Y Y Y 12 31 2019								
City SAN LEANDRO	State CA	Zip Code 94577-1943	Transaction ID : PR2640876956342 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		28.08								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP CInt Relationship	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			133.08								
TOTAL This Period (last page this line numbe	r only)										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the na			rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial METKO, SARA, , ,) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 23665 HIGHVIEW LANE			12 / D D / Y Y Y Y 12 31 2019									
	City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877356342									
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Tax	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	999.96	P/R Deduction (\$38.46 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial MINTO, RYAN, , ,) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 4432 26TH RD N	12 31 2019											
	City ARLINGTON	State VA	Zip Code 22207-4018	Transaction ID : PR2640882456342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		215.20									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) ternal Affs Dir	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	P/R Deduction (\$96.15 Bi-Weekly)									
c.	Full Name of Individual (Last, First, Middle Initial ADVANI, PROTIMA, , ,) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 7618 BRITTANY PARC CT	1		12 31 Y Y Y Y 12 31 2019									
	City FALLS CHURCH	State VA	Zip Code 22043-2907	Transaction ID : PR2642024156342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Rsch	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		•	676.72									
т	OTAL This Period (last page this line number on	ly)											

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

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IT.		Use separate schedule(s)	(ch	(check only one)										
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page				11b	11c	12	_				
	y information copied from such Reports and Sta for commercial purposes, other than using the n													
$\overline{)}$	NAME OF COMMITTEE (In Full)	/												
/	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia STRAND, UTE, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 2323 SPRINGDALE DRIVE		Zip Code		12 31 2019									
	City NASHVILLE	State TN		Transaction ID : PR2642025556342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С							55.	54				
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir, I		Me	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 499.86]	P/R Ded	ucti	on (\$19.	.23 Bi-We	eekly)					
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name DASTVAR, DEAN, , ,					Re	ceipt							
	Mailing Address 212 ROSS DR						31		2019					
	VIENNA	VA	22180-6720				-	PR26420 leceipt th						
	FEC ID number of contributing federal political committee.	C							28.	_				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel		Me	emc	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia BRUECKMAN, BRIAN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 4695 234TH PL SE	State	The Oak		12 / D D / Y Y Y Y 2019									
	City SAMMAMISH	WA	Zip Code 98075-6828					PR26420 leceipt th						
	FEC ID number of contributing federal political committee.	С			<u> </u>		y :	. ,	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) UHC Operations		Me	emo	tem							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 4999.80					on (\$19:	2.30 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)		••••••	•			, .		468.	22				
Т	OTAL This Period (last page this line number or	ıly)	••••••	•			_							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a 13] 11 14		11c	12	17				
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pos	se of s	olicitin	g contribu	itions				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated														
A.	MARTIN, STEPHANIE, , ,														
	Mailing Address 7002 N VIA DE MANANA	Otata	Zie Oode		12 31 2019										
	City SCOTTSDALE	State AZ	Zip Code 85258-3951		Transaction ID : PR2642818056342 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Strat Accts		Me	emo	o Ite	em							
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/	/R Ded	uctio	on ((\$38.4	6 Bi-W	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial)	rganization Name	Date of Receipt												
	Mailing Address 2900 THOMAS AVE S UNIT 1623	01-1-		12 / D D / Y Y Y Y 12 31 2019											
	City MINNEAPOLIS	State MN	Zip Code 55416-4474							83125634 nis Perioc					
	FEC ID number of contributing federal political committee.	С		76.92 Memo Item											
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Chi													
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/	P/R Deduction (\$38.46 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) FOX, ELIZABETH, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt							
	Mailing Address 1021 NORTH GARFIELD STREE #308 City	ET	Zip Code		M 12	'	L	31		2019					
	ARLINGTON	VA	22201-2559							83205634 nis Perioc					
	FEC ID number of contributing federal political committee.	С			_		y		9	192	30				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emc	o Ite	em							
	Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2499.90						P/R Deduction (\$96.15 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)		····· •				9		,	346.	14				
Т	OTAL This Period (last page this line number only	y)	•				-		-,-						

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle KEISERJENKINS, KAREN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9325 MARTINS LAKE DRI	VE		12 31 / Y Y Y Y 12 31 2019							
City ROSWELL	State GA	Zip Code 30076-2865	Transaction ID : PR2642834456342 Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	C		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
Receipt For:		Year-to-Date ▼								
Primary General		365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Other (specify) v										
Full Name of Individual (Last, First, Middle B. CRESTA, BRIAN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5 OGDEN LANE			12 31 Y Y Y Y 2019							
City	State	Zip Code	Transaction ID : PR2642837556342							
MIDDLETON	MA	01949-1669	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
Receipt For:		Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)							
Primary General Other (specify) ▼		, 999.96								
Full Name of Individual (Last, First, Middle C. KUSSIE, TIMOTHY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 8445 NE NEW BROOKLY!	N ROAD		12 31 2019							
City	State	Zip Code	Transaction ID : PR2642838856342							
BAINBRIDGE ISLAND	WA	98110-3611	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		71.42							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /P SIs Acct Mgmt	Memo Item							
Receipt For:	I	Year-to-Date ▼								
Primary General Other (specify)		499.94	P/R Deduction (\$19.23 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			176.42							
TOTAL This Period (last page this line numb	er only)	······								

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ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)										
11	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and St for commercial purposes, other than using the			13 14 15 16 1 erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Init CRAGLE, STEVE, , ,	ial) or Full C	Organization Name	Date of Receipt								
	Mailing Address 6604 MOHAWK TRAIL			12 31 / Y Y Y Y 12 31 2019								
	City EDINA	State MN	Zip Code 55439-1030	Transaction ID : PR2643200656342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) s Segment CMO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initi NEELY, MARC, , ,	Date of Receipt										
	Mailing Address 1159 BUFFALO RIDGE RD	Ototo	Zio Osda	12 / D D / Y Y Y Y 12 31 2019								
	City CASTLE PINES	State CO	Zip Code 80108-8190	Transaction ID : PR2643203156342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) h Plan CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initi HAMMOND, MICHAEL, , ,	ial) or Full C	Drganization Name	Date of Receipt								
	Mailing Address 244 NE 59TH TERR			12 / 12 / Y Y Y Y 12 / 31 / 2019								
	Сіty ТОРЕКА	State KS	Zip Code 66617-1661	Transaction ID : PR2644644856342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		76.92								
	Name of Employer (for Individual) Optum Services, Inc	Services, Inc Sr Dir Capability										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)								
⊢	UBTOTAL of Receipts This Page (optional)			846.12								

Use separate schedule(s)

FOR LINE NUMBER:

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			for each category of the Detailed Summary Page	×	11a 13		11b 14		11c	12	17			
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose		oliciting	contribu	tions			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) WINNEROSKI, KEVIN, , ,	or Full O	Organization Name		Date of Receipt									
	Mailing Address 5100 ABBOTT AVE S				12 / ^{D D D} / Y Y Y Y Y 12 31 2019									
		State MN	Zip Code		Transaction ID : PR2644647156342									
	MINNEAPOLIS	IVIIN	55410-2143	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		28.08										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg		Memo Item									
	Bossint For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		365.04	P/	R Ded	uctio	on (\$1	4.04	4 Bi-We	ekly)				
в.	Full Name of Individual (Last, First, Middle Initial) MCKOY, PHILIP, , ,	or Full O	Organization Name		Date of Receipt									
	Mailing Address 927 LINCOLN AVE		12 31 2019											
	City	State		Trans	acti	on ID	: P	R26446	5165634	2				
	SAINT PAUL	MN	55105-3149	A	mount	of	Each	Ree	ceipt th	is Period				
	FEC ID number of contributing federal political committee.				-		- 1 5-	384.	60					
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) t Grp CIO		Memo Item									
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/	P/R Deduction (\$192.30 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial)	or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 11065 E SUNRISE VIEW DRIVE				12 31 2019									
	City	State	Zip Code		Trans	acti	ion ID) : P	R26446	65265634	2			
	TUCSON	AZ	85748-7768	A	mount	of	Each	Red	ceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					9		y	28.	08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Comm		Me	emo	ltem	I						
	Receipt For:	1		_										
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)							_		440.	76			
	OTAL This Period (last page this line number only			- i			-							
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
ITEIWIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ated PAC (I	InitedHealth Group P/	40)						
Full Name of Individual (Last, First, Middle JEZARIAN, WENDY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 5251 HUMBOLDT AVE S			M M / D D / Y Y Y Y Y 12 31 2019						
City MINNEAPOLIS	State MN	Zip Code 55419-1121	Transaction ID : PR2644659656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc	United HealthCare Services Inc Sr Mktg Rsch Cnslt								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle ZIRKELBACH, ANGELA, , ,	Date of Receipt								
Mailing Address 1615 Q ST NW APT #1110	Chata	Zin Onda	12 ^{D D J} ^Y <u>Y Y Y Y Y</u> 12 31 2019						
City WASHINGTON	State DC	Zip Code 20009-6349	Transaction ID : PR2644660256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		406.00						
Name of Employer (for Individual) United HealthCare Services Inc	Name of Employer (for Individual) Occupation (for Individual)								
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1498.80	P/R Deduction (\$57.69 Bi-Weekly)						
Full Name of Individual (Last, First, Middle	Initial) or Full C	rganization Name							
C. COOPER, NICOLE, , , Mailing Address 401 S 1ST STREET UNIT 612			Date of Receipt						
City MINNEAPOLIS	State MN	Zip Code 55401-2564	Transaction ID : PR2645166056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		472.54						
TOTAL This Period (last page this line numl	per only)								

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PAGE 277 OF

	MIZED RECEIPTS		for each category of the								
			Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17 person for the purpose of soliciting contributions rom such committee.							
	NAME OF COMMITTEE (In Full)		duress of any political commute								
	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group P	AC)							
A.	Full Name of Individual (Last, First, Middle Ini MISTRY, RASHMITA, , ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 4037 RALEIGH AVE S			12 31 / Y Y Y Y 12 31							
-	City State MN ST LOUIS PARK FEC ID number of contributing federal political committee.		Zip Code 55416-2921	Transaction ID : PR2645169156342 Amount of Each Receipt this Period							
				384.60							
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
B. _	Full Name of Individual (Last, First, Middle Ini NEALE, MATTHEW, , ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 11380 WILD HERON PT			12 31 Y Y Y Y Y 2019							
	City EDEN PRAIRIE	State MN	Zip Code 55347-4729	Transaction ID : PR2645175256342							
-	FEC ID number of contributing federal political committee.	C	33341-4123	Amount of Each Receipt this Period 742.00							
	Name of Employer (for Individual) Optum Services, Inc	Occu	upation (for Individual) IT	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4990.44	P/R Deduction (\$192.30 Bi-Weekly)							
	Full Name of Individual (Last, First, Middle Ini MAHRT, JONATHAN, , ,	itial) or Full O	rganization Name	Date of Receipt							
	Mailing Address 2785 DIVISION STREET			12 31 2019							
-	City SAINT PAUL	State MN	Zip Code 55109-1676	Transaction ID : PR2645176956342 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		384.60							
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment COO	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
รเ	JBTOTAL of Receipts This Page (optional)			1511.20							

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11			for each category of the Detailed Summary Page	×			11b	11c	12	<u> </u>					
	y information copied from such Reports and SI for commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full)	name anu a	address of any political committee	, 10 50	mont COI	ni IU		SULL SUCL	oommill						
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Init PRICE, CASSANDRA, , ,							Date of Receipt							
	Mailing Address 7903 S 193 AVENUE				^M 12	1	D D D 31	/ Y	2019	Y					
	City GRETNA	State NE	Zip Code 68028-5017						26365634 is Period	2					
	FEC ID number of contributing federal political committee.				285.70										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations		Me	emo	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.95	P	P/R Ded	ucti	on (\$38.	46 Bi-We	ekly)						
в.	Full Name of Individual (Last, First, Middle Init KELLNER, KYLE, , ,	ial) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 1641 WHITE PINE WAY			12 / D D / Y Y Y Y 12 31 2019											
	City	State	Zip Code						6835634	2					
	CARVER	MN	55315-4563	- :	Amount	of	Each R	eceipt th	is Period						
	FEC ID number of contributing federal political committee.	С		50.00											
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Gen Mgmt		Me	emc	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P/R Deduction (\$15.38 Bi-Weekly)											
С.	Full Name of Individual (Last, First, Middle Init HOFFMAN, SHERRI, , ,	ial) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 3409 DEEP WILLOW AVENU				^M 12	/	D D D 31		2019 [°]						
	City PIKESVILLE	State MD	Zip Code 21208-3116						29465634 is Period	2					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .	,	76.9	92					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96		P/R Ded	ucti	on (\$38.	46 Bi-We	ekly)						
⊢	UBTOTAL of Receipts This Page (optional)		r	• •			,	· ·	412.6	52					

SCHEDULE A (FEC Form 3X) DEAEIDTA

FOR LINE NUMBER:

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			Use separate schedule(s) (c				check only one)							
	EMIZED RECEIPTS			or each category of the Detailed Summary Page		X 11a		11b	11c	12				
	y information copied from such Reports and Stat													
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and a	addre	ess of any political committee	to s	olicit cor	itrid	utions fi	om suc	n commi	ttee.			
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial ARNESON, TED, , ,) or Full O)rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 4402 E MONTEROSA ST					12 31 2019								
City State PHOENIX AZ FEC ID number of contributing C federal political committee. C				Zip Code 85018-4336		Transaction ID : PR2646295856342 Amount of Each Receipt this Period								
										28	8.08			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) SIs Acct Mgmt		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate		P/R Ded	uctio	on (\$14.)	04 Bi-We	eekly)						
в.	Full Name of Individual (Last, First, Middle Initial STANKIEWICZ, DENNIS, , ,) or Full O)rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 17761 WEAVER LAKE DRIVE								/ Y	2019	Y			
	City MAPLE GROVE	State MN		Zip Code 55311-1328	\vdash			-		3040563 nis Perio				
	FEC ID number of contributing federal political committee.	С				476.18								
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Gen Auditor				Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4999.89	P/R Deduction (\$192.30 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial WELSH, MARY, , ,) or Full O	rgar	nization Name		Date of	Re	ceipt						
	Mailing Address 4532 BLUEBELL TRAIL SOUTH					^M 12	/	D D D 31		2019				
	City MEDINA	State MN		Zip Code 55340-4575						3069563 nis Perio				
	FEC ID number of contributing federal political committee.	С						,	9		0.90			
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	P/R Deduction (\$19.23 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)			•				,		595	.16			
т	OTAL This Period (last page this line number on	ly)		•	-									

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle ROBERTS, RENEE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 116 JACOBS LANE			12 31 Y Y Y Y Y 12 31 2019						
City LOGANVILLE	State GA	Zip Code 30052-3368	Transaction ID : PR2698345156342						
	0/1	30032-3300	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify) ▼		336.96	P/R Deduction (\$14.04 Bi-Weekly)						
			1						
Full Name of Individual (Last, First, Middle B. ROSENHAUS, MORGANNE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 724 FARRAGUT STREET	٩W		M M / D D / Y Y Y Y 12 31 2019						
City	State	Zip Code	Transaction ID : PR2698409856342						
WASHINGTON	DC	20011-4012	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С	28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ⁄t Affs Dir	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Primary General Other (specify) ▼		365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. ZENICK, GEOFFREY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 7714 TWISTED OAKS CIR	CLE		12 31 2019						
City	State	Zip Code	Transaction ID : PR2698410856342						
DALLAS	ТХ	75231-4711	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		76.92						
Name of Employer (for Individual)		upation (for Individual)	Memo Item						
Optum Services, Inc Receipt For:		Business Development Exe Year-to-Date ▼	_						
Primary General Other (specify)	Aggregate	999.96	P/R Deduction (\$38.46 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			133.08						
TOTAL This Period (last page this line number	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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				Detailed Summary Page	×	11a] 11	b	11c	12				
						13		14		15	16	17			
	y information copied from such Reports and State for commercial purposes, other than using the na														
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Jni	tedHealth Group PA	C)										
Α.	Full Name of Individual (Last, First, Middle Initial) RODDIS, SARAH ELIZABETH, , ,) or Full O	rgar	nization Name	C	Date of Receipt									
	Mailing Address 4512 BRUCE AVENUE					M M / D D / Y Y Y Y 12 31 2019									
	City EDINA	State MN		Zip Code 55424-1121							4135563 nis Perio				
	FEC ID number of contributing federal political committee.	С				71.42									
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		Memo Item									
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 249.97	P/R Deduction (\$9.61 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Initial) TAYLOR, JOSHUA, , ,) or Full O	rgar	nization Name	Date of Receipt										
	Mailing Address 37 PINE RIDGE RD	1-		12 / D D / Y Y Y Y 12 31 2019											
	City WOODBRIDGE	State CT	Zip Code 06525				-			4167563 nis Perio					
	FEC ID number of contributing federal political committee.	С		[62.50										
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Svc Acct Mgt		Memo Item									
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 500.00	P/I	R Dedu	uctic	on ((\$19.2	3 Bi-We	∍ekly)				
с.	Full Name of Individual (Last, First, Middle Initial) GROSSMAN, BEVERLY, , ,) or Full O	rgar	nization Name		ate of	Re	ecei	pt						
	Mailing Address 5 BROOKSIDE AVE	1 -				^M 12	/	L	31	/ Y	2019				
	City MENANDS	State NY		Zip Code 12204-2301	A						1798563 nis Perio				
	FEC ID number of contributing federal political committee.	С			ļļ	-		y		9	76	5.92			
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Govt Affs						Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 999.96					P/R Deduction (\$38.46 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)				[7		,	210	.84			
Т	OTAL This Period (last page this line number only	y)		••••••				-		- 40-					

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		Use separate schedule(s)	(check only one)						
		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mather the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle A. DOWLING, MELODY, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 14205 INDEPENDENCE C	OURT		12 31 2019						
City BASEHOR	State KS	Zip Code 66007-5203	Transaction ID : PR2699182556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		117.64						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops	Memo Item						
Receipt For: Primary General Other (specify) \forall	Aggregate	Year-to-Date ▼ 999.94	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle SELIG, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6406 WESTMINSTER			12 31 2019						
City BENTON	State AR	Zip Code 72019-6682	Transaction ID : PR2699184656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		3.84						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Business Development Exe	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 799.92	P/R Deduction (\$30.76 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. AHLSTROM, ALEXIS, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3421 OAKWOOD TERRAC			12 / D D / Y Y Y Y 12 31 2019						
City WASHINGTON	State DC	Zip Code 20010-1819	Transaction ID : PR2699187156342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		476.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4990.16	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			597.48						
TOTAL This Period (last page this line number	er only)								

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IT.			Use separate schedule	· /	(check only	v one)	L					
			for each category of th Detailed Summary Pag		X 11a	11b	11c 15	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the n				on for the	purpose of	soliciting	contrib	utions			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Grou	ıp PAC)							
A.	Full Name of Individual (Last, First, Middle Initial ZHOU, JINGXIN, , ,	l) or Full Or	rganization Name		Date of	Receipt						
	Mailing Address 12011 FAIRVIEW CT				M M / D D / Y Y Y Y 12 31 2019							
City St. MINNETONKA M FEC ID number of contributing federal political committee.			Zip Code 55343-4516		Transaction ID : PR2699187856342 Amount of Each Receipt this Period							
							76	6.92				
	Name of Employer (for Individual) Optum Services, Inc	Occu Dir F	upation (for Individual) Fin		Me	emo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.€	P/R Ded	uction (\$38.	.46 Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initial EDSON, BARBARA, , ,	l) or Full Or	rganization Name		Date of	Receipt						
Mailing Address 6609 DENNY PEAK DRIVE				12	, 1 31		y y 2019	Y				
	City SNOQUALMIE	State WA	Zip Code 98065-8996			action ID : of Each R						
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Bus Segment CMO			384.60							
	Name of Employer (for Individual) Optum Services, Inc				Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.	80	P/R Deduction (\$192.30 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia HECK, DARRYL, , ,	l) or Full Or	rganization Name		Date of	Receipt						
	Mailing Address 9801 DORSET LANE				12	/ D D		2019	_			
	City EDEN PRAIRIE	State MN	Zip Code 55347-3139			of Each R						
	FEC ID number of contributing federal political committee.	С				, <u>,</u> ,		28	3.08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) us Anlys Cnslt		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.0	P/R Deduction (\$14.04 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			►			. ,	489	9.60			
т	OTAL This Period (last page this line number on	ly)		····· ►								

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		Use separate schedule(s)	(check only one)						
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Any information copied from such Reports and or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle In GOMEZ, REYNALDO, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 2633 SOUTH WEST 31 AVE	ENUE		12 31 / Y Y Y Y Y						
City COCONUT GROVE	State FL	Zip Code 33133-2905	Transaction ID : PR2700833956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		45.62						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.96	P/R Deduction (\$14.03 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In B. BOOGERD, MICHAEL, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 1595 SUMMIT SHORES CIF	RCLE		12 31 / Y Y Y Y 12 31 2019						
City BURNSVILLE	State MN	Zip Code 55306-5817	Transaction ID : PR2700842356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ncipal Proj-Prgm Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle In c. TERRANOVA, THOMAS, , ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 18 DANEMAR DRIVE			12 31 / Y Y Y Y 12 31 2019						
City MIDDLETOWN	State NJ	Zip Code 07748-3625	Transaction ID : PR2700843656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			101.78						
TOTAL This Period (last page this line numbe	r only)								

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle TAGGART, ELIZABETH, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 7134 BRUNSWICK CIRCL	E		M M / D D / Y Y Y Y 12 31 2019						
City BOYNTON BEACH	State FL	Zip Code 33472-2534	Transaction ID : PR2700846556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. OFFIELD, MIRANDA, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 2240 N COUNTRY VISTA			12 / D D / Y Y Y Y Y 12 31 2019						
City LIBERTY LAKE	State WA	Zip Code 99019-5071	Transaction ID : PR2700857556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	EC ID number of contributing								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 399.88	P/R Deduction (\$15.38 Bi-Weekly)						
Full Name of Individual (Last, First, Middle STEARNS, SALLIE, , ,	,	organization Name	Date of Receipt						
Mailing Address 211 COLONIAL HOMES D #1505	RIVE NW	Zip Code	12 31 2019						
City ATLANTA	GA	30309-1293	Transaction ID : PR2700861756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Mgt Cons Clnt Svc	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			86.92						
TOTAL This Period (last page this line numb	er only)								

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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			for each category of the	✗ 11a ☐ 11b ☐ 11c ☐ 12								
			Detailed Summary Page									
	v information copied from such Reports and State for commercial purposes, other than using the na											
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)								
	Full Name of Individual (Last, First, Middle Initial) FULBRIGHT, JOHN, , ,	or Full O	Organization Name	Date of Receipt								
	Mailing Address 47-645 UAKEA PLACE			M M / D D / Y Y Y Y 12 31 2019								
	City	State	Zip Code	Transaction ID : PR2700865856342								
-	KANEOHE	HI	96744-5427	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		24.56								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) R Agnt Mgr	Memo Item								
	Receipt For:	ggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼	P/R Deduction (\$12.28 Bi-Weekly)										
	Full Name of Individual (Last, First, Middle Initial) WARNER, JONATHAN, , ,	or Full O	Organization Name	Date of Receipt								
	Mailing Address 258 CAMBRIDGE DRIVE			12 31 Y Y Y Y Y 12 31 2019								
	City	State	Zip Code	Transaction ID : PR2700873556342								
-	RAMSEY	NJ	07446-1260	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.08								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Mgt Cons CInt Svc	Memo Item								
Ì	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) GALIMI, GAVIN, , ,	or Full O	Organization Name	Date of Receipt								
	Mailing Address 410 S JUANITA AVENUE			12 / D D / Y Y Y Y 12 31 2019								
		State	Zip Code	Transaction ID : PR2700913156342								
-	REDONDO BEACH	CA	90277-3824	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		246.14								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Primary General	ggregate	Year-to-Date ▼ 1599.91	P/R Deduction (\$61.53 Bi-Weekly)								
	Other (specify)			1								
รเ	JBTOTAL of Receipts This Page (optional)		······	298.78								
тс	OTAL This Period (last page this line number only	/)	•••••••									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	(check only one)								
IIE	MIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	/			
	information copied from such Reports and Sta or commercial purposes, other than using the r												
	IAME OF COMMITTEE (In Full)			5 10 3									
\	JnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)									
	ull Name of Individual (Last, First, Middle Initia WAYLAND, CHARLES, , ,	l) or Full O	Organization Name		Date of	Re	ceipt						
_	lailing Address 7615 SWEETBRIAR RD	-1			12 31 2019								
	RICHMOND	State VA	Zip Code 23229-6619		Transaction ID : PR2700924656342 Amount of Each Receipt this Period								
	EC ID number of contributing ederal political committee.	С					,	-	276.9	92			
	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) n Plan CEO		Memo Item								
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1799.98]	P/R Dedu	uctio	on (\$69.	23 Bi-We	ekly)				
	ull Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name		Date of	Re	ceipt						
_	failing Address 10 NOUVELLE WAY SUITE 805				M M 12	/	D D D 31	/ Y	2019	Y			
	iity JATICK	State MA	Zip Code 01760-1570	-					1805634	2			
F	FEC ID number of contributing federal political committee.						Amount of Each Receipt this Period						
	lame of Employer (for Individual) ptum Services, Inc		upation (for Individual) P, Mkt Grp CHRO		Me	emo	Item						
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80] F	P/R Dedu	ıctic	on (\$192	2.30 Bi-W	'eekly)				
	ull Name of Individual (Last, First, Middle Initia BERMAN, ABRAHAM, , ,	ll) or Full O	Organization Name		Date of	Re	ceipt						
_	Iailing Address 23 CLARENDON ROAD				12 / D D / Y Y Y Y 12 31 2019								
	ity BELMONT	State MA	Zip Code 02478-3719						31855634 is Period	2			
	EC ID number of contributing ederal political committee.	С							62.	50			
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Individual) k Regn Pres		Me	emo	Item						
R	Acceipt For: Primary General Other (specify)	Aggregate] '	P/R Dedu	uctio	on (\$19.	23 Bi-We	eekly)					
SU	BTOTAL of Receipts This Page (optional)			•			, ,		724.()2			
то	TAL This Period (last page this line number or	וy)		•			,						

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
TEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle FRINGER, TRICIA, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2809 STANFORD AVE			12 31 Y Y Y Y 12 31 2019						
City DALLAS	State TX	Zip Code 75225-7917	Transaction ID : PR2701818656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P CInt Relationship	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. OCONNELL, DANIEL, , ,	e Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 3325 W 18TH AVENUE									
City DENVER	State CO	Zip Code 80204-1681	Transaction ID : PR2701819656342						
FEC ID number of contributing		00204-1001	Amount of Each Receipt this Period						
federal political committee.	С		211.54						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		2750.02	P/R Deduction (\$105.77 Bi-Weekly)						
Full Name of Individual (Last, First, Middle BRUCE, JAMIE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 336 THOREAU BLVD			12 31 Y Y Y Y Y 12 31 2019						
City O FALLON	State MO	Zip Code 63366-7451	Transaction ID : PR2701823056342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		980.74						
TOTAL This Period (last page this line num	per only)								

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

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
			erson for the purpose of soliciting contributions to solicit contributions from such committee.						
NAME OF COMMITTEE (In F UnitedHealth Group		JnitedHealth Group PA	λC)						
Full Name of Individual (Last, SPARKS, KEVIN, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 10681 S CED	AR NILES BLVD		M M / D D / Y Y Y Y 12 31 2019						
City OLATHE	State KS	Zip Code 66061-7415	Transaction ID : PR2701825556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		192.30						
Name of Employer (for Individ United HealthCare Services Ind		upation (for Individual) Plan CEO	Memo Item						
Receipt For: Primary Generation Other (specify) ▼		Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, B. KHAN, RITA, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3901 GLENW			12 / D D / Y Y Y Y 12 31 2019						
City GOLDEN VALLEY	State MN	Zip Code 55422-5301	Transaction ID : PR2701826256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	g C	384.60							
Name of Employer (for Individ United HealthCare Services Ind		upation (for Individual) Digital Strategy	Memo Item						
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, C. MILLER, CORA, , ,	First, Middle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 813 PILOT N	OUNTAIN WAY SE		12 31 Y Y Y Y Y 12 31 2019						
City MABLETON	State GA	Zip Code 30126-2678	Transaction ID : PR2702484456342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individ United HealthCare Services Ind	·	upation (for Individual) Found/Social Resp	Memo Item						
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Pa	age (optional)	•••••	604.98						
TOTAL This Period (last page t	his line number only)								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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	3	for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.					
NAME OF COMMITTEE (I UnitedHealth Grou		JnitedHealth Group PA	\C)					
Full Name of Individual (La A. LITKEWYCZ, VASYL,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 317 N BR APT 823 City	OAD STREET State	Zip Code	12 / D D / Y Y Y Y 31 2019 Transaction ID : PR2702489656342					
PHILADELPHIA	PA	19107-1019	Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	ŝ.		42.94					
Name of Employer (for Inc United HealthCare Services Receipt For:	s Inc Ass	upation (for Individual) c Dir Fin	Memo Item					
	neral Aggregate	Year-to-Date ▼ 364.99	P/R Deduction (\$14.03 Bi-Weekly)					
Full Name of Individual (La B. KRAMER, NANCY,	ast, First, Middle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 4672 BIT			12 / D D / Y Y Y Y 12 31 2019					
City LEBANON	State OH	Zip Code 45036-7562	Transaction ID : PR2702501456342 Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	ŝ.		76.92					
Name of Employer (for Inc	lividual) Occ Dir	upation (for Individual) RN	Memo Item					
Receipt For: Primary Ge Other (specify) ▼	neral Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (La C. BRENNER, JEFFR	ast, First, Middle Initial) or Full O EY, , ,	rganization Name	Date of Receipt					
Mailing Address 19 EAST	WINDERMERE TERRACE		12 / D D / Y Y Y Y 12 31 2019					
City LANSDOWNE	State PA	Zip Code 19050-2104	Transaction ID : PR2702506356342 Amount of Each Receipt this Period					
FEC ID number of contribution federal political committee.	uting C		384.60					
Name of Employer (for Inc United HealthCare Services		upation (for Individual) PIntegrated Hlth Human Svs	Memo Item					
Receipt For: Primary Ge Other (specify)	neral Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This	Page (optional)		504.46					
TOTAL This Period (last page	e this line number only)	••••••	· · · · · · · · · · · · · · · ·					

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	EMIZED RECEIPTS			category of the Summary Page		× 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n										
	NAME OF COMMITTEE (In Full)			ny political committee	, 10 3						.00.
\rangle	UnitedHealth Group Incorporated	I PAC (l	JnitedHe	ealth Group PA	(C)						
Α.	Full Name of Individual (Last, First, Middle Initia ABERLE, SHARI, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
	Mailing Address 5521 BENTON AVENUE					^M 12	/	D D D 31	/ Y	ү ү 2019	Y
	City EDINA	State MN	Zip Co 5543	de 6-2203						50665634 iis Period	
	FEC ID number of contributing federal political committee.	С						y- 1		312.	50
	Name of Employer (for Individual) Optum Services, Inc		upation (for uty Gen Cou		Me	emo	Item				
Receipt For: A Primary General Other (specify) ▼			Year-to-Date	2500.00		P/R Dedu	uctio	n (\$96.1	I5 Bi-We	eekly)	
в.	Full Name of Individual (Last, First, Middle Initia CHURCHES, KATHRYN, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
Mailing Address 713 WEALD BRIDGE RD						^M 12	/	D D D 31	/ Y	2019	Y
	City COTTAGE GROVE	State WI	Zip Co 53527	de 7-8310						50675634 iis Period	
	FEC ID number of contributing federal political committee.	С				28.08					
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Dir Bus Process				Me	emo	Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Dat	8 ▼ 365.04	F	P/R Dedu	ıctio	n (\$14.0)4 Bi-W€	eekly)	
C.	Full Name of Individual (Last, First, Middle Initia MERZLICKER, CAREY, , ,	l) or Full O	rganization	Name		Date of	Red	ceipt			
	Mailing Address 950 BENTLEY PARK CIRCLE	1				^M 12	/	D D D 31	/ Y	2019	Y
	O FALLON	State MO	Zip Co 63368					-		24695634 iis Period	
	FEC ID number of contributing federal political committee.	С								76.	92
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir F	upation (for Fin	Individual)		Me	emo	ltem			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Dat	e ▼ 999.96		P/R Dedu	uctic	on (\$38.4	46 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)									417.	50
T	OTAL This Period (last page this line number or	ly)			-	<u> </u>		,			

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	Ay not be sold or used by any political committee	13 14 15 16 17 person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	<u> </u>								
UnitedHealth Group Incorp	porated PAC (l	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, M BROWN, DIANE, , ,		rganization Name	Date of Receipt						
Mailing Address 502 BERRYMANS LA	NE		12 31 Y Y Y Y Y 2019						
City REISTERSTOWN	State MD	Zip Code 21136-6003	Transaction ID : PR2703250856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Pract Perf	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
Full Name of Individual (Last, First, M B. HARVEY, CATHERINE, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 541 E ERIE ST UNIT	602		12 31 Y Y Y Y 12 31 2019						
	State WI	Zip Code	Transaction ID : PR2703637056342						
		53202-6251	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		192.30						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) I Plan CEO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, M C. CRIPPIN, TODD, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 1309 RUSTICVIEW D		7:0.4	M M / D D / Y Y Y Y 12 31 2019						
City BALLWIN	State MO	Zip Code 63011-4266	Transaction ID : PR2703639556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (opti	onal)		248.46						
TOTAL This Period (last page this line i	number only)		• • • • • • • • • •						

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		Use separate schedule(s)	(cheo	(check only one)								
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	×	11a 13		11b	11c		2 6	17	
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of	soliciting	g cont	ributio	ons	
	NAME OF COMMITTEE (In Full)											
$\left \right\rangle$	UnitedHealth Group Incorporate	ed PAC (l	JnitedHealth Group PA	AC)								
Α.			rganization Name	D	ate of	f Re	eceipt					
	Mailing Address 4307 FALLGOLD PARKWAY				12 31 Y Y Y Y Y 2019							
	City BROOKLYN PARK	State MN	Zip Code 55443-1889					PR2703 eceipt th				
	FEC ID number of contributing federal political committee.	С								28.08	3	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nan Capital Partner		M	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Init YOUNG, DAVID, , ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt					
Mailing Address 654 CHISWELL CT		State Zip Code				12 / D / Y Y Y 12 31 2019						
	City	State	Zip Code 37027-3109					PR27036				
	BRENTWOOD	TN	A	moun	t of	Each R	eceipt th	nis Pe	riod			
	FEC ID number of contributing federal political committee.	C					384.60					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Gen Mgmt		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/F	R Ded	uctio	on (\$192	2.30 Bi-W	/eekly	')		
с.	Full Name of Individual (Last, First, Middle Inite WESTRA, ROBERT, , ,	tial) or Full O	rganization Name	D	ate of	f Re	eceipt					
	Mailing Address 4042 E ROBIN LANE				^M 12	/	31	/ Y	ү 201			
	City PHOENIX	State AZ	Zip Code 85050-6875				-	PR2704 eceipt th				
	FEC ID number of contributing federal political committee.	С					, .	, ,		45.62	2	
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) AES VP of Sales Aggregate Year-to-Date ▼ 364.96				emo	o Item					
	Receipt For: Primary General Other (specify)					lucti	on (\$14.	.03 Bi-W	eekly)			
s	UBTOTAL of Receipts This Page (optional)						, .	. ,	4	158.30)	
т	OTAL This Period (last page this line number	only)					-			-		

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
			e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle ROLLINS, CARISSA, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 6805 CHEYENNE TRAIL			M M / D D / Y Y Y Y 12 31 2019						
City EDINA	State MN	Zip Code 55439-1158	Transaction ID : PR2704188956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	ů – L		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. HOROHO, PATRICIA, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 13516 COMPTON ROAD									
City CLIFTON	State VA	Zip Code 20124-1203	Transaction ID : PR2704194656342						
FEC ID number of contributing	_	20124-1203	Amount of Each Receipt this Period						
federal political committee.	ů – Elektrik – Elektri								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼	1						
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. DELANY, ANDREW, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 209 GARLAND AVENUE			12 31 2019						
City DECATUR	State GA	Zip Code 30030-4940	Transaction ID : PR2704196356342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb	er only)								

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page									
Any information copied from such Reports and or for commercial purposes, other than using th											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	JnitedHealth Group PA	\C)								
Full Name of Individual (Last, First, Middle In A. HAYEK, ANDREW, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 500 ADAMS AVENUE	1		12 31 2019								
City GLENCOE	State	Zip Code	Transaction ID : PR2705063456342								
GLENCOE		60022-1865	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1297.30								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual)	Memo Item								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle In B. ROBERTS, CORY, , ,	Date of Receipt										
Mailing Address 45 BRIGHTON RD NE											
City	State	Zip Code	Transaction ID : PR2705063556342								
ATLANTA	GA	30309-1518	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Ops	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Middle In C. SHARFF, RICHARD, , ,	nitial) or Full C	organization Name	Date of Receipt								
Mailing Address 508 RUMSON ROAD			12 31 Y Y Y Y 2019								
City	State	Zip Code	Transaction ID : PR2705063656342								
BIRMINGHAM	AL	35209-4312	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		384.60								
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)			2066.50								
TOTAL This Period (last page this line number											

Use separate schedule(s)

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17			Use separate schedule(s	· · ·	check onl	y one)					
11			for each category of the Detailed Summary Page		X 11a	11b	11c	12			
	y information copied from such Reports and Sta for commercial purposes, other than using the r										
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\big\rangle$	UnitedHealth Group Incorporated	PAC (L	UnitedHealth Group	PAC)						
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Organization Name								
Α.	JOHAR, RAVI, , , Mailing Address 405 ARGUS MANOR CT				Date of Receipt						
Maining Address 405 ARGUS MANOR CT				12 ^M		31 / Y	2019	Ŷ			
	City CHESTERFIELD	State MO	Zip Code 63017-2469	-			D : PR2705				
	FEC ID number of contributing		00017 2400		Amoun	t of Each	n Receipt tl				
	federal political committee.	С				-		28	.08		
	Name of Employer (for Individual)	Осси	upation (for Individual)		М	emo Iter	n				
	United HealthCare Services Inc	Sr M	Med Dir								
	Receipt For: Primary General	Aggregate	Year-to-Date		P/R Ded	uction (\$	14.04 Bi-W	eekly)			
	Other (specify) V	specify) ▼ 365.04									
	Full Name of Individual (Last, First, Middle Initia	l) or Full O	Irganization Name								
B.	FELLENBAUM, DANIEL, , ,				Date of	f Receipt	t				
	Mailing Address 8309 FOX RUN				12 ^M		31 / Y	2019	Y		
	City	State Zip Code MD 20854-2576					D : PR2705				
	POTOMAC FEC ID number of contributing					t of Each	n Receipt tl	nis Perioo	d		
	federal political committee.	C Occupation (for Individual) Govt Affs Assc Dir			14.04						
	Name of Employer (for Individual) United HealthCare Services Inc				M	emo Iter	n				
	Receipt For:	Aggregate	Year-to-Date V								
	Primary General Other (specify) ▼		, 351.00)	P/R Ded	uction (\$	14.04 Bi-W	ekly)			
	Full Name of Individual (Last, First, Middle Initia BUNTEN, BRIAN, , ,	l) or Full O	Organization Name		Data of	f Receipt					
0.	Mailing Address 401 TATLOW DR							YY	Y		
	City	State	Zip Code		12		31	2019	40		
	City COLUMBIA	MO	65203-6130	-			D:PR2705				
	FEC ID number of contributing federal political committee.	С				. ,	,	115			
Name of Employer (for Individual) United HealthCare Services Inc			upation (for Individual) Govt Affs		Memo Item						
	Receipt For:		Year-to-Date V								
Primary General Other (specify)			1499.94		P/R Deduction (\$57.69 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			►				157	.50		
т	OTAL This Period (last page this line number or	ıly)		►							

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check on	nly on	e)					
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	× 11a		11b	11c	12	_			
Any information copied from such Reports and										
or for commercial purposes, other than using t	ne name and a	uuress or any political committee	e to solicit co	Untrib	utions fr	om such	committe	.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle DAUN, JESSICA, , ,	nitial) or Full C	rganization Name	Date o	of Re	ceipt					
Mailing Address W273N6194 BASHAM LAN	E		M 12	/	D D 31	/ Y	2019	Y		
City SUSSEX	State WI	Zip Code 53089-4702					66256342 is Period	2		
FEC ID number of contributing federal political committee.	С				y	і і 1 др.	28.0	8		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) & SB Dir SIs		/lemo	Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R De	ductic	on (\$14.0	04 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle B. ZELLER, TRISHA, , ,	nitial) or Full C	rganization Name	Date o	of Re	ceipt					
Mailing Address 9230 SHETLAND ROAD			12	И /	D D D 31	/ Y	y y 2019	Y		
City _EDEN PRAIRIE	State MN	Zip Code 55347-3747	Transaction ID : PR27059714 Amount of Each Receipt this Pe					2		
FEC ID number of contributing federal political committee.	С	C Occupation (for Individual) Dir Gen Mgmt			28.08					
Name of Employer (for Individual) United HealthCare Services Inc					Item					
Receipt For:	Aggregate	Year-to-Date ▼		-						
Other (specify) ▼		365.04	P/R Dec	ductio	on (\$14.0	04 Bi-We	ekly)			
Full Name of Individual (Last, First, Middle SPADE, NATHAN, , ,	nitial) or Full C	rganization Name	Date of	of Re	ceipt					
Mailing Address 1060 ELLIOTT LANE	Chata	Zin Code	12		31		2019			
City YORK	State PA	Zip Code 17403-3421					98705634 is Period	2		
FEC ID number of contributing federal political committee.	С				y	, <u>,</u>	153.8	34		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		/lemo	ltem					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1999.92	P/R De	ductio	on (\$76.9	92 Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optional).		•			,	. ,	210.0	0		
TOTAL This Period (last page this line number	er only)									

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpor	ated PAC (I	JnitedHealth Group P/	AC)					
Full Name of Individual (Last, First, Middle BARBARO, PHILIP, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 670 ARBUTUS STREET			12 31 Y Y Y Y Y 12 31 2019					
City MIDDLETOWN	State CT	Zip Code 06457-7106	Transaction ID : PR2705988256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	s l		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. WOODCOCK, TROY, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
	Mailing Address 5207 NORTH SHORE DRIVE							
	State MN	Zip Code	Transaction ID : PR2705988756342					
DULUTH	IVIIN	55804-2942	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) I O Engineering	Memo Item					
Receipt For:	Aggregate	Year-to-Date 🔻	7					
Primary General Other (specify) ▼		499.98	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Middle C. KMIEC, ADAM, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 4736 PRAIRIE DUNES W			12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City EAGAN	State MN	Zip Code 55123-2352	Transaction ID : PR2705989256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		554.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4986.00	P/R Deduction (\$192.30 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional)		707.84					
TOTAL This Period (last page this line num	ber only)							

Use separate schedule(s)

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171			Use separate schedule(s)	(ch	eck only	/ or	ne)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		4 11a		11b	11c	12	
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			10 00						
\rangle	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	.C)						
A.	Full Name of Individual (Last, First, Middle Initia NELSON, JOEL, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 121 RIDGEVIEW DR				^M 12	1	D D 31) / Y	y y 2019	Y
	City WAYZATA	State MN	Zip Code 55391-1015	_					99235634 is Period	2
	FEC ID number of contributing federal political committee.	С							2500.	00
United HealthCare Services Inc			ipation (for Individual) Gen Mgmt		Me	emo	ltem			
			Year-to-Date ▼ 2500.00	F	P/R Dedu	uctio	on (\$250	00.00 Bi-\	Weekly)	
в.	Full Name of Individual (Last, First, Middle Initia PETRONE, DAMIAN, , ,	l) or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 703 DEAN CT	1-			M M 12	1	D D D 31	/ Y	ү ү 2019	Y
	City WEST CHESTER	State PA	Zip Code 19382-2100						1895634	2
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period							
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Acct		Me	emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia STILLO, KATHLEEN, , ,	l) or Full Or	rganization Name		Date of	Re	ceipt			
	Mailing Address 15 HENDERSON AVE				^M 12	1	31) / Y	y y 2019	Y
	City PRINCETON	State NJ	Zip Code 08540-2607				-		45105634 is Period	2
	FEC ID number of contributing federal political committee.	С			<u> </u>		y .		76.	92
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Gen Mgmt		Me	emc	ltem			
	Receipt For: Primary General Other (specify)	Aggregate Y	Year-to-Date ▼ 999.96	F	P/R Ded	ucti	on (\$38.	.46 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)		•				, .		2910.	24
т	OTAL This Period (last page this line number on	ıly)	•							

FOR LINE NUMBER:

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Use separate schedule			(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using t	Statements make he name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (JnitedHealth Group P/	4C)					
Full Name of Individual (Last, First, Middle BARTHOLET, DANIEL, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 5918 VALEWOOD DRIVE			12 31 Y Y Y Y Y Y 12 31 2019					
City MINNETONKA	State MN	Zip Code 55345-6545	Transaction ID : PR2706451156342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		384.60					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Tax	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle B. CHEN, HONG , , ,								
Mailing Address 8 LOCKE LANE			M M / D D / Y Y Y Y 12 31 2019					
City LEXINGTON	State MA	Zip Code 02420-2707	Transaction ID : PR2706452256342 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		76.92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)					
Full Name of Individual (Last, First, Middle MULDOON, ALLISON, , ,	Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 2500 CLARENDON BLVD APT 129 City	State	Zip Code	12 31 2019 Transaction ID : PR2706452756342					
ARLINGTON	VA	22201-3835	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		136.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Assc Dir	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).			597.52					
TOTAL This Period (last page this line number	er only)							

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle MOORE, KEVIN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9405 EAGLE NEST LANE			12 31 / Y Y Y Y 12 31 2019							
City MIDDLETON	State WI	Zip Code 53562-5647	Transaction ID : PR2706453556342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		71.42							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.94	P/R Deduction (\$19.23 Bi-Weekly)							
Full Name of Individual (Last, First, Middle MCMAHON, ANDREW , , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4125 DREW AVENUE SOL	лн		12 31 Y Y Y Y 2019							
City MINNEAPOLIS	State MN	Zip Code 55410-1018	Transaction ID : PR2740509056342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		48.66							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 364.95	P/R Deduction (\$14.03 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. HUNT, TIMOTHY, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 5594 MARSHALL HOUSE		Zin Orda	12 / D / Y Y Y Y 12 / 31 / 2019							
City BURKE	State VA	Zip Code 22015-2141	Transaction ID : PR2740514056342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		166.66							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			286.74							
TOTAL This Period (last page this line number	er only)									

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a		11k	o 🗌	11c	1	12		
					13		14		15		16	17	
	y information copied from such Reports and Stater for commercial purposes, other than using the nar												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (I	UnitedHealth Group PA	NC)									
A.	Full Name of Individual (Last, First, Middle Initial) TICICH, JANICE, , ,	or Full C	organization Name		Date of Receipt								
	Mailing Address 7613 RIVER FORK DRIVE				12 31 2019								
		State TN	Zip Code						R2740				
	NASHVILLE		37221-4687	A	mount	of	Eac	ch Re	ceipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.						,		-95-	7	769.2	2	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	lte	m					
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 4999.93	P/	R Dedu	uctic	on (\$192.	30 Bi-W	/eekly	y)		
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MATHIS, BRIAN, , ,						Date of Receipt						
	Mailing Address 4632 RESERVOIR ROAD NW							12 31 2019					
	City WASHINGTON	State DC	Zip Code 20007-1917		Transaction ID : PR2740758756342 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.				4422.30						0		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Dev		Memo Item								
	Receipt For: An Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 4999.20	P/	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) PONS, NATALIE, , ,	or Full C	Organization Name		Date of	Re	ceip	ot					
	Mailing Address 3209 GALLERIA UNIT 803				^M 12	/	D	31	/ Y	201		Y	
	City EDINA	State MN	Zip Code				-		PR2740				
			55435-2547	A	mount	of	Eac	ch Re	ceipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.				454.00								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel		Me	emo	lte	em					
	Receipt For: Age Primary General Other (specify)	ggregate	Year-to-Date ▼ 5000.00	P/	'R Dedi	uctio	on (\$192	.30 Bi-V	/eekly	y)		
s	UBTOTAL of Receipts This Page (optional)			. [56	645.5	2	
Т	OTAL This Period (last page this line number only)	•••••••	. [,		-		-		

SCHEDULE A (FEC Form 3X) _____ _

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle ALTIERI, DOMINIQUE, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6611 HIGHWAY 100			M M / D D / Y Y Y Y 12 31 2019						
City NASHVILLE	State TN	Zip Code 37205-4226	Transaction ID : PR2740762556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		40.54						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify) \checkmark	Aggregate	Year-to-Date ▼ 364.86	P/R Deduction (\$14.03 Bi-Weekly)						
Full Name of Individual (Last, First, Middle FEHR , STEPHANIE , , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 6601 BLACKFOOT PASS			12 31 2019						
City EDINA	State MN	Zip Code 55439-1103	Transaction ID : PR2748020556342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P, Mkt Grp CHRO	P/R Deduction (\$192.30 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80							
Full Name of Individual (Last, First, Middle C. ATCHLEY, JODELL, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 2055 SIDEWINDER COUR			12 / D D / Y Y Y Y 12 31 2019						
City GRAND JUNCTION	State CO	Zip Code 81507-8791	Transaction ID : PR2749688656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		28.08						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			453.22						
TOTAL This Period (last page this line number	er only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mathematic	ay not be sold or used by any p ddress of any political committe	13 14 15 16 17 rerson for the purpose of soliciting contributions e to solicit contributions from such committee							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle GORDON, PATRICK, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 4129 IRVING STREET			M M / D D / Y Y Y Y Y 12 31 2019							
City DENVER	State CO	Zip Code 80211-1626	Transaction ID : PR2749697156342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		77.76							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 349.92	P/R Deduction (\$13.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. WEISS, RACHEL, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 38 ADAMS STREET NW			12 / D D / Y Y Y Y Y 12 31 2019							
City WASHINGTON	State DC	Zip Code 20001-1026	Transaction ID : PR2749722856342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		179.54							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.03	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. CHECKA, SREENIVAS, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 11049 JAMES CURVE			12 31 / Y Y Y Y Y 12 31 2019							
City WOODBURY	State MN	Zip Code 55129-6267	Transaction ID : PR2750285556342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			285.38							
TOTAL This Period (last page this line numb	er only)	······								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	L ay not be sold or used by any Iddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Middle A. ROBINO, STEVEN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 17725 NE BAKER CREEK	ROAD		12 31 Y Y Y Y 2019							
City BRUSH PRAIRIE	State WA	Zip Code 98606-9556	Transaction ID : PR2750290956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MUNSONREGALA, EMMANUEL,		rganization Name	Date of Receipt							
Mailing Address 969 FAIRMOUNT AVENUE			12 / D D / Y Y Y Y Y 2019							
City SAINT PAUL	State MN	Zip Code 55105-3120	Transaction ID : PR2754210656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08 Memo Item							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Gen Counsel								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. TAIT, ROBYN, , ,	Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 31 LIPTON LANE			12 31 Y Y Y Y 12 31 2019							
City LANGHORNE	State PA	Zip Code 19047-5782	Transaction ID : PR2754215956342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Bus Process	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 365.04	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)			84.24							
TOTAL This Period (last page this line numb	er only)									

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)		(cheo	(check only one)									
11	EIVILLED REGEIFIJ		for each category of the Detailed Summary Page	×	11a		11b	11c	12	<u> </u>				
	ny information copied from such Reports and St for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full)					TUTIC	JULIONS							
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initi HUGHESANLIKER, CINDY, , ,	al) or Full O	rganization Name	D	Date of Receipt									
	Mailing Address 5692 STAGECOACH DRIVE						12 31 2019							
	City WEST DES MOINES	State IA	Zip Code 50266-3866						24085634	2				
	FEC ID number of contributing federal political committee.	С							28.0	08				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Gen Mgmt		Me	emo	ttem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.04	P/F	P/R Deduction (\$14.04 Bi-Weekly)									
B.	Full Name of Individual (Last, First, Middle Initi ORIE, TIMOTHY, , ,	al) or Full O	D	ate of	f Re	eceipt								
	Mailing Address 23 BISHOP LANE				12 31 Y Y Y Y Y 12 31 2019									
	City SUDBURY	State MA	Zip Code 01776-1701		Transaction ID : PR2754244156342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С							769.2	22				
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Human Capital		Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	P/F	P/R Deduction (\$192.30 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name MUSSLEWHITE, ROBERT, , ,				Date of Receipt									
	Mailing Address 3033 UNIVERSITY TERRACE	NW	Zip Code	_ L	12 / 31 / 2019 Transaction ID : PR2754659956342									
	WASHINGTON	DC	20016-3462						nis Period	2				
	FEC ID number of contributing federal political committee.	С			1428.56									
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Occupation (for Individual) Bus Segment CEO Aggregate Year-to-Date ▼ 4999.96			Memo Item									
	Primary General Other (specify)				P/R Deduction (\$192.30 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)						9	9	2225.8	36				
т	OTAL This Period (last page this line number o	only)												

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	4C)						
Full Name of Individual (Last, First, Middle SIMON, JOHN, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 1388 DIAMOND COURT			M M / D D / Y Y Y Y 12 31 2019						
City PITTSBURGH	State PA	Zip Code 15241-1220	Transaction ID : PR2754663256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Advisory Svc	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle KONTOR, JOHN, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 123A SPA VIEW AVE			12 31 2019 Transaction ID : PR2754673656342 Amount of Each Receipt this Period						
City ANNAPOLIS	State MD	Zip Code 21401-3542							
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Advisory Svc	P/R Deduction (\$96.15 Bi-Weekly)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90							
Full Name of Individual (Last, First, Middle C. BOTHRA, SIDDHARTH, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 17200 SE 45TH STREET			12 D D / Y Y Y Y Y 12 31 2019						
City BELLEVUE	State WA	Zip Code 98006-6510	Transaction ID : PR2754720756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ops	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb	er only)								

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using t	Statements manual and a	I ay not be sold or used by any puddress of any political committe	erson for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Middle CHRISTY, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 3024 FOUNTAIN WAY			12 31 Y Y Y Y Y 12 31 2019						
City SHAKOPEE	State MN	Zip Code 55379-5424	Transaction ID : PR2755315256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		333.32						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) 9 Bus Dev Mktg	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$96.15 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. SEVILLE, KATHERINE, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 333 ADAMS ST	1		12 31 / Y Y Y Y Y 12 31 2019						
City DECATUR	State GA	Zip Code 30030-5205	Transaction ID : PR2755317256342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		38.46						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Capability Manager	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$19.23 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. MAYER, SHANNON, , ,	Initial) or Full C	organization Name	Date of Receipt						
Mailing Address 13159 DANUBE LANE			12 / D D / Y Y Y Y Y 2019						
City ROSEMOUNT	State MN	Zip Code 55068-4378	Transaction ID : PR2755343956342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		111.90						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2000.10	P/R Deduction (\$76.92 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional).			483.68						
TOTAL This Period (last page this line number	er only)								

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports an or for commercial purposes, other than using			13 14 15 16 17 erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
> UnitedHealth Group Incorpora	ated PAC (I	JnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Middle A, WEILER, KATHY, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 1250 CANTON AVENUE			12 31 2019						
City	State	Zip Code	Transaction ID : PR2755347656342						
MILTON	MA	02186-2414	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Optum Services, Inc	Bus	Segment CMO							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
			-						
B. ABRAHAM, SANTIAGO, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ABRAHAM, SANTIAGO, , ,								
Mailing Address 2637 ARCOLA LANE			12 / D D / Y Y Y Y 12 31 2019						
City WAYZATA	State MN	Zip Code 55391-9703	Transaction ID : PR2755652156342						
FEC ID number of contributing	_	00001-0700	Amount of Each Receipt this Period						
federal political committee.	C		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) s Seg CIO	Memo Item						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle C. CHA, STEPHEN, , ,	Initial) or Full C	Prganization Name	Date of Receipt						
Mailing Address 1740 POTOMAC AVENUE	SOUTHEAST		12 31 2019						
City	State	Zip Code	Transaction ID : PR2755767356342						
WASHINGTON	DC	20003-3135	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir/CMO	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			1153.80						
TOTAL This Period (last page this line numb									

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
Any information copied from such Reports and or for commercial purposes, other than using t	Statements mand a	I ay not be sold or used by any p Iddress of any political committe	erson for the purpose of soliciting contributions							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle ASHENHURST, KARLA, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 4000 SOUTH AVON DRIVE			12 31 Y Y Y Y Y 12 31 2019							
City NEW BERLIN	State WI	Zip Code 53151-6213	Transaction ID : PR2756173656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		127.40							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item							
Receipt For: Primary General Other (specify) \mathbf{v}	Aggregate	Year-to-Date ▼ 1500.00	P/R Deduction (\$57.69 Bi-Weekly)							
Full Name of Individual (Last, First, Middle B. MASONER, AUDREY, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 15400 MAPLE STREET			12 / D D / Y Y Y Y Y 2019							
City OVERLAND PARK	State KS	Zip Code 66223-3262	Transaction ID : PR2756359856342 Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	C		93.40							
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	1							
Other (specify) ▼		1004.75	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. HERMELINGIII, THEODORE, ,		rganization Name	Date of Receipt							
Mailing Address 117 5TH STREET			12 31 2019							
City WILMETTE	State IL	Zip Code 60091-3405	Transaction ID : PR2756521656342 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4999.80	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional).			605.40							
TOTAL This Period (last page this line number	er only)									

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		Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using			person for the purpose of soliciting contributions						
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	4C)						
Full Name of Individual (Last, First, Middle SATTERWHITE, ERIN, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 2209 PARIS AVENUE N			12 31 Y Y Y Y Y 12 31 2019						
City WEST LAKELAND	State MN	Zip Code 55082-1357	Transaction ID : PR2757435756342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		285.70						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Product	Memo Item						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.95	P/R Deduction (\$38.46 Bi-Weekly)						
Full Name of Individual (Last, First, Middle B. MALLEY, KENNETH, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 764 WEST SADDLE RIVER			12 D D / Y Y Y Y 12 31 2019						
City HO HO KUS	State NJ	Zip Code 07423-1645	Transaction ID : PR2757436656342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		384.60						
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item						
Receipt For:	I	Year-to-Date V							
Other (specify) ▼		, 4999.80	P/R Deduction (\$192.30 Bi-Weekly)						
Full Name of Individual (Last, First, Middle AZAM, MISHAEL, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 629 JEFFERSON AVENU			12 D D / Y Y Y Y 12 31 2019						
City CHERRY HILL	State NJ	Zip Code 08002-3704	Transaction ID : PR2759343856342 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		77.00						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1001.00	P/R Deduction (\$38.50 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)			747.30						
TOTAL This Period (last page this line numb	er only)								

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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)							
11			for each category of the Detailed Summary Page		1 1a		11b	11c	12	<i>,</i>		
Ar	y information copied from such Reports and St	atements ma	Ay not be sold or used by any p	erson	13 for the	pur	14 pose of	15 f soliciting	16 g contribut	ions		
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	olicit cor	ntrib	outions	from suc	h committ	ee.		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initi HUNT, BRITTNEY, , ,	al) or Full O	rganization Name		Date of Receipt							
А. В.	Mailing Address 3360 MICANOPY TRAIL			12 31 2019								
	City TALLAHASSEE	State FL	Zip Code 32312-3670						75645634	2		
	FEC ID number of contributing federal political committee.	С					-		90.9	90		
	Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) External Affs Dir			Me	emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate] [P/R Deduction (\$38.46 Bi-Weekly)								
B.	Full Name of Individual (Last, First, Middle Initi SCHLAIFER, MARISSA, , ,	al) or Full O		Date of	Re	eceipt						
	Mailing Address 1050 N STUART ST #400					12 / D D / Y Y Y Y 12 31 2019						
	City ARLINGTON	State VA	Zip Code 22201-5727						75685634 2 nis Period	2		
	FEC ID number of contributing federal political committee.	С				. 01			400.0	00		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼				uctio	on (\$19	02.30 Bi-W	/eekly)			
С.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BROWN, RENEE, , ,				Date of	Re	eceipt					
	Mailing Address 21425 NORMAN SHORES DR	S DR			12 31 2019 Transaction ID : PR2759888656342							
	CORNELIUS	NC	28031-6697	_	Amount of Each Receipt this Period					_		
	FEC ID number of contributing federal political committee.	С			153.84 Memo Item							
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP										
	Primary General Other (specify)	Aggregate Year-to-Date ▼ 999.96			P/R Deduction (\$38.46 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			•			,	. ,	644.7	74		
Г	OTAL This Period (last page this line number c	only)		•								

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
I LIVILLU RECEIPIO		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17										
			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (I	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl DIFRONZO , CHRISTINE, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 6 CRAIG LN			12 31 2019										
City HINGHAM	State MA	Zip Code 02043-3411	Transaction ID : PR2759978156342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		153.84										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item										
Receipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 999.96	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name of Individual (Last, First, Middl ROBERT, MICHAEL , , ,	II Name of Individual (Last, First, Middle Initial) or Full Organization Name OBERT, MICHAEL, , ,												
Mailing Address 79373 FITZGERALD CHURCH ROAD			12 / D D / Y Y Y Y Y 12 31 2019										
City COVINGTON	State LA	Zip Code 70435-7809	Transaction ID : PR2759986056342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		285.70										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.95	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name of Individual (Last, First, Middl C. GRUHN, GINA, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 13 WEATHER VANE DR	IVE	Zip Code	12 31 2019										
City MORRISTOWN	NJ	07960-4758	Transaction ID : PR2760769456342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		625.00										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgmt	Memo Item										
Primary General Other (specify)													
SUBTOTAL of Receipts This Page (optiona	l)		1064.54										
TOTAL This Period (last page this line num	ber only)	······											

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	¥ 11a ☐ 11b ☐ 11c ☐ 12										
Any information partial from such Dares !	d Ototomort-	, , ,	13 14 15 16 17										
or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (JnitedHealth Group PA	.C)										
Full Name of Individual (Last, First, Middle A. MASTEN, DALE, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 9845 BENNINGTON DRIV	VE		Date of Hoodpi 12 31 2019 Transaction ID : PR2760775856342										
City	State	Zip Code											
SHARONVILLE	OH	45241-3619	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		434.78										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item										
Receipt For:		Year-to-Date ▼	—										
Primary General Other (specify) ▼		4999.97	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle B. DELMONICO, SUSAN, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DELMONICO, SUSAN,												
Mailing Address 12 MULBERRY CIRCLE			Date of Receipt										
City	State	Zip Code	Transaction ID : PR2760781756342										
JOHNSTON	RI	02919-2519	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		260.86 Memo Item										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) cc Gen Counsel											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2999.89	P/R Deduction (\$115.38 Bi-Weekly)										
Full Name of Individual (Last, First, Middle C. GALLE, JOHN, , ,	e Initial) or Full C	Prganization Name	Date of Receipt										
Mailing Address 5314 VALLARTA DRIVE			12 31 2019										
City	State	Zip Code	Transaction ID : PR2760798856342										
SAINT LOUIS	MO	63128-3516	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		125.00										
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops	Memo Item										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	P/R Deduction (\$38.46 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)	•	820.64										
TOTAL This Period (last page this line num	ber only)												

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Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and			Use separate schedule(s)	(ch	(check only one)										
			for each category of the Detailed Summary Page		1 1a		11b	11c	12	<u> </u>					
		tatements ma	y not be sold or used by any p	erson	for the plicit con	purp	14 Dose of	15 soliciting	16 contribut	ions					
	NAME OF COMMITTEE (In Full)	name anu a	duress of any political committee					IOIII SUC	Commu						
\rangle	UnitedHealth Group Incorporate	d PAC (l	JnitedHealth Group P	AC)											
A.	Full Name of Individual (Last, First, Middle Init BARR, CHRISTY M, , ,	ial) or Full O	rganization Name		Date of Receipt										
	Mailing Address 6348 CARRIAGE OAK WAY						D D 31	/ Y	ү ү 2019	Y					
	City LIBERTY TWP	State OH	Zip Code 45011-2763						81965634 his Period	2					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period											
	Name of Employer (for Individual) Occupation (for Individual) Optum Services, Inc Dir Pharm Ops						ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00] F	P/R Deduction (\$38.46 Bi-Weekly)										
B.	Full Name of Individual (Last, First, Middle Init HARRIS, DAVID, , ,	rganization Name		Date of	Re	ceipt									
	Mailing Address 9436 S 47TH PLACE				12 / D D / Y Y Y Y 12 31 2019										
	City PHOENIX	State Zip Code AZ 85044-7507				Transaction ID : PR2760820756342 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C	85044-7507		232.00										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops		Me	emo	ltem								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2668.00] F	P/R Deduction (\$116.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Init CRAWFORD, KEVIN, , ,	ial) or Full O	rganization Name		Date of	Re	ceipt								
	Mailing Address 1350 ROSA L PARKS BLVD 4				^M 12	/	31		2019						
	City NASHVILLE	State TN	Zip Code 37208-2689	_					82515634 his Period	2					
	FEC ID number of contributing federal political committee.	С			272.72										
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Occupation (for Individual) External Affs Dir				əmo	Item								
	Primary General Other (specify)	Year-to-Date ▼ 2999.92]	P/R Dedu	uctio	on (\$115	5.38 Bi-V	Veekly)							
s	UBTOTAL of Receipts This Page (optional)			•					1004.7	2					
Т	OTAL This Period (last page this line number of	only)		_ ▶	.										

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

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				etailed Summary Page		X 11a		111	c	11c		12				
				and outfinary raye		13		14		15		16	17			
An or	y information copied from such Reports and Sta for commercial purposes, other than using the	t be sold or used by any pess of any political committee	to s	for the solicit cor	purp ntrib	pose outio	e of s ons fro	oliciting om suc	g cor h co	ntribut mmitte	ions e.					
\backslash	NAME OF COMMITTEE (In Full)															
$\Big\rangle$	UnitedHealth Group Incorporate	C)														
Α.	Full Name of Individual (Last, First, Middle Initia VELASCO, JOEL, , ,	al) or Full O	Organ	ization Name		Date of Receipt										
	Mailing Address 6352 31 PLACE NW ST				M = M / D = D / Y = Y = Y = Y 12 31 2019 Transaction ID : PR2760938556342											
	City	State		Zip Code												
	WASHINGTON	DC		20015-2358	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С			554.00											
	Name of Employer (for Individual) United HealthCare Services Inc			on (for Individual) Relations		Me	emo) Ite	m							
	Receipt For:	Aggregate	Voar	-to-Date V	\neg											
	Primary General Other (specify) ▼	Aggregate	Tear	4986.00		P/R Ded	uctio	on (\$192.	30 Bi-V	Veek	ly)				
	Full Name of Individual (Last, First, Middle Initia	al) or Full O)rgan	ization Name												
B.	WINN, JOSEPH, , ,		rgan			Date of Receipt										
	Mailing Address 4401 GREGG ROAD					12 31 2019										
	City	State		Zip Code		Transaction ID : PR2760940256342										
	BROOKEVILLE	MD		20833-1033		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		320.00												
	Name of Employer (for Individual) United HealthCare Services Inc	Occ		Memo Item												
	Receipt For:	Aggregate Year-to-Date ▼							1							
	Primary General Other (specify) ▼	2500.00						on (S	\$96.1	5 Bi-We	eekly	')				
С.	Full Name of Individual (Last, First, Middle Initia)	al) or Full O	Drgan	ization Name		Date of	Re	ceir	ot							
	Mailing Address 11017 CAVELL CIR					M M 12	/	D	31	/ Y		19	Y			
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2761	1382	25634	2			
	BLOOMINGTON	MN		55438-2284		Amount	of	Eac	ch Re	ceipt th	nis P	eriod				
	FEC ID number of contributing federal political committee.	С						,		y		192.3	0			
	Name of Employer (for Individual)	Occi	upati	on (for Individual)	-	Me	emo) Ite	m							
	United HealthCare Services Inc	Dir T	•	· · · · · · · · · · · · · · · · · · ·												
	Receipt For:	Aggregate	Year	-to-Date ▼												
	Primary General Other (specify)		-	1249.95		P/R Ded	uctio	on (\$48.0	7 Bi-W	eekly	/)				
	UBTOTAL of Receipts This Page (optional)					<u> </u>		9		9	1	066.3	0			

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PAGE 317 OF

		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	≭ 11a 11b 11c 12										
Any information copied from such Reports and or for commercial purposes, other than using the													
NAME OF COMMITTEE (In Full)		duress of any political committee											
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I BUTT, FAWAD, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 1006 ROSE AVE			M M / 2019 12 31 2019 Transaction ID : PR2761791856342 Amount of Each Receipt this Period 357.14										
City PIEDMONT	State CA	Zip Code 94611-4345											
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) IT	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.98	P/R Deduction (\$96.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I B. ZITO, MOLLIE, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 3059 W DIVERSEY AVE UNIT 3R			12 / 12 / Y Y Y Y 12 31 / 2019										
City CHICAGO	State IL	Zip Code 60647-1951	Transaction ID : PR2762092856342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		Memo Item										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) cc Gen Counsel											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	P/R Deduction (\$9.61 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I SONNIER, SUSAN, , ,	nitial) or Full C	organization Name	Date of Receipt										
Mailing Address 301 DEMONBREUN ST UN			12 / D D / Y Y Y Y Y 12 31 2019										
City NASHVILLE	State TN	Zip Code 37201-2248	Transaction ID : PR2762649956342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.		352.94											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item										
Receipt For: Primary General Other (specify)	P/R Deduction (\$115.38 Bi-Weekly)												
SUBTOTAL of Receipts This Page (optional)			810.08										
TOTAL This Period (last page this line numbe	r only)		7 1 7 1 7 1 7										

Use separate schedule(s)

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		Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1											
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorporation	ted PAC (l	JnitedHealth Group P/	AC)											
Full Name of Individual (Last, First, Middle In CLAYTON, JUSTIN, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 712 TUCKER ST UNIT 434			M M / D D / Y Y Y Y Y 12 31 2019											
City RALEIGH	State NC	Zip Code 27603-1870	Transaction ID : PR2762749956342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	P/R Deduction (\$39.23 Bi-Weekly)											
Full Name of Individual (Last, First, Middle In B. LAFFERTY, STEVEN, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 10959 203RD ST W			12 31 2019											
City LAKEVILLE	State MN	Zip Code 55044-5952	Transaction ID : PR2762750756342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		400.00 Memo Item											
Name of Employer (for Individual) Optum Services, Inc	Occ VP	upation (for Individual) Prd												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	P/R Deduction (\$76.92 Bi-Weekly)											
Full Name of Individual (Last, First, Middle II C. WHITLOW, JENNIFER, , ,	nitial) or Full O	rganization Name	Date of Receipt											
Mailing Address 1903 MOUNT CURVE AVE			12 / D D / Y Y Y Y Y 12 31 2019											
City MINNEAPOLIS	State MN	Zip Code 55403-1021	Transaction ID : PR2762750956342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	ů l													
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Comm Off	Memo Item											
Receipt For: Primary General Other (specify)	P/R Deduction (\$192.30 Bi-Weekly)													
SUBTOTAL of Receipts This Page (optional)			1321.54											
TOTAL This Period (last page this line numbe	r only)													

FOR LINE NUMBER:

PAGE 319 OF

		Use separate schedule(s)	(check only one)											
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12											
			13 14 15 16 1 verson for the purpose of soliciting contributions e to solicit contributions from such committee.											
NAME OF COMMITTEE (In Full)														
UnitedHealth Group Incorpor	ated PAC (l	JnitedHealth Group P	AC)											
Full Name of Individual (Last, First, Middle GUNDBERG, CORY, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 6609 DOVRE DR			12 / D D / Y Y Y Y Y 12 31 2019											
City EDINA	State MN	Zip Code 55436-1711	Transaction ID : PR2763080556342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	C													
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Ops	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, Middle B. DAVIS, JENNIFER, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 3347 RIVER LANDINGS E	Mailing Address 3347 RIVER LANDINGS BLVD													
City HILLIARD	State OH	Zip Code 43026-7800	Transaction ID : PR2763180356342											
FEC ID number of contributing federal political committee.	С	40020-7000	Amount of Each Receipt this Period											
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ernal Affs Dir	Memo Item											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	P/R Deduction (\$23.07 Bi-Weekly)											
Full Name of Individual (Last, First, Middle C. LEFF, ERIN, , ,	e Initial) or Full O	rganization Name	Date of Receipt											
Mailing Address 2633 WEST VIEWMONT	1		12 / D D / Y Y Y Y 12 31 2019											
City SEATTLE	State WA	Zip Code 98199-3018	Transaction ID : PR2767366856342 Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С		769.22											
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Clin Ops	Memo Item											
Receipt For: Primary General Other (specify)	P/R Deduction (\$192.30 Bi-Weekly)													
SUBTOTAL of Receipts This Page (optional)		1889.22											
TOTAL This Period (last page this line num	ber only)													

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorpora	ted PAC (I	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Middle I DEDERICHS, DAVID, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 5621 JOHNSON DRIVE			M = M / D = D / Y = Y = Y 12 31 2019 Transaction ID : PR2767367456342 Amount of Each Receipt this Period										
City EDINA	State MN	Zip Code 55436-2267											
FEC ID number of contributing federal political committee.	С		357.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.98	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I B. FOLEY, BARBARA, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 6260 BLACK FOX WAY			12 / D D / Y Y Y Y Y 12 31 2019										
City TALLAHASSEE	State FL	Zip Code 32312-4504	Transaction ID : PR2769239256342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		300.00										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/R Deduction (\$46.15 Bi-Weekly)										
Full Name of Individual (Last, First, Middle I C. MOORE, MALVIN, , ,	nitial) or Full C	rganization Name	Date of Receipt										
Mailing Address 4520 SUNSET RIDGE			12 / D D / Y Y Y Y 12 31 2019										
City MINNEAPOLIS	State MN	Zip Code 55416-3333	Transaction ID : PR2769866456342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	182.50												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item										
Receipt For: Primary General Other (specify)	Primary General Aggregate Tear-to-Date V												
SUBTOTAL of Receipts This Page (optional)			839.64										
TOTAL This Period (last page this line numbe	r only)												

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17											
Any information copied from such Reports and Si or for commercial purposes, other than using the		erson for the purpose of soliciting contributions											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	NC)										
Full Name of Individual (Last, First, Middle Init A. RICHARDSON, GENEVRA, , ,	ial) or Full C	Organization Name	Date of Receipt										
Mailing Address 3618 N 51ST PLACE			Max A D C Y										
City PHOENIX	State AZ	Zip Code 85018-6158											
FEC ID number of contributing federal political committee.	FEC ID number of contributing												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item										
Receipt For: Primary General Other (specify) ▼	For: rimary General Aggregate Year-to-Date ▼												
Full Name of Individual (Last, First, Middle Init B. BAKER, OMAR, , ,	Date of Receipt												
Mailing Address 505 WEST 19TH STREET MANHATTAN			12 31 Y Y Y Y Y 12 31 2019										
City NEW YORK	State NY	Zip Code 10011-2883	Transaction ID : PR2778986656342 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		1666.66										
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4999.98	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Middle Init C. DOCIMO, ANNE, , ,	ial) or Full C	Organization Name	Date of Receipt										
Mailing Address 338 S 4TH STREET			12 31 Y Y Y Y Y 12 31 2019										
City PHILADELPHIA	State PA	Zip Code 19106-4217	Transaction ID : PR2779271856342										
FEC ID number of contributing federal political committee.	C	19100-4217	Amount of Each Receipt this Period										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	Memo Item										
Onned HealthCare Services inc Receipt For: Primary General Other (specify)	1	Grp Chief Med Off Year-to-Date ▼ 4999.98	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional)			3719.02										
TOTAL This Period (last page this line number of	only)		199227.73										

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		Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b 11c X 12 13 14 15 16 17										
Any information copied from such Reports and or for commercial purposes, other than using t	I Statements mather name and a	ay not be sold or used by any p ddress of any political committe	person for the purpose of soliciting contributions										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ited PAC (l	JnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middle A. Equian, LLC. PAC	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9390 Bunsen Pkwy			12 20 2019										
City Louisville	State KY	Zip Code 40220	Transaction ID : 44367733 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C co	0340828	17418.57										
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 17418.57	Affiliated PAC Transfer										
Full Name of Individual (Last, First, Middle B.	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C												
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V]										
Full Name of Individual (Last, First, Middle C.	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address													
City	State	Zip Code	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С												
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item										
Receipt For: Primary General Other (specify)	Year-to-Date ▼]											
SUBTOTAL of Receipts This Page (optional).			17418.57										
TOTAL This Period (last page this line number	er only)		17418.57										

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ITEMI	ZED DISBURSEMENTS	Use sepa for each			c only	/ one)												
			Summary Page		$\left - \right $	21b 28a	22 		23 28c	26		27 30b						
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	E OF COMMITTEE (In Full)		1	-														
	itedHealth Group Incorporated	PAC (Un	litedHealth (rou	рн	PAC)												
-	Name (Last, First, Middle Initial) Ends Of Ben McAdams						Date o	f Disb	oursei	nent								
							12 / 06 / 2019											
Mailii	ng Address PO Box 522167																	
City	_ake City	State UT	Zip Code 84152				FEC Id	entific	cation	Numbe	er							
	ose of Disbursement	01	64152			_	С	C006	5962	2		- T						
	tribution			C	011					1.00	466E							
	lidate Name			Cate	egor	v/	Transaction ID : 44246653 Amount of Each Disbursement this Period											
	Adams, Ben, , Rep.,				ype	, 		-	-									
Office		ement For: 2					2500.00											
	President	Primary Other (spe	General						C	Contribu	ion							
State		Other (sper	City) 🔻				Me	mo It	em									
Full I	Name (Last, First, Middle Initial)																	
B. An	gie Craig For Congress						Date o	f Disb	oursei	ment								
								/	D			YY						
Mailii	ng Address PO Box 22116						12 06 2019											
City	_	State MN							FEC Identification Number									
Eaga Purp	ose of Disbursement		55122	_		_	С	C005	7520	٥								
	tribution	011							-	1.00	4005							
	lidate Name			Cate	egor	v/	Transaction ID : 44246654 Amount of Each Disbursement this Period											
	aig, Angela, , ,				ype	, 												
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v. Mik	tie Sherrill For Congress						Date o	i Dist			Y	YY						
Mailii	ng Address P.O. Box 43032						12 / D D / Y Y Y Y 12 11 2019											
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	ose of Disbursement tribution			C)11	1	C	C006		- 1								
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Sh	errill, Rebecca, , Rep.,				ype	y,												
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Froup PAC)						
Α.	Full Name (Last, First, Middle Initial) Donald Norcross For Congress Mailing Address PO Box 160				Date of Disbursement						
		State	Zip Code								
	Collingswood Purpose of Disbursement Contribution	NJ	08108	011	FEC Identification Number						
	Candidate Name Norcross, Donald, , Rep.,			Category/ Type	Transaction ID : 44252676 Amount of Each Disbursement this Period						
	Office Sought: Senate President State: NJ Disburse President Disburse Senate President Disburse	ement For: 2 Primary Other (spec	General		Contribution Memo Item						
в.	Full Name (Last, First, Middle Initial) Jobs and Innovation Matter PAC (Mailing Address PO Box 15320		Date of Disbursement								
	City Washington	State DC	Zip Code 20003		FEC Identification Number						
	Purpose of Disbursement Contribution Candidate Name			011 Category/ Type	C C00494112 Transaction ID : 44252677 Amount of Each Disbursement this Period						
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С.	Full Name (Last, First, Middle Initial) First State PAC				Date of Disbursement						
	Mailing Address PO Box 3006				12 / D D / Y Y Y Y Y 12 11 2019						
	City Wilmington Purpose of Disbursement	State DE	Zip Code 19804		FEC Identification Number						
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	UnitedHealth Group Incorporated	PAC (Un	itedHealth (Grou	p P	PAC)						
Α.	Name (Last, First, Middle Initial) mitless Horizons							Date of Disbursement				
	Mailing Address PO Box 63992		12 / D D / Y Y Y Y 12 11 2019									
	City Phoenix	State AZ	Zip Code 85082				FEC Id	entifi	catior	Numb	ər	
	Purpose of Disbursement Contribution					٦	U		68345	- 1	5269	
	Candidate Name			egory ype	//	Transaction ID : 44252683 Amount of Each Disbursement this Period						
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в.	Full Name (Last, First, Middle Initial) HoulaPAC Mailing Address PO Box 65322							f Disl	burse	D /		2019
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	Washington Purpose of Disbursement Contribution)11	-			70863					
	Candidate Name		Category/ Type						ID : 442 Disburs		4 t this Period	
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C.	Full Name (Last, First, Middle Initial) Debbie For Congress						Date of	f Disl	burse	ment		
	Mailing Address PO Box 566442						M M	/	D 1'			019
	City Miami	State FL	Zip Code 33256				FEC Id	entifi	catior	Numb	ər	_
	Purpose of Disbursement Contribution			0	11		C		65206 ction	65 ID:442	25268	5
	Candidate Name Mucarsel-Powell, Debbie, , Rep.,				egory ype	//	Amount	t of E	Each	Disburs	emen	t this Period
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$\left \right\rangle$	NAME OF COMMITTEE (In Full)			`			\			
\mathbb{Z}	UnitedHealth Group Incorporated		itedHealth (∍rou	р⊦	AC))			
Α.	Full Name (Last, First, Middle Initial) Stephanie Murphy For Congress						Date of Disbursement			
	Mailing Address PO Box 205		1				12 11 2019			
	City Winter Park	State FL	Zip Code 32790				FEC Identification Number			
	Purpose of Disbursement	16	52790	_	_		C C00620443			
	Contribution			0	011		Transaction ID : 44252688			
	Candidate Name				egory	y/	Amount of Each Disbursement this Period			
	Murphy, Stephanie, , Rep., Office Sought: x House Disburse	ment For: 2		Ty	ype		2500.00			
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	State: FL District: 07	Other (spec					Contribution Memo Item			
_	Full Name (Last, First, Middle Initial)									
В.	Jersey Values PAC						Date of Disbursement			
	Mailing Address PO Box 65322		12 / 11 / Y Y Y Y 12 11 2019							
	City				FEC Identification Number					
	Washington Purpose of Disbursement									
	Contribution						C			
	Candidate Name			Category/ Type			Transaction ID: 44252700 Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:					2500.00			
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	President	Other (spec	cify)				Memo Item			
	State: District: Full Name (Last, First, Middle Initial)									
C.	Connecticut Democratic State Cer	ntral Com	nmittee				Date of Disbursement			
	Mailing Address 30 Arbor St Suite 106A						12 17 2019			
	City Hartford	State CT	Zip Code 06106				FEC Identification Number			
	Purpose of Disbursement Contribution		С							
	Candidate Name	011 Category/ Type			Transaction ID : 44303448 Amount of Each Disbursement this Period					
	Office Sought: House Disburse		3000.00							
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\land	NAME OF COMMITTEE (In Full)			_	_						
/	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	pΡ	PAC	;)				
	Full Name (Last, First, Middle Initial)										
Α.	Connecticut Republican Party						Date of Disbursement				
	Mailing Address 176 Laning St						12 / D D / Y Y Y Y 12 17 2019				
	Maining Address 170 Laning St										
	City	State	Zip Code				FEC Identification Number				
	Southington Purpose of Disbursement	CT	06489				\mathbf{C}				
	Contribution		(C Transaction ID : 44303451				
	Candidate Name			Cate	egory	y/	Amount of Each Disbursement this Period				
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	President	Other (spe	cify) 🔻				Contribution Memo Item				
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в	Full Name (Last, First, Middle Initial) Mike Johnson For Louisiana		Date of Disbursement								
υ.											
	Mailing Address 2900 Clearview Pkwy Suite 206	12 17 2019									
	City		FEC Identification Number								
	Metairie Purpose of Disbursement	_	C C00608695								
	Contribution			C	011		Transaction ID : 44311617				
	Candidate Name			Category/ Type			Amount of Each Disbursement this Period				
	Johnson, James, , Rep.,Office Sought:xKHouseDisburse	ement For:	2020				2500.00				
	Senate X	1	General				Contribution				
	President	Other (spe	cify)				Memo Item				
	State: LA District: 04										
C.	Full Name (Last, First, Middle Initial) Cole For Congress						Date of Disbursement				
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	Mailing Address P.O. Box 722256						12 17 2019				
	City	State	Zip Code				FEC Identification Number				
	Norman Purpose of Disbursement	OK	73070								
	Contribution			0)11		C C00379735 Transaction ID : 44311831				
	Candidate Name			Cate	egory	<i>y1</i>	Amount of Each Disbursement this Period				
	Cole, Tom, , Rep.,	e, Iom, , Rep., Sought: X House Disbursement For: 2020 Senate X Primary General					1500.00				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Unit	tedHealth G	roup PAC)		
Full Name (Last, First, Middle Initial) A. William Timmons For Congress Mailing Address PO Box 3416		Date of Disbursement				
	State	Zip Code		FEC Identification Number		
Greenville Purpose of Disbursement Contribution	SC	011	C C00668491			
Candidate Name Timmons, William, , Rep., Office Sought: x House Disburser	ment For: 20	220	Category/ Type	Transaction ID : 44312217 Amount of Each Disbursement this Period 1000.00		
Office Sought: X House Disburser Senate President X State: SC District: 04	Primary Other (specif	General		Contribution Memo Item		
	Friends to Elect Dr. Greg Murphy to Congress					
Mailing Address 502 Queen Annes Rd				12 17 2019		
City Greenville Purpose of Disbursement Contribution Candidate Name	State NC	Zip Code 27858	011 Category/	FEC Identification Number C C00697649 Transaction ID : 44312344 Amount of Each Disbursement this Period		
	ment For: 20 Primary Other (specif	General	Туре	1000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Kustoff For Congress				Date of Disbursement		
Mailing Address 1661 Aaron Brenner Dr Ste 300				12 / D D / Y Y Y Y Y 12 17 2019		
City Memphis Purpose of Disbursement Contribution	State TN	Zip Code 38120		FEC Identification Number		
Candidate Name Kustoff, David, , Rep.,	011 Category/ Type	Transaction ID : 44312345 Amount of Each Disbursement this Period				
Office Sought: Senate President State: TN District: 08	ment For: 20 Primary Other (specif	General		Contribution Memo Item		
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NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	I PAC (U	nitedHealth	Group PAC	;)			
Full Name (Last, First, Middle Initial) A. Katko For Congress							
Mailing Address 228 S Washington St Ste 115	•						
City	State	Zip Code		FEC Identification Number			
Alexandria Purpose of Disbursement	VA	22314					
Contribution			011	C C00556365			
Candidate Name				Transaction ID : 44312346			
Katko, John, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
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	x Primary	General		Contribution			
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State: NY District: 24				had			
Full Name (Last, First, Middle Initial) B. Tom Reed for Congress	Date of Disbursement						
5. Tom Reed for Congress							
Mailing Address PO Box 94	Mailing Address PO Box 94						
City	State	Zip Code		FEC Identification Number			
Corning Purpose of Disbursement	NY	14830					
Contribution			011	C C00464032			
Candidate Name				Transaction ID: 44312347 Amount of Each Disbursement this Period			
Reed, Thomas, W., Rep., II			Category/ Type	Anount of Each Dispursement this Fellou			
	sement For:	2020		2500.00			
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State: NY District: 23 Full Name (Last, First, Middle Initial)							
C. Drew Ferguson For Congress Inc	2			Date of Disbursement			
				M M / D D / Y Y Y			
Mailing Address PO Box 71067				12 17 2019			
City	State	Zip Code		FEC Identification Number			
Newnan	GA	30271					
Purpose of Disbursement Contribution			011	C C00607838			
Candidate Name				Transaction ID : 44312349			
Ferguson, Anderson, , Rep.,			Category/ Type	Amount of Each Disbursement this Period			
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ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page (check only one) 21b 22 23 26 27 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) Full Name (Last, First, Middle Initial) A. A. Friends Of Michael Guest Mailing Address Post Office Box 470 Date of Disbursement Contribution City Brandon State Ms Zip Code 39043 Purpose of Disbursement Contribution 011 Category/ Type Office Sought: House Senate President Disbursement For: 2020 City Senate President Disbursement For: 2020 City Senate President Disbursement For: 2020 City Senate President Contribution State: MS Disbursement For: 2020 City Senate President Primary Contribution General Contribution VI Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Mail and the president Mail and the president	SCHEDULE B (FEC Form 3X)			FOR L		NUMBER: PAGE 330 OF 390		
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. Friends Of Michael Guest Mailing Address Post Office Box 470 City Brandon Paradon Paradon Paradon Propose of Disbursement Contribution Candidate Name Contribution President State: Mailing Address 47 Finitheck Drive City State State: NY State: NY Disbursement Contribution Candidate Name Category Category Transaction ID : 44312350 Mailing Address 47 Finitheck Drive Contribution City State: Disbursement For: 2020 State: NY 11867 Purpose of Disbursement Contribution Candidate Name Category/ Category Contribution Candidate Name Disbursement For: 2020	ITEMIZED DISBURSEMENTS	for each	category of the		only 21b	one) 22 X 23 26 27		
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) A. Friends Of Michael Guest Mailing Address Post Office Box 470 City Brandon Contribution State: Mailing Address 47 Findback Drive City Shirey Name (Last, First, Middle Initia) C. Contribution Conte State: <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
A. Friends Of Michael Guest Date of Disbursement Mailing Address Post Office Box 470 I12 I7 2019 City State Zip Code 39043 FEC Identification Number Purpose of Disbursement Other Gandrate Name Other Category Candidate Name Other (specify) Gandrate Transaction ID: 44312350 Candidate Name Disbursement For: 2020 Contribution Office Sought: X House Disbursement For: 2020 Office Sought: X House Disbursement For: 2020 Office Sought: X House Disbursement State: Mailing Address 47 Flintlock Drive I1 C City State Zip Code Transaction ID: 44312351 Mailing Address 47 Flintlock Drive I1 C Contribution Candidate Name Other (specify) General FEC Identification Number Virg Shifey NY I1967 Zip Code Purpose of Disbursement Y Zip Code Contribution State: NY Disbursement For: 2020 Zooo		PAC (Ur	nitedHealth G	Group F	PAC)			
Brandon MS 39043 Purpose of Disbursement Contribution 011 Category/ Type 011 Category/ Type Cooces/72 Transaction ID : 4312350 Amount of Each Disbursement this Period Office Sought: X House Senate Disbursement For: 2020 President Contribution State: MS Disbursement For: 2020 President Contribution Contribution B. Zeldin Lae, First, Middle Initial) B. Zeldin, Lee, , Rep., Disbursement For: 2020 Office Sought: Date of Disbursement 12 Cooces/2547 Transaction ID : 4312251 Amount of Each Disbursement Contribution Cardidate Name Contribution 011 Category/ Zeldin, Lee, , Rep., Disbursement For: 2020 Office Sought: Disbursement For: 2020 Contribution Cooces/2547 Transaction ID : 4312251 Amount of Each Disbursement Contribution Full Name (Last, First, Middle Initial) X Primary Other (specify) General Other (specify) Full Name (Last, First, Middle Initial) X Primary Other (specify) General Other (specify) Cardidate Name Contribution 011 Contribution Y 201 President Full Name (Last, First, Middle Initial) X Primary Other (specify) Contribution Contribution General Other (specify) President Contribution	A. Friends Of Michael Guest					M M / D D / Y Y Y Y		
Candidate Name 011 011 Category! Cuest, Michael, , Rep., Disbursement For: 2020 Transaction ID : 4312350 Office Sought: Y House Disbursement For: 2020 Contribution State: MS District: 03 000.00 Full Name (Last, First, Middle Initial) B. Zeldin For Congress Date of Disbursement Mailing Address 47 Flintlock Drive 112 12 12 12 City State NY 11967 Purpose of Disbursement Contribution 011 Category! Candidate Name Disbursement For: 2020 Contribution Contribution Candidate Name Disbursement For: 2020 Contribution Contribution Candidate Name Disbursement For: 2020 Contribution Contribution State: NY Disbursement For: 2020 Contribution Contribution State: NY Other (specify) General Contribution Full Name (Last, First, Middle Initial) Disbursement For: 2020 Contribution Memo Item State: NY Disbursement For: 2020 Contribution	-			FEC Identification Number				
Guest, Michael, , Rep., Category Office Sought: Y House Disbursement For: 2020 President Disbursement For: State: MS B. Zeldin Last, First, Middle Initial) B. Zeldin, Lee, , Rep., Office Sought: Y Y State: Mailing Address 47 Flintock Drive City State: Shirley NY Purpose of Disbursement Other (specify) Category Transaction ID: 44312351 Amount of Each Disbursement tor: 2020 Category Contribution Category Disbursement For: Contribution 011 Category Transaction ID: 44312351 Amount of Each Disbursement tor: 2020 State: NY Disbursement Primary Office Sought: House Purpose of Disbursement Disbursement For: City Mailing Address PO Box 906 City Mailing Address PO Box 906 City Mailing Address PO Box 906 City <t< td=""><td>Contribution</td><td colspan="6">Contribution</td></t<>	Contribution	Contribution						
Full Name (Last, First, Middle Initial) Date of Disbursement B. Zeldin For Congress Date of Disbursement Mailing Address 47 Flintock Drive 12 1 17 2019 City State Shirley NY Purpose of Disbursement 011 Candidate Name 011 Zeldin, Lee, , Rep., 011 Office Sought: X President 01 State: NY State: Disbursement For: Contribution 01 Mailing Address PO Box 906 Contribution City State Virge District: Other (specify) Memo Item Full Name (Last, First, Middle Initial) Contribution C. Belief in Life and Liberty PAC (Bill'S PAC) Mailing Address PO Box 906 City City State Office Sought: House Disbursement For: Cooled Contribution City Mailing Address PO Box 906 City City State Disbursement For: Contribution Citaegory	Guest, Michael, , Rep., Office Sought:	Primary	General		y/	1000.00 Contribution		
Shirley NY 11967 Purpose of Disbursement Contribution 011 011 Candidate Name 011 011 Candidate Name 011 011 Zeldin, Lee, , Rep., 011 011 Office Sought: X House Disbursement For: 2020 Senate Y Primary General Other (specify) Other (specify) Memo Item Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement C. Belief in Life and Liberty PAC (Bill'S PAC) Date of Disbursement Date of Disbursement Mailing Address PO Box 906 011 Category/ Type Y 2019 City State 011 Category/ Type Transaction ID: 44317697 Marietta OH 45750 FEC Identification Number C 200645079 Candidate Name 011 Category/ Type Transaction ID: 44317697 Amount of Each Disbursement this Period Office Sought: House Disbursement For: 011 Category/ Type Contribution Office Sought: House Disbursement For: 02500.00 Contribution <td>Full Name (Last, First, Middle Initial) B. Zeldin For Congress</td> <td colspan="4">Full Name (Last, First, Middle Initial) Zeldin For Congress</td> <td>M M / D D / Y Y Y</td>	Full Name (Last, First, Middle Initial) B. Zeldin For Congress	Full Name (Last, First, Middle Initial) Zeldin For Congress				M M / D D / Y Y Y		
Senate Primary General Contribution State: NY District: 01 Memo Item Full Name (Last, First, Middle Initial) Contribution Date of Disbursement City State OH 45750 Mailing Address PO Box 906 OI1 FEC Identification Number City State OH 45750 Purpose of Disbursement OH 45750 FEC Identification Number Candidate Name Oisbursement For: Contribution OI11 Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General State: District: Other (specify) Memo Item Memo Item	Shirley Purpose of Disbursement Contribution Candidate Name Zeldin, Lee, , Rep.,	NY	11967	Categor	y/	C C00552547 Transaction ID : 44312351 Amount of Each Disbursement this Period		
C. Belief in Life and Liberty PAC (Bill's PAC) Date of Disbursement Mailing Address PO Box 906 Image: City Marietta OH Purpose of Disbursement OH Contribution 011 Candidate Name Office Sought: House Disbursement For: President Other (specify) State: Disbursement For: President Other (specify)	President					Contribution		
Marietta OH 45750 Purpose of Disbursement Contribution 011 Candidate Name 011 Candidate Name 011 Office Sought: House Disbursement For: 2500.00 President Other (specify) State: District:	C. Belief in Life and Liberty PAC (Bill	Full Name (Last, First, Middle Initial) Belief in Life and Liberty PAC (Bill's PAC)						
Senate Primary General President Other (specify) ▼	Marietta Purpose of Disbursement Contribution Candidate Name	011 Category/ C C00545079 Transaction ID : 44317697 Amount of Each Disbursement this P						
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 331 OF 390				
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NAME OF COMMITTEE (In Full)		aitadi lackto		N N N N N N N N N N N N N N N N N N N				
UnitedHealth Group Incorporated)				
Full Name (Last, First, Middle Initial) A. BRETT PAC				Date of Disbursement				
Mailing Address 504 Derek Avenue								
City Elizabethtown	State KY	Zip Code 42701		FEC Identification Number				
Purpose of Disbursement Contribution	Purpose of Disbursement							
Candidate Name			Category/ Type	Transaction ID : 44317788 Amount of Each Disbursement this Period				
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General ecify) ▼		2500.00 Contribution Memo Item				
State: District:								
Full Name (Last, First, Middle Initial) B. Cathy McMorris Rodgers for Con Mailing Address Box 137	Cathy McMorris Rodgers for Congress							
City Spokane	Spokane WA 99210-0137							
Purpose of Disbursement Contribution Candidate Name			011	C C00390476 Transaction ID : 44317790				
McMorris Rodgers, Cathy, , Rep.,			Category/ Type	Amount of Each Disbursement this Period				
	ement For:	General		2500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Friends Of Dave Joyce				Date of Disbursement				
Mailing Address 9856 Archer Lane				12 / D D / Y Y Y Y 20 2019				
City Dublin	State OH	Zip Code 43017		FEC Identification Number				
Contribution	Purpose of Disbursement							
Joyce, Dave, , Rep.,								
Office Sought: X House Disburs Senate President State: OH District: 14	ement For: 2020 Primary General Other (specify) ▼			Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional))		····· >	7000.00				
TOTAL This Period (last page this line number on	ly)		····· >	· · · · · · · · · · · · · · · · · · ·				

SCHEDULE B (FEC Form 3X)		-			NUMBER: PAGE 332 OF 390				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		2	only 1b 8a	y one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politic	ed by al com	any p nmitte	erso e to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	Grou	p P	AC	;)			
Full Name (Last, First, Middle Initial) A. Rodney for Congress						Date of Disbursement			
Mailing Address PO Box 344						12 20 2019			
City Taylorville Purpose of Disbursement	State IL	Zip Code 62568-0344				FEC Identification Number			
Contribution			<u> </u>	11		C C00521948 Transaction ID : 44317792			
Davis, Rodney, L., Rep.,	ement For: 2	2020		egory/ /pe		Amount of Each Disbursement this Period 2500.00			
Senate President State: IL District: 13	Primary Other (spe	General cify) ▼				Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Next Century Fund Mailing Address 116 S Royal Street						Date of Disbursement			
City Alexandria Purpose of Disbursement Contribution	Alexandria VA 22314 Purpose of Disbursement								
Candidate Name		011 Category/ Type			Transaction ID : 44317793 Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General Cify)				Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Tina Smith for Minnesota						Date of Disbursement			
Mailing Address PO Box 14362						12 20 Y Y Y Y 2019			
City Saint Paul Purpose of Disbursement Contribution	Saint Paul MN 55114 Purpose of Disbursement								
Candidate Name Smith, Tina, , Sen.,	Smith, Tina, , Sen.,								
Office Sought: House Disbursement For: 2020 ▼ Senate Primary General President Other (specify) ▼						Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional).)	•	7500.00			
TOTAL This Period (last page this line number only	/))	►	66500.00			

SC	HEDULE B (FEC Form 3X)			FC	DR I	INF	NUMBER: PAGE 333 OF 390			
ITEMIZED DISBURSEMENTS		Use sepa for each	- I	heck	only	/ one)				
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	y information copied from such Reports and State for commercial purposes, other than using the na						on for the purpose of soliciting contributions			
\setminus	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth C	Grou	p P	AC	;)			
Α.	Full Name (Last, First, Middle Initial) Leading Colorado Forward						Date of Disbursement			
	Mailing Address PO Box 102766						12 05 2019			
	City Denver	State CO	Zip Code 80250				FEC Identification Number			
	Purpose of Disbursement Contribution		011			1	C Transaction ID : 44244494			
	Candidate Name				egory /pe	/	Amount of Each Disbursement this Period			
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General cify) ▼				Contribution Memo Item			
	State: District:									
B.	Full Name (Last, First, Middle Initial) Better Colorado Alliance		Date of Disbursement							
	Mailing Address PO Box 100033	12 05 2019								
	City Denver		FEC Identification Number							
	Purpose of Disbursement Contribution		011			C Transaction ID : 44244495				
	Candidate Name			Category/ Type			Amount of Each Disbursement this Period			
	Senate	ement For: Primary	General	.,	/pc		5000.00 Contribution			
	State: District:	Other (spec	cify)				Memo Item			
C.	Full Name (Last, First, Middle Initial) Senate Majority Fund						Date of Disbursement			
	Mailing Address 2318 Curtis Street	12 05 2019								
	City Denver	State CO	Zip Code 80205				FEC Identification Number			
	Purpose of Disbursement Contribution		C Transaction ID : 44244496							
	Candidate Name	Amount of Each Disbursement this Period								
	Office Sought: House Disburse Senate						5000.00			
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	JBTOTAL of Disbursements This Page (optional).						15000.00			
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SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 334 OF 390		
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-		
	y information copied from such Reports and State for commercial purposes, other than using the na						
\backslash	NAME OF COMMITTEE (In Full)		1		N N		
	UnitedHealth Group Incorporated	PAC (Un	integratealth G)		
	Full Name (Last, First, Middle Initial) Values First Colorado				Date of Disbursement		
	Mailing Address 601 16th Street Ste C, #406				12 05 2019		
	City Golden	State CO	Zip Code 80401		FEC Identification Number		
	Purpose of Disbursement Contribution	00	80401	011	С		
	Candidate Name			Category/ Type	Transaction ID : 44244497 Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General	туре	5000.00 Contribution		
	State: District:				Memo Item		
B.	Full Name (Last, First, Middle Initial) The Murse PAC Mailing Address 11187 Elati Street		Date of Disbursement				
	City Northglenn	State CO	Zip Code 80234		FEC Identification Number		
	Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 44244498		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify)		625.00 Contribution Memo Item		
	Full Name (Last, First, Middle Initial) Romanchuk for Ohio				Date of Disbursement		
	Mailing Address 4679 Winterset Dr				12 06 Y Y Y Y Y 12 06		
	City Columbus	State OH	Zip Code 43220		FEC Identification Number		
	Purpose of Disbursement Contribution Candidate Name Romanchuk, Mark, , ,		011 Category/	C Transaction ID : 44246650 Amount of Each Disbursement this Period			
		ment For:		Туре	1000.00		
	State: District:	Primary Other (spec		Contribution Memo Item			
Г	JBTOTAL of Disbursements This Page (optional).			····· ►	6625.00		
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SCHEDULE B (FEC Form 3X)	11		FOR LINE					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and States or for commercial purposes, other than using the nar								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial) A. Adam Holmes for Ohio	Adam Holmes for Ohio							
Mailing Address 4679 Winterset Drive		12 06 2019						
Columbus Purpose of Disbursement	State OH	Zip Code 43220		FEC Identification Number				
Contribution Candidate Name Holmes, Adam, , OH Rep.,			011 Category/ Type	Transaction ID : 44246651 Amount of Each Disbursement this Period				
· · · · · · · · · · · · · · · · · · ·	ment For: Primary Other (spec	General cify) ▼	Туре	Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Dr. Terry Johnson for Ohio Mailing Address 1609 Offnere Street		Date of Disbursement						
P.O. Box 595 City Portsmouth Purpose of Disbursement		FEC Identification Number						
Contribution Candidate Name Johnson, Terry, , OH Sen., Office Sought: House Disburser Senate	Prry, , OH Sen.,		011 Category/ Type	Transaction ID : 44246652 Amount of Each Disbursement this Period 400.00				
State: District:	Primary Other (spec	Cify) General		Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Ralph Hise for NC Senate				Date of Disbursement				
Mailing Address PO Box 86				12 11 2019				
City Spruce Pine Purpose of Disbursement Contribution	State NC	Zip Code 28777	011	FEC Identification Number C Transaction ID : 44252689 Amount of Each Disbursement this Period				
Hise, Ralph, , NC Sen., Jr. Office Sought: House Disburser Senate President District:	ment For: Primary Other (spec	General cify) ▼	Category/ Type	Contribution Memo Item				
SUBTOTAL of Disbursements This Page (optional)				3750.00				

ITEMIZED DISBURSEMENTS Use separate schedule(s) breaken category of the Detailed Summary Page (check only one)	SCHEDULE B (FE	C Form 3X)			FC	OR LINE	NUMBER: PAGE 336 OF 390		
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) A. Joyce Krawiec for NC Senate Mailing Address 7030 Interfaken Drive City Kernersville NC Zip Code Kernersville Virawiec, Joyce, , NC Sen,, I State Disbursement Contribution Candidate Name Harvey Peeler for Senate Mailing Address PO Box 742 City Gafrey Purpose of Disbursement Contribution Candidate Name Full Name (Last, First, Middle Initial) B. Harvey Peeler for Senate Mailing Address PO Box 742 City Gafrey Purpose of Disbursement Contribution Candidate Name Candidate Name Contribution Candidate Name Contribution Candidate Name Contribution Contribution Contribution Candidate Name Contribution	ITEMIZED DISBUR	SEMENTS	for each	category of the		neck only	/ one) 22 23 26 27		
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) A. Joyce Krawiec for NC Senate Mailing Address 7030 Interfaken Drive City City Contribution State: Discursement For; President Discursement For; State: Discursement For; President City State: Discursement For; State: Discursement For; City Gardidate Name Purpose of Disbursement City State: Disbursement For; State: Disbursement For; Purpose of Disbursement City City Cardidate Name <									
A. Joyce Krawiec for NC Senate Date of Disbursement Mailing Address 7030 Interlakan Drive I1 City State Cardidate Name Gata Cardidate Name Interlation Cardidate Name Disbursement For: State: Discursement For: State: Discursement For: State: Disbursement For: State: Disbursement For: State: Distrement For: State: Distursement For: State: Distursement For: State: Distursement For: State: Disbursement For: Mailing Address PO Box 742 Date of Disbursement City State Quiftice Sught: House Periodert Disbursement For: Contribution 011 Cardidate Name President Periodert Disbursement For: Office Sught: House Office Sught: House State: Disbursement For: Purpose of Disbursement Contribution President Nc		,	PAC (Un	itedHealth G	Grou	p PAC	;)		
Mailing Address 7030 Interfaken Drive 12 11 2019 City NC Zip Code 7224 Purpose of Disbursement 011 Category Transaction ID : 44252681 Candidate Name 011 Category Transaction ID : 44252681 Candidate Name Disbursement For: 010 Contribution State: Distorement Contribution Contribution State: Distorement Contribution Contribution B. Harvey Peeler for Senate Date of Disbursement Contribution Mailing Address Po Box 742 Transaction ID : 44252681 Category/ Gatiney State Zip Code 29342 Purpose of Disbursement Contribution Contribution Category/ Gatiney Peeler, Harvey, SC Sen., Jr. Contribution Contribution Peeler, Harvey, SC Sen., Jr. Disbursement For: Distore (specify) Date of Disbursement City Sanate Disbursement For: Contribution Contribution Full Name (Last, First, Middle Initial) Contribution Contribution Contribution Gity <t< td=""><td></td><td>,</td><td colspan="3"></td></t<>		,							
Kemesvile NC 27284 Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Krawiec, Joyce, , NC Sen., 011 Office Sought House President Disbursement For: President Other (specify) ▼ B. Harvey Peeler for Senate Date of Disbursement Maling Address PO Box 742 11 City State: Office Sought: House Peeler, Harvey, SC Sen., Jr. 011 Office Sought: House District: Bebursement For: Office Sought: House District: Disbursement For: Office Sought: House District: Bebursement For: Office Sought: House District: Disbursement For: Office Sought: House District: Beneral Office Sought: House District: Disbursement For: Office Sought: House District: Disbursement For: Office Soug	Mailing Address 7030 Inte	rlaken Drive							
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Krawiec, Joyce, NC Sen., Type Office Sought: Disbursement For: President Other (specify) ▼ State: Disbursement For: Full Name (Last, First, Middle Initial) B. Harvey Peeler for Senate Date of Disbursement Mailing Address PO Box 742 Date of Disbursement Contribution 011 Candidate Name Disbursement For: Office Sought: House Peeler, Harvey, SC Sen., Jr. Disbursement For: Contribution Other (specify) Transaction ID : 44252892 Amount of Each Disbursement President Disbursement For: State: Disbursement For: State: Disbursement For: State: Disbursement For: Mailing Address 5030 Munford Road Zip Code State: Disbursement For: Quide Senter Disbursement For: Office Sought: House State: Disbursement For: Sente Disbursement For: Quide Senter Disbursement For: Sente Disbursement For:	Contribution		_	Transaction ID : 44252691					
B. Harvey Peeler for Senate Date of Disbursement Mailing Address PO Box 742 III City State Zip Code Gaffney State 29342 Purpose of Disbursement Ontribution III Candidate Name Disbursement For: Category! Office Sought: House Disbursement For: 1000.00 Office Sought: Distreement For: 1000.00 State: District: Other (specify) State: District: Disbursement For: Purpose of Disbursement Other (specify) Date of Disbursement State: District: Date of Disbursement Full Name (Last, First, Middle Initial) C. Jackson for NC Mailing Address 5530 Munford Road State Zip Code Suite 105 City State Zip Code Cardidate Name Category/ Transaction ID : 44252697 Amount of Each Disbursement Transaction ID : 44252697 Amount of Each Disbursement this Period City State Disbursement For: Category/ Transaction ID : 44252697 Office Sought: <t< td=""><td>Office Sought: He</td><td>ouse Disburse enate esident</td><td>Primary</td><td></td><td></td><td></td><td>Contribution</td></t<>	Office Sought: He	ouse Disburse enate esident	Primary				Contribution		
Gaffney SC 29342 Purpose of Disbursement Contribution 011 Transaction Number Candidate Name 011 Transaction ID : 44252692 Peeler, Harvey, , SC Sen., Jr. Category/ Type Office Sought: House Disbursement For: Senate Primary General Office Sought: District: Other (specify) State: District: Date of Disbursement Full Name (Last, First, Middle Initial) C. Jackson for NC Mailing Address 5530 Munford Road Suite 105 State Zip Code 27612 City Raleigh NC 27612 Purpose of Disbursement Contribution 011 Category/ Type Transaction ID : 44252697 Amount of Each Disbursement this Period Transaction ID : 44252697 Amount of Each Disbursement this Period Contribution Category/ Jackson, Darren, , NC Rep., Other (specify) Office Sought: House President Disbursement For: State: District: Other (specify) Memo Item Subtrotal of Disbursements This Page (optional)	B. Harvey Peeler for	Senate		M M / D D / Y Y Y Y					
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: 1000.00 State: District: Other (specify) Memo Item Full Name (Last, First, Middle Initial) Date of Disbursement Date of Disbursement City State Zip Code Raleigh NC 27612 Purpose of Disbursement Other (specify) Jackson, Darren, , NC Rep., Disbursement For: Office Sought: House President Disbursement For: Senate Primary General Other (specify) State: Disbursement For: Senate Primary General Other (specify) State: Disbursement For: Senate Primary General Other (specify) State: Disbursement For: Senate Primary General Other (specify) Memo Item State: Subtrotal of Disbursements This Page (optional)	Gaffney Purpose of Disbursement		0	11	С				
C. Jackson for NC Date of Disbursement Mailing Address 5530 Munford Road 12 Suite 105 11 City State Raleigh NC Purpose of Disbursement 011 Contribution 011 Candidate Name 011 Jackson, Darren, , NC Rep., 011 Office Sought: House President Disbursement For: Senate Primary General Contribution State: District:	Peeler, Harvey, , Office Sought: Ho Se Pr	ame Harvey, , SC Sen., Jr. ht: House Disbursement For: Senate Primary President Other (sp.		Type General			Amount of Each Disbursement this Period 1000.00 Contribution		
Mailing Address 5530 Munford Road 12 11 2019 Suite 105 State Zip Code 27612 FEC Identification Number Purpose of Disbursement 011 Category/ Transaction ID : 44252697 Candidate Name 011 Category/ Transaction ID : 44252697 Jackson, Darren, , NC Rep., 011 Category/ Transaction ID : 44252697 Office Sought: House Disbursement For: 1500.00 Senate Primary General Contribution State: District: Other (specify) ▼ Memo Item		ddle Initial)							
Raleigh NC 27612 Purpose of Disbursement Contribution 011 C Candidate Name 011 Category/ Type Jackson, Darren, , NC Rep., Disbursement For: 1500.00 Office Sought: House Disbursement For: 1500.00 President Other (specify) Contribution Memo Item Subtrotal of Disbursements This Page (optional)	-								
Office Sought: House Disbursement For: 1500.00 Senate Primary General Contribution President Other (specify) Memo Item SUBTOTAL of Disbursements This Page (optional)	Raleigh Purpose of Disbursement Contribution Candidate Name	Raleigh NC 27612 Purpose of Disbursement Contribution Candidate Name Image: Contribution					C Transaction ID : 44252697		
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SCHEDULE B (FEC Form 3X)			FC	DR L	INE	NUMBER: PAGE 337 OF 390			
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NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	rou	р Р 	AC	;)			
Full Name (Last, First, Middle Initial) A. Josh Stein for Attorney General						Date of Disbursement			
Mailing Address 434 Fayetteville Street Ste 2020									
City	State	Zip Code				FEC Identification Number			
Raleigh Purpose of Disbursement Contribution	NC	27601	0	11		С			
Candidate Name			_		,	Transaction ID : 44252699 Amount of Each Disbursement this Period			
Stein, Joshua, , Aty Gen,				egory /pe	/	Anount of Lacit Disbursement this Period			
Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General				2500.00 Contribution			
State: District:		(ilig)				Memo Item			
Full Name (Last, First, Middle Initial) B. AsaPAC Mailing Address P.O. Box 242657	B. AsaPAC								
City Little Rock	State AR	Zip Code 72223				FEC Identification Number			
Purpose of Disbursement Contribution			0	11	1	C Transaction ID : 44302579			
Candidate Name				egory /pe	/	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General				5000.00 Contribution			
State: District:		Siry)				Memo Item			
Full Name (Last, First, Middle Initial) C. Leading Colorado Forward						Date of Disbursement			
Mailing Address PO Box 102766						12 / D D / Y Y Y Y 12 17 2019			
City Denver	State CO	Zip Code 80250				FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name			0	11		C Transaction ID : 44302580			
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Office Sought: House Disburse	ment For:			•		30000.00			
President	Primary Other (spe	General cify) ▼				Contribution Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 338 OF 390
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup PAC	;)
Full Name (Last, First, Middle Initial) Senate Majority Fund				Date of Disbursement
Mailing Address 2318 Curtis Street				12 17 2019
City Denver Purpose of Disbursement	State CO	Zip Code 80205		FEC Identification Number
Contribution Candidate Name		[011 Category/	Transaction ID : 44302581 Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	Туре	20000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) 3. Committee to Elect Alexander Mailing Address 150 Cleveland Drive				Date of Disbursement
City Walhalla Purpose of Disbursement Contribution	State SC	Zip Code 29691	011	FEC Identification Number
Candidate Name Alexander, Thomas, , SC Sen., Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General Cify)	Category/ Type	Transaction ID : 44302583 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) Friends for Sydney Batch				Date of Disbursement
Mailing Address 5530 Munford Road Ste 105				12 17 Y Y Y Y 12 17 2019
City Raleigh Purpose of Disbursement Contribution	State NC	Zip Code 27612	011	FEC Identification Number
Candidate Name Batch, Sydney, , NC Rep., Office Sought: House Disburs	ement For:		Category/ Type	Transaction ID : 44302584 Amount of Each Disbursement this Period 1000.00

SCHEDULE B (FEC Form 3X)			FC	DR I	INE	NUMBER:		F	AGE	339 OF 39
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		Summary Page			21b 28a	22 28b	23 28c	26 x 29	_	27 30b
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NAME OF COMMITTEE (In Full)	// .		_	_						
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Brou	p F		;)				
Full Name (Last, First, Middle Initial) A. Committee to Elect Donny Lambe	th					Date of D	isburse		Y Y	Y Y Y
Mailing Address 4627 South Main Street						12	1			019
City	State	Zip Code				FEC Ident	ificatior	ו Numb	er	
Winston-Salem Purpose of Disbursement	NC	27127				C				-
Contribution			0	11		C				_
Candidate Name			Cate	aor	//			ID:443 Disburs		5 t this Period
Lambeth, Donny, C., NC Rep.,				ype	, ·					
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General					- 7	Contribu		1000.00
State: District:	Other (spe	icity) 🔻				Memo	Item			
Full Name (Last, First, Middle Initial)										
B. Jason Saine Committee						Date of D	isburse		YY	YYY
Mailing Address 417 East Main Street Suite 103						12 17 2019			2019	
City Lincolnton	State NC	Zip Code 28092				FEC Identification Number			-	
Purpose of Disbursement Contribution			0)11		C Transaction ID : 44302586			6	
Candidate Name Saine, Jason, , NC Rep.,			Cate	· ·	//	Amount of	Each	Disburs	emen	t this Period
	ement For:	ent For:								1500.00
Senate	Primary	General					-9	Contribu		1 40 1
President	Other (spe	cify)				Memo		Contribu		
State: District: Full Name (Last, First, Middle Initial)										
C. Jay Lucas for House						Date of D			V	
Mailing Address PO Drawer 1408						12 / D D / Y Y Y Y 12 17 2019				
City Hartsville	State SC	Zip Code 29550				FEC Ident	ificatior	n Numb	er	
Purpose of Disbursement Contribution		20000	0	11		С				
			Cate	egory	//			ID:44: Disburs		7 t this Period
Lucas, James, , SC Rep., Office Sought: House Disburse	ement For:		13	ype						1000.00
Senate	Primary	General					-9-	Contrib	ition	1 40 1
President	Other (spe					Memo		CONTIDO	JUON	
State: District:										
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	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b
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\setminus	NAME OF COMMITTEE (In Full)				
$\langle \rangle$	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)
Α.	Full Name (Last, First, Middle Initial) Simrill for House				Date of Disbursement
	Mailing Address 1515 Alexander Road				12 / D D / Y Y Y Y 12 17 2019
	City	State	Zip Code		FEC Identification Number
	Rock Hill Purpose of Disbursement	SC	29732		\sim
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 44302588 Amount of Each Disbursement this Period
	Simrill, J. Gary, , SC Rep.,			Type	
	Office Sought: House Disburse	ement For:			1000.00
	Senate	Primary Other (anal	General		Contribution
	State: District:	Other (spec	uny) ▼		Memo Item
_	Full Name (Last, First, Middle Initial)				
В.	Sandifer for House				Date of Disbursement
	Mailing Address 112 Cardinal Drive			12 17 2019	
	City Seneca	State SC	Zip Code 29672		FEC Identification Number
	Purpose of Disbursement		20012		С
	Contribution			011	Transaction ID : 44302589
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Sandifer, William, , SC Rep., III	mont For		Туре	1000.00
	Office Sought: House Disburse Senate	ement For:	General		
	President	Other (spec			Contribution
	State: District:				Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	G. Murrell Smith Jr. Candidate for	State Ho	ouse		Date of Disbursement
	Mailing Address PO Box 580				12 / D D / Y Y Y Y 12 17 2019
	City	State	Zip Code		FEC Identification Number
	Sumter Purpose of Disbursement	SC	29150		0
	Contribution			011	
	Candidate Name			Category/	Transaction ID : 44302590 Amount of Each Disbursement this Period
	Smith, George, , SC Rep., Jr.			Type	
		ement For:			1000.00
	Senate President	Primary Other (spec	General		Contribution
	State: District:	Other (spec	uiy) ▼		Memo Item
s	UBTOTAL of Disbursements This Page (optional).			····· •	3000.00
Т	OTAL This Period (last page this line number only	/)		••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE I				
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial) A. Daniel for Arizona				Date of Disbursement			
Mailing Address 1078 E Irivington Rd				12 17 2019			
City Tucson Purpose of Disbursement	State AZ	Zip Code 85714		FEC Identification Number			
Contribution Candidate Name			011 Category/	Transaction ID : 44302591 Amount of Each Disbursement this Period			
Hernandez, Daniel, , AZ Rep., Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	500.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Alma for Arizona Mailing Address 5158 S. 17th Ave		Date of Disbursement					
Tucson Purpose of Disbursement Contribution	State AZ	Zip Code 85706	011	FEC Identification Number			
Candidate Name Hernandez, Alma, , AZ Rep., Office Sought: Benate President State: District:	ment For: Primary Other (spec	General cify)	Category/ Type	Amount of Each Disbursement this Period 500.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Regina E. Cobb 2020				Date of Disbursement			
Mailing Address PO Box 3967				12 17 Y Y Y Y Y 12 17 2019			
City Kingman Purpose of Disbursement Contribution Candidate Name Cobb. Docino. AZ Doc	011 Category/	FEC Identification Number C Transaction ID : 44302593 Amount of Each Disbursement this Period					
Cobb, Regina, , AZ Rep., Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼	Туре	500.00 Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			F	1500.00			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 342 OF 390
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by any perso al committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)
Full Name (Last, First, Middle Initial) A. Vince Leach for Senate				Date of Disbursement
Mailing Address 12995 N Oracle Road				12 / Y Y Y Y 12 17 2019
Ste 141 MS 113 City Tucson	State AZ	Zip Code 85739		FEC Identification Number
Purpose of Disbursement Contribution			011	C Transaction ID : 44302594
Candidate Name Leach, Vince, , AZ Sen., Office Sought: House Disburse	ement For:		Category/ Type	Amount of Each Disbursement this Period
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial) B. Friends of Warren Petersen Mailing Address 2085 E Avenida del Valle Court		Date of Disbursement		
City Gilbert Purpose of Disbursement	State AZ	Zip Code 85298		FEC Identification Number
Contribution Candidate Name Petersen, Warren, , AZ Rep.,			011 Category/ Type	C Transaction ID : 44302595 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify)		Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Gowan for Senate				Date of Disbursement
Mailing Address PO Box 1985				12 17 2019
City Sierra Vista Purpose of Disbursement Contribution	State AZ	Zip Code 85636		FEC Identification Number
Candidate Name Gowan, David, , AZ Sen.,			011 Category/ Type	Transaction ID : 44302596 Amount of Each Disbursement this Period 500.00
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			F	1250.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 343 OF 390			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl 21b 28a	ly one) 22 23 26 27			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated		itadUaalth C					
Full Name (Last, First, Middle Initial) A. VOTE Heather Carter Senate				Date of Disbursement			
Mailing Address 29455 N Cave Creek St 118 #299		1		12 17 2019			
City Cave Creek	State AZ	Zip Code 85331		FEC Identification Number			
Purpose of Disbursement Contribution	,		011	C			
Candidate Name			Category/	Transaction ID : 44302598 Amount of Each Disbursement this Period			
Carter, Heather, , , Office Sought: House Disburse	ement For:		Туре	1000.00			
Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item			
State: District:	1						
Full Name (Last, First, Middle Initial) B. Weninger for AZ House Mailing Address 1360 S Camellia Ct				Date of Disbursement			
City Chandler	State AZ	Zip Code 85286		FEC Identification Number			
Purpose of Disbursement Contribution			011	C Transaction ID : 44302599			
Candidate Name Weninger, Jeff, , ,			Category/	Amount of Each Disbursement this Period			
	ement For: Primary	General	Туре	500.00 Contribution			
State: District:	Other (spec			Memo Item			
Full Name (Last, First, Middle Initial) C. Sean Bowie for State Senate				Date of Disbursement			
Mailing Address PO Box 50802				12 / D D / Y Y Y Y 12 17 2019			
City Phoenix	State AZ	Zip Code 85076		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	ntribution 011						
Bowie, Sean, , AZ Sen.,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional).			····· ►	2000.00			
TOTAL This Period (last page this line number only	/)		••••••	· · · · · · · · · · · · · · · · · · ·			

SC	HEDULE B (FEC Form 3X)			F	OR LINE	NUMBER: PAGE 344 OF 390	
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(C	heck on 21b 28a	22 23 26 27	
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or use ress of any politica	ed by al con	any per nmittee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
\backslash	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	p PA(C)	
Α.	Full Name (Last, First, Middle Initial) Contreras for Senate					Date of Disbursement	
	Mailing Address 12204 W Mohave St					12 17 2019	
	City	State AZ	Zip Code 85323			FEC Identification Number	
	Avondale Purpose of Disbursement Contribution	~~	65323	0	11	С	
	Candidate Name			<u> </u>		Transaction ID : 44302601	
	Contreras, Lupe, , AZ Sen.,				egory/ /pe	Amount of Each Disbursement this Period	
		ment For:			/	250.00	
	Senate	Primary	General			Contribution	
	State: District:	Other (spec	cify) 🔻			Memo Item	
	Full Name (Last, First, Middle Initial)						
Β.	Espinoza for House					Date of Disbursement	
	Mailing Address 803 N Christa Way	lailing Address 803 N Christa Way					
	City Tolleson	State AZ	Zip Code 85353			FEC Identification Number	
	Purpose of Disbursement Contribution					C Transaction ID : 44302602	
	Candidate Name				egory/	Amount of Each Disbursement this Period	
	Espinoza, Diego, , AZ Rep., Office Sought: House Disburse	mant Fam		Ту	/pe	250.00	
	Office Sought: House Disburse	ment For: Primary	General			40. 40. 40.	
	President	Other (spec				Contribution	
	State: District:					Memo Item	
C.	Full Name (Last, First, Middle Initial) Sierra for Arizona					Date of Disbursement	
	Mailing Address PO Box 1002					12 17 2019	
	City	State	Zip Code			FEC Identification Number	
	Cashion Purpose of Disbursement	AZ	85329				
	Contribution			0	11	C Transaction ID : 44302603	
	Candidate Name				egory/	Amount of Each Disbursement this Period	
	Sierra, Lorenzo, , AZ Rep.,	mont For		Ty	ype	250.00	
	Office Sought: House Disburse Senate	ment For: Primary	General				
	President	Other (spec				Contribution	
	State: District:]				Memo Item	
⊢	UBTOTAL of Disbursements This Page (optional).					750.00	
ГТ	OTAL This Period (last page this line number only	/)			····· 🕨		

SCHEE	DULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 345 OF 390
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	one)
			Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any inform or for cor	mation copied from such Reports and State mmercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions
	OF COMMITTEE (In Full)				х.
	edHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)
	ame (Last, First, Middle Initial) e Rick Gray Senate				Date of Disbursement
Mailing	g Address 9521 W Cedar Hill Circle				12 17 2019
City	1	State AZ	Zip Code		FEC Identification Number
Sun Ci Purpos	ity se of Disbursement	AZ	85351		С
	ibution			011	Transaction ID : 44302604
_	date Name			Category/	Amount of Each Disbursement this Period
	y, Rick, , AZ Sen., Sought: House Disburse	ement For:		Туре	250.00
Onice	Sought. Sought Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
State:	District:				
B. Elec	ame (Last, First, Middle Initial) Ct Tony Rivero g Address 8011 W Lincoln Street		Date of Disbursement		
City		State	Zip Code		FEC Identification Number
Peoria	a se of Disbursement	AZ	85345		
•	ribution			011	C
	date Name			Category/	Transaction ID : 44302606 Amount of Each Disbursement this Period
	ero, Tony, , AZ Rep.,			Туре	500.00
Office	Sought: House Disburse	ement For: Primary	General		500.00
	President	Other (spe			Contribution
State:	District:		.,		Memo Item
-	ame (Last, First, Middle Initial) E Livingston LD 22 2020				Date of Disbursement
Mailing	g Address 9559 W Menadota Drive				12 / D D / Y Y Y Y 12 17 2019
City Peoria		State AZ	Zip Code 85382		FEC Identification Number
	se of Disbursement ibution	1		011	C Transaction ID : 44302619
Livii	^{date Name} ngston, David, , AZ Sen.,			Category/ Type	Amount of Each Disbursement this Period
Office	° 🖂 🗌 –	ement For:			500.00
State:	Senate President District:	Primary Other (spe	General cify) ▼		Contribution Memo Item
SUBTOT	TAL of Disbursements This Page (optional)			····· •	1250.00
TOTAL -	This Period (last page this line number only	/)		••••••	

SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 346 OF 390		
ITEMIZED DISBURSEMENTS	Use sepa for each	(check	only 21b				
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Any information copied from such Reports and State or for commercial purposes, other than using the na	ments may me and add	not be sold or use ress of any politica	ed by any al commit	perso tee to	on for the purpose of soliciting contributions		
			、 -		,		
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Froup F	PAC)		
Full Name (Last, First, Middle Initial) A. Conservatives for Toma					Date of Disbursement		
Mailing Address 8707 W Buckhorn Trail					12 / D D / Y Y Y Y 12 17 2019		
City	State	Zip Code			FEC Identification Number		
Peoria Purpose of Disbursement Contribution	AZ	85383	011		С		
Candidate Name			011		Transaction ID : 44302624 Amount of Each Disbursement this Period		
Toma, Ben, , AZ Rep.,			Categor Type	y/	Amount of Each Disbursement this Period		
Senate President	ement For: Primary Other (spe	General cify) ▼			500.00 Contribution Memo Item		
State: District:							
Full Name (Last, First, Middle Initial) B. Lela Alston AZ Senate 2020					Date of Disbursement		
Mailing Address 69 W Wiletta Street Apt 1					12 17 2019		
City Phoenix	State AZ	Zip Code 85003			FEC Identification Number		
Purpose of Disbursement Contribution			011		C Transaction ID : 44302627 Amount of Each Disbursement this Period		
Candidate Name Alston, Lela, , AZ Sen.,			Categor Type	y/			
	ment For:		туре		500.00		
Senate	Primary	General			Contribution		
State: District:	Other (spec	cify)			Memo Item		
Full Name (Last, First, Middle Initial)					Date of Disbursement		
Mailing Address PO Box 7070					12 17 2019		
City Phoenix	State AZ	Zip Code 85011			FEC Identification Number		
Purpose of Disbursement Contribution	Disbursement				C Transaction ID : 44302630		
Candidate Name Shah, Amish, , AZ Rep.,			Categor Type	y/	Amount of Each Disbursement this Period		
	ement For:		5 12 - 2		250.00		
Senate	Primary	General			Contribution		
State: District:	Other (spe	city) 🔻			Memo Item		
SUBTOTAL of Disbursements This Page (optional).					1250.00		
TOTAL This Period (last page this line number only							

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SCHEDULE B (FEC Form 3X)		arata ashadula(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c X 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)				· · · · · · · · · · · · · · · · · · ·			
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)			
Full Name (Last, First, Middle Initial) A. Jen Longdon for House				Date of Disbursement			
Mailing Address PO Box 7295				12 17 2019			
City	State AZ	Zip Code		FEC Identification Number			
Phoenix Purpose of Disbursement Contribution	AZ	85011	011	C			
Candidate Name			Category/	Transaction ID : 44302633 Amount of Each Disbursement this Period			
Longdon, Jennifer, , AZ Rep.,			Туре				
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼		250.00 Contribution Memo Item			
State: District:							
	Full Name (Last, First, Middle Initial) B. Russel W 'Rusty' Bowers for State Representative - District 25 Mailing Address 8831 E Quill St						
City Mesa	State AZ	Zip Code 85207		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 44302634			
Bowers, Russell, , AZ Rep.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For: Primary Other (spe	General cify)		500.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Pace for AZ Senate				Date of Disbursement			
Mailing Address 7227 E Baseline Road Suite 129				12 / D D / Y Y Y Y 12 17 2019			
City Mesa	State AZ	Zip Code 85209		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name				C Transaction ID : 44302636			
Pace, Tyler, , AZ Sen.,			Category/ Type	Amount of Each Disbursement this Period			
	ement For: Primary Other (spe	General cify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00 Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				1750.00			

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 348 OF 390		
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	roup PAC)		
Full Name (Last, First, Middle Initial) A. Rebecca Rios 2020				Date of Disbursement		
Mailing Address 3136 E Beautiful Ln				12 17 2019		
Phoenix	State AZ	Zip Code 85042		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 44302640		
Candidate Name Rios, Rebecca, , ,			Category/ Type	Amount of Each Disbursement this Period		
Senate	Diffice Sought: House Disbursement For: Senate Primary General President Other (specify) ▼					
Full Name (Last, First, Middle Initial) B. Friends of Reginald Bolding Mailing Address 6345 W Harwell Road		Date of Disbursement				
City Laveen Purpose of Disbursement	State AZ	Zip Code 85339		FEC Identification Number		
Contribution Candidate Name Bolding, Reginald, , AZ Rep., Office Sought: House Disbursen Senate	nent For: Primary Other (spec	General	011 Category/ Type	Transaction ID : 44302642 Amount of Each Disbursement this Period 250.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Kate Brophy McGee AZ - Senate				Date of Disbursement		
Mailing Address 42 E Butler Drive				12 17 2019		
Phoenix Purpose of Disbursement Contribution	hoenix AZ 85020 urpose of Disbursement					
President	nent For: Primary Other (spec	General cify) ▼	Category/ Type	Amount of Each Disbursement this Period 1500.00 Contribution Memo Item		
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				2000.00		

a 28b 28c x 29 30b erson for the purpose of soliciting contributions to solicit contributions from such committee. AC) Date of Disbursement M / D / Y Y Y 12 17 2019 FEC Identification Number C Transaction ID : 44302644 Amount of Each Disbursement this Period 250.00
Date of Disbursement 12 FEC Identification Number C Transaction ID : 44302644 Amount of Each Disbursement this Period
FEC Identification Number C Transaction ID : 44302644 Amount of Each Disbursement this Period
C Transaction ID : 44302644 Amount of Each Disbursement this Period
Amount of Each Disbursement this Period
Contribution Memo Item
Date of Disbursement
FEC Identification Number C Transaction ID : 44302645 Amount of Each Disbursement this Period
Contribution Memo Item
Date of Disbursement
12 17 2019 FEC Identification Number C Transaction ID : 44302646 Amount of Each Disbursement this Period
11

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 350 OF 390
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	-
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	iroup PAC)
A.	Full Name (Last, First, Middle Initial) Committee to Elect Robert Meza				Date of Disbursement
	Mailing Address 1021 S Greenfield Road Unit 1193		1		12 17 2019
	City Mesa	State AZ	Zip Code 85206		FEC Identification Number
	Purpose of Disbursement Contribution	A2	85206	011	C
	Candidate Name			Category/	Transaction ID : 44302647 Amount of Each Disbursement this Period
	Meza, Robert, , AZ Rep.,			Туре	500.00
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		500.00 Contribution Memo Item
	State: District:	-			
в.	Full Name (Last, First, Middle Initial) Navarrete for Senate Mailing Address PO Box 18611				Date of Disbursement
	City State Zip Code Phoenix AZ 85005				FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 44302648
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Navarrete, Otoniel, , AZ Sen., Office Sought: House Disburse	ment For:		Туре	250.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	cify)		Memo Item
C.	Full Name (Last, First, Middle Initial) Kavanagh for State Representativ	е			Date of Disbursement
	Mailing Address 16038 E Seminole Ln				12 / D D / Y Y Y Y 12 17 2019
	City Fountain Hills	State AZ	Zip Code 85268		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 44302649
	Candidate Name Kavanagh, John, , ,	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:			250.00
	Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item
_	State: District:				<u> </u>
s	UBTOTAL of Disbursements This Page (optional).			····· ►	1000.00
т	OTAL This Period (last page this line number only	/)		••••••	, ,

SCHEDULE B (FEC Form 3X)			FOR	LINE N	IUMBER: PAGE 351 OF 390
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(chec	k only o 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group I	PAC)	
Full Name (Last, First, Middle Initial) A. Shope for Senate Mailing Address PO Box 1230					Date of Disbursement
	State	Zip Code			FEC Identification Number
Coolidge Purpose of Disbursement Contribution	AZ	85128	011	_	C
Candidate Name Shope, Thomas, , AZ Rep.,		I	Catego	ry/	Transaction ID : 44302650 Amount of Each Disbursement this Period
	ment For: Primary Other (spec	General cify) ▼			Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Jennifer Pawlick for AZ House Mailing Address PO Box 2405	nnifer Pawlick for AZ House				
City Chandler Purpose of Disbursement Contribution	State AZ	Zip Code 85244	011		FEC Identification Number
Candidate Name Pawlik, Jennifer, , AZ Rep.,	ment For: Primary Other (spec	General Cify)	Catego Type	ry/	Transaction ID : 44302715 Amount of Each Disbursement this Period 250.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Dr Friese for House 2020					Date of Disbursement
Mailing Address PO Box 64925					12 17 Y Y Y Y 12 17 2019
City Tucson Purpose of Disbursement Contribution	State AZ	Zip Code 85728	011		FEC Identification Number
Senate	ment For: Primary	General	Catego Type	ry/	Amount of Each Disbursement this Period 500.00 Contribution
State: District:	Other (spec	city) 🔻			Memo Item
SUBTOTAL of Disbursements This Page (optional).					1250.00

SCHEDULE B (FEC Form 3X)			FOR L	NE NUMBER: PAGE 352 OF 390			
ITEMIZED DISBURSEMENTS	for each	rate schedule(s) category of the Summary Page		only one) 21b 22 23 26 27 28a 28b 28c x 29 30b			
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	roup P	AC)			
Full Name (Last, First, Middle Initial) A. Elect Karen Fann LD1 Senate Mailing Address 5691 Hole in One Dr				Date of Disbursement			
Prescott	State AZ	Zip Code 86301		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name Fann, Karen, , , Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General	011 Category Type	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				Date of Disbursement			
City Phoenix Purpose of Disbursement Contribution Candidate Name	State Zip Code AZ 85016			FEC Identification Number C Transaction ID : 44302723 Amount of Each Disbursement this Period			
Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify)		Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Shane Massey For Senate				Date of Disbursement			
Mailing Address P.O. Box 551	04-4-	Zie Oste					
Edgefield Purpose of Disbursement Contribution Candidate Name	Purpose of Disbursement Contribution 011						
Massey, A. Shane, , SC Sen.,	ment For: Primary Other (spec	General	Category Type	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)				7000.00			

SCHEDULE B (FEC Form 3X)	[FOR LINE I	NUMBER: PAGE 353 OF 390		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	N		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup PAC)		
Full Name (Last, First, Middle Initial) A. Climer for Senate				Date of Disbursement		
Mailing Address 638 Forest Lane				12 17 2019		
City Rock Hill Purpose of Disbursement	State SC	Zip Code 29730		FEC Identification Number		
Contribution Candidate Name			011 Category/	C Transaction ID : 44303309 Amount of Each Disbursement this Period		
Climer, Wes, , SC Sen., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼	Туре	Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Verdin for Senate Mailing Address Post Office Box 272				Date of Disbursement		
City Laurens Purpose of Disbursement Contribution	Laurens SC 29360 Purpose of Disbursement					
Candidate Name Verdin, Daniel, , SC Sen., III Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Cify)	Category/ Type	Transaction ID : 44303311 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Cooper for North Carolina				Date of Disbursement		
Mailing Address 434 Fayetteville Street Ste 2020				12 17 2019		
City Raleigh Purpose of Disbursement Contribution	Raleigh NC 27601					
Candidate Name Cooper, Roy, , Gov., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼	Category/ Type	Transaction ID : 44303312 Amount of Each Disbursement this Period 4000.00 Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optional)				6000.00		

SC	HEDULE B (FEC Form 3X)			FC	OR L		UMBER:				PAGE	354	OF 390
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cl	(check only 21b		22 23 26 27						
	y information copied from such Reports and State for commercial purposes, other than using the na	,			any			purpos	e o		iting c		outions
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	рР	PAC)							
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Donny Lambe	th					Date of						
	Mailing Address 4627 South Main Street						12		17			2019	Ŷ
	City	State	Zip Code				FEC Ide	entifica	tion	Num	ber		
	Winston-Salem Purpose of Disbursement	NC	27127				\mathbf{c}			-			1
	Contribution			0	11		С						
	Candidate Name			Cate	egory	v/	Amount	nsacti of Ea					Period
	Lambeth, Donny, C., NC Rep.,				ype	,.							
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify) ▼				Mer	no Iter		Contrib	ution	1000	.00
	Full Name (Last, First, Middle Initial)												
в.	Jason Saine Committee						Date of		rsei		Y	Y Y	Y
	Mailing Address 417 East Main Street Suite 103								17	7		2019	
	City State Zip Code Lincolnton NC 28092						FEC Identification Number						
	Purpose of Disbursement Contribution		0	011		С			D . 44	20224			
	Candidate Name			Category/ Type			Amount	n sacti of Ea					Period
	Saine, Jason, , NC Rep.,						_						
	Office Sought: House Disburse Senate	ment For:	Conorol									1500	.00
	President	Primary Other (spec	General				-			Contrib	ution		
	State: District:						Mer	no Iter	m				
C.	Full Name (Last, First, Middle Initial) Bumgardner for NC House						Date of	Disbu	rsei	ment			
	Mailing Address PO Box 550072						^M M 12	/ [17			2019	Y
	City Gastonia	State NC	Zip Code 28055				FEC Ide	entifica	tion	Num	ber		
	Purpose of Disbursement Contribution			0	11	٦	С						
	Candidate Name Bumgardner, Dana, , NC Rep.,				egory ype	y/	Amount	nsacti of Ea					Period
		ment For:		(1	770							1000	.00
	Senate									Contrib	oution		#1
	President	Other (spec	cify) 🔻				Mer	no Itei					
_	State: District:												
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 355 OF 390
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
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NAME OF COMMITTEE (In Full)		ited lealth C		
UnitedHealth Group Incorporated	PAC (UI			·)
Full Name (Last, First, Middle Initial) A. Todd Johnson for NC Senate				Date of Disbursement
Mailing Address PO Box 482				12 17 2019
City Monroe	State NC	Zip Code 28111		FEC Identification Number
Purpose of Disbursement Contribution			011	
Candidate Name Johnson, Todd, , NC Sen.,			Category/ Type	Transaction ID: 44303316 Amount of Each Disbursement this Period
	ement For: Primary Other (spe	General cifv) ▼	Typo	500.00 Contribution
State: District:				Memo Item
 Full Name (Last, First, Middle Initial) B. Committee to Elect Vickie Sawyer 	ſ			Date of Disbursement
Mailing Address 337 Whippoorwill Road				12 17 2019
City Mooresville Purpose of Disbursement	StateZip CodeNC28117			FEC Identification Number
Contribution			011	Transaction ID : 44303317
Sawyer, Vickie, , NC Sen., Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify)	Category/ Type	Amount of Each Disbursement this Period 500.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Jim Burgin For Senate Committee	;			Date of Disbursement
Mailing Address PO Box 1				12 17 2019
City Angier Purpose of Disbursement	State NC	Zip Code 27501		FEC Identification Number
Contribution Candidate Name Burgin, James, , NC Sen.,			011 Category/ Type	C Transaction ID : 44303318 Amount of Each Disbursement this Period
	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional).			••••••	2000.00
TOTAL This Period (last page this line number only	y)		••••••	, ,

SCHE	DULE B (FEC Form 3X)			FC	OR LINE	NUMBER: PAGE 356 OF 390
ITEMI	ZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	heck only 21b 28a	/ one) 22 23 26 27 28b 28c x 29 30b
or for co	ommercial purposes, other than using the na	ements may i ime and addi	not be sold or use ress of any politica	ed by al con	any personmittee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	E OF COMMITTEE (In Full) tedHealth Group Incorporated	PAC (Un	nitedHealth G	Grou	p PAC	;)
Full N	Name (Last, First, Middle Initial)				-	·
A. Co	mmittee to Elect Kevin Corbin I	NC Hous	е			Date of Disbursement
Mailir	ng Address PO Box 758					12 17 2019
City Frank	lin	State NC	Zip Code 28744			FEC Identification Number
	ose of Disbursement tribution			0	11	C
	^{idate Name} bin, Kevin, , NC Rep.,				egory/ /pe	Transaction ID: 44303319 Amount of Each Disbursement this Period
		ement For: Primary Other (spe	General Gify) ▼			1000.00 Contribution Memo Item
B. Cla	District: Jame (Last, First, Middle Initial) Irk Senate Committee					Date of Disbursement
City Raefe	ord ose of Disbursement		FEC Identification Number			
Con Cand	idate Name rk, Ben, , ,			011 Category/ Type		C Transaction ID : 44303320 Amount of Each Disbursement this Period
Office	Senate President	ement For: Primary Other (spec	General Cify)			1000.00 Contribution Memo Item
-	Name (Last, First, Middle Initial) zens for Dan Blue					Date of Disbursement
Mailir	ng Address PO Box 287					12 / D D / Y Y Y Y 12 17 2019
City Ralei		State NC	Zip Code 27602			FEC Identification Number
Con Cand Blu	ose of Disbursement tribution idate Name Ie, Dan, , NC Sen.,	Cate	11 egory/ /pe	C Transaction ID : 44303321 Amount of Each Disbursement this Period		
Office	Senate President	ement For: Primary Other (spec	General cify) ▼			Contribution Memo Item
	TAL of Disbursements This Page (optional).					3500.00
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SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 357 OF 390
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	
	y information copied from such Reports and State for commercial purposes, other than using the na				
\backslash	NAME OF COMMITTEE (In Full)				,
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)
Α.	Full Name (Last, First, Middle Initial) Verla Insko for House				Date of Disbursement
	Mailing Address 610 Surry Road				12 17 2019
	City	State	Zip Code		FEC Identification Number
	Chapel Hill Purpose of Disbursement	NC	27514		
	Contribution			011	C
	Candidate Name			Category/	Transaction ID : 44303322 Amount of Each Disbursement this Period
	Insko, Verla, , Representa,			Type	
	Office Sought: House Disburse	ment For:	I		1000.00
	Senate	Primary	General		Contribution
	State: District:	Other (spe	city) 🔻		Memo Item
_	Full Name (Last, First, Middle Initial)				
B.	John Bell Committee				Date of Disbursement
	Mailing Address 501 Holland Hill Dr		12 17 2019		
	City	State NC	Zip Code 27530		FEC Identification Number
	Goldsboro Purpose of Disbursement		\mathbf{C}		
	Contribution	011	C		
	Candidate Name			Category/	Transaction ID : 44303323 Amount of Each Disbursement this Period
	Bell, John, , NC Rep., IV			Туре	
		ment For:			1500.00
	President	Primary Other (and	General		Contribution
	State: District:	Other (spe	city)		Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Chuck Edwards for NC Senate Co	ommittee			Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 337 N Main St				12 17 2019
	City	State	Zip Code		EEC Identification Number
	Hendersonville	NC	28792		FEC Identification Number
	Purpose of Disbursement Contribution				C
	Candidate Name			011	Transaction ID: 44303330
	Edwards, Chuck, , Mr.,			Category/ Type	Amount of Each Disbursement this Period
		ment For:		. , , , , , , , , , , , , , , , , , , ,	1000.00
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Memo Item
_	State: District:				
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S	CHEDULE B (FEC Form 3X)	11		FC	DR L	INE	NUMBER: PAGE 358 OF 390			
IT	EMIZED DISBURSEMENTS	In each category of the		(cl		only 21b	y one)			
		Detailed	Summary Page			28a	28b 28c x 29 30b			
	y information copied from such Reports and State for commercial purposes, other than using the nat									
\backslash	NAME OF COMMITTEE (In Full)				_					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	srou	р Р 		,)			
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Mitchell S. Set	zer					Date of Disbursement			
	Mailing Address PO Box 416						12 17 Y Y Y Y 12 17 2019			
	City	State	Zip Code				FEC Identification Number			
	Catawba Purpose of Disbursement	NC	28609			_	\sim			
	Contribution			0	11		C Transaction ID : 44303333			
	Candidate Name			Cate	gory	/	Amount of Each Disbursement this Period			
	Setzer, Mitchell, , NC Rep.,			Ту	ype		1000.00			
	Office Sought: House Disburse Senate	ment For: Primary	General				1000.00			
	President	Other (spec					Contribution			
	State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Memo Item			
	Full Name (Last, First, Middle Initial)									
В.	Jon Hardister for NC House						Date of Disbursement			
	Mailing Address PO Box 4113						12 / D D / Y Y Y Y 12 17 2019			
	City	State Zip Code					FEC Identification Number			
	Greensboro NC 27404 Purpose of Disbursement									
	Contribution			0	011	С				
	Candidate Name			la de la companya de		/	Transaction ID : 44303334 Amount of Each Disbursement this Period			
	Hardister, Jon, , NC Rep.,			Category/ Type						
		ment For:					1500.00			
	Senate President	Primary Other (spec	General				Contribution			
	State: District:	Other (spec	Siry)				Memo Item			
_	Full Name (Last, First, Middle Initial)						Data af Distances			
С.	John Szoka for NC House						Date of Disbursement			
	Mailing Address PO Box 87485						12 <u>17</u> 2019			
	City	State	Zip Code				FEC Identification Number			
	Fayetteville Purpose of Disbursement	NC	28304							
	Contribution			0	11		С			
	Candidate Name				gory	,	Transaction ID : 44303335 Amount of Each Disbursement this Period			
	Szoka, John, , NC Rep.,				/pe	<i>′</i>				
		ment For:					1000.00			
	President	Primary Other (spec	General				Contribution			
	State: District:	Other (spec	uiy) ▼				Memo Item			
s	UBTOTAL of Disbursements This Page (optional).						3500.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 359 OF 390		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Froup PAC)		
Full Name (Last, First, Middle Initial) A. Rabon for Senate				Date of Disbursement		
Mailing Address 404 West Brunswick Street				12 17 2019		
Southport	State NC	Zip Code 28461		FEC Identification Number		
Purpose of Disbursement Contribution			011	C Transaction ID : 44303337		
Candidate Name Rabon, Bill, , NC Sen., Office Sought: House Disburse	mont For		Category/ Type	Amount of Each Disbursement this Period 1500.00		
Senate President	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item		
Full Name (Last, First, Middle Initial) B. Paul Lowe NC Senate Mailing Address PO Box 20262	3. Paul Lowe NC Senate					
Winston-Salem Purpose of Disbursement	Winston-Salem NC 27120					
Contribution Candidate Name Lowe, Paul, , NC Sen., Jr. Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Cify)	011 Category/ Type	C Transaction ID : 44303338 Amount of Each Disbursement this Period 1500.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Committee to Elect Gladys A. Rob	inson			Date of Disbursement		
Mailing Address PO Box 20627				12 17 2019		
City Greensboro Purpose of Disbursement Contribution Candidate Name	State NC	Zip Code 27420	011	FEC Identification Number C Transaction ID : 44303339		
Robinson, Gladys, A., NC Sen.,	ment For: Primary Other (spec	General Cify) ▼	Category/ Type	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				4000.00		

SCHEDULE B (FEC Form 3X)			FC	R LINE	NUMBER: PAGE 360 OF 390	
ITEMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the mmary Page	-	eck only 21b 28a		
Any information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Unite	edHealth G	rou	o PAC	;)	
Full Name (Last, First, Middle Initial) A. Donna White for NC House					Date of Disbursement	
Mailing Address PO Box 1351					12 17 2019	
City Clayton Purpose of Disbursement	State 2 NC	Zip Code 27528			FEC Identification Number	
Contribution		[_	11	C Transaction ID : 44303340	
White, Donna, , NC Rep.,	ment For:			gory/ pe	Amount of Each Disbursement this Period 1000.00	
Senate President	Primary Other (specify	General ⁄) ▼			Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. Larry W Potts for North Carolina H Mailing Address 373 Waitman road	Full Name (Last, First, Middle Initial) B. Larry W Potts for North Carolina House of Representatives					
City Lexington Purpose of Disbursement	Lexington NC 27295					
Contribution Candidate Name Potts, Larry, , NC Rep.,		[Cate	11 gory/ pe	C Transaction ID : 44303341 Amount of Each Disbursement this Period	
	ment For: Primary Other (specify	General ')		<u>.</u>	1000.00 Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Committee To Elect John Faircloth	ı				Date of Disbursement	
Mailing Address PO Box 5972					12 / D D / Y Y Y Y 12 17 2019	
City High Point Purpose of Disbursement Contribution	High Point NC 27262 Purpose of Disbursement					
Candidate Name Faircloth, John, , NC Rep., Jr. Office Sought: House Disburse	Faircloth, John, , NC Rep., Jr.					
State: District:	Primary Other (specify	General ⁄) ▼			Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional)					3000.00	
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 361 OF 390			
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a				
	y information copied from such Reports and State for commercial purposes, other than using the na							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Group PAC)			
	Full Name (Last, First, Middle Initial)			-	Data of Distances			
А.	Supporters of Perrin Jones				Date of Disbursement			
	Mailing Address 740 SE Greenville Blvd Ste 400-125				12 17 2019			
	City Greenville	State NC	Zip Code 27858		FEC Identification Number			
	Purpose of Disbursement Contribution			011				
	Candidate Name Jones, Perrin, , NC Rep., MD			Category/	Transaction ID : 44303347 Amount of Each Disbursement this Period			
	· · · · · · · · · · · · · · · · · · ·	ement For:		Туре	1000.00			
	Senate President	Primary Other (spe	General cify) ▼		Contribution Memo Item			
	State: District: Full Name (Last, First, Middle Initial)				L			
В.	Phil Berger Committee				Date of Disbursement			
	Mailing Address PO Box 1309	12 17 2019						
	City Eden	FEC Identification Number						
	Purpose of Disbursement Contribution	011	C Transaction ID : 44303348					
	Candidate Name Berger, Philip, , NC Sen.,			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3500.00			
	State:	Primary Other (spec	General cify)		Contribution Memo Item			
_	State: District: Full Name (Last, First, Middle Initial)							
C.	Friends of Tim Moore				Date of Disbursement			
	Mailing Address 305 E King St				12 / D D / Y Y Y Y Y 12 17 2019			
	City Kings Mountain	State NC	Zip Code 28086		FEC Identification Number			
	Purpose of Disbursement Contribution	011						
	Candidate Name Moore, Timothy, K., NC Rep.,	Category/ Type	Transaction ID : 44303349 Amount of Each Disbursement this Period					
	Office Sought: House Disburse	ement For:			3500.00			
	State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item			
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ITEMIZED DISBURSEMENTS		for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
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			· · · · · · · ·		N N N N N N N N N N N N N N N N N N N
	UnitedHealth Group Incorporated	PAC (Ur	litedHealth G	Froup PAC)
	Full Name (Last, First, Middle Initial) Jay Lucas for House				Date of Disbursement
Ν	Aailing Address PO Drawer 1408				12 17 2019
	Dity Hartsville	State SC	Zip Code 29550		FEC Identification Number
F	Purpose of Disbursement	00	29330		С
	Contribution			011	Transaction ID : 44303351
	Candidate Name Lucas, James, , SC Rep.,			Category/ Type	Amount of Each Disbursement this Period
		ement For:		туре	1000.00
	Senate	Primary	General		Contribution
c	State: District:	Other (spe	cify) 🔻		Memo Item
_	Full Name (Last, First, Middle Initial)				
B.	Re-Elect Leon Howard				Date of Disbursement
_	Jailing Address 2425 Barhamville Rd.		12 17 2019		
	City Columbia	State SC	Zip Code 29204		FEC Identification Number
	Purpose of Disbursement Contribution		011	C	
	Candidate Name			Category/	Transaction ID : 44303353 Amount of Each Disbursement this Period
	Howard, Leon, , SC Rep.,			Туре	1000.00
C	Office Sought: House Disburse	ement For: Primary	General		L000.00 Contribution
	President	Other (spe			Memo Item
	State: District:				
-	Full Name (Last, First, Middle Initial) Rutherford for House				Date of Disbursement
ľ	Aailing Address 2321 Lincoln St				12 / D D / Y Y Y Y Y 12 17 2019
	Dity Columbia	State SC	Zip Code 29201		FEC Identification Number
Ē	Purpose of Disbursement Contribution			011	C Transaction ID : 44303355
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Rutherford, J. Todd, , SC Rep., Dffice Sought: House Disburse	ement For:	Туре	1000.00	
	Senate	Primary	General		Contribution
	President	Other (spe	cify) 🔻		Memo Item
	State: District:				
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SC	CHEDULE B (FEC Form 3X)			F	OR LIN	NE NUMBER: PAGE 363 OF 390	
ITI	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(c	2	only one) 1b 22 23 26 27 8a 28b 28c x 29 30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar						
\backslash	NAME OF COMMITTEE (In Full)	_					
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	Grou	р Р <i>А</i>	AC)	
-	Full Name (Last, First, Middle Initial) Bill Herbkersman for SC House					Date of Disbursement	
	Mailing Address 896 May River Road					12 17 2019	
	City Bluffton	State SC	Zip Code 29910			FEC Identification Number	
	Purpose of Disbursement Contribution			0)11		
	Candidate Name			Cate	egory/	Transaction ID : 44303356 Amount of Each Disbursement this Period	
	Herbkersman, William, , SC Rep.,				ype		
	Senate President	ment For: Primary Other (spec	General Cify) ▼			Contribution Memo Item	
	State: District:						
	Full Name (Last, First, Middle Initial) Setzler for Senate					Date of Disbursement	
	Mailing Address PO Box 6036	12 17 Y Y Y Y 12 17 2019					
	City West Columbia	FEC Identification Number					
	Purpose of Disbursement Contribution	C)11	C Transaction ID : 44303357			
	Candidate Name				egory/	Amount of Each Disbursement this Period	
	Setzler, Nikki, , SC Sen., Office Sought: House Disburse	ment For:		1	уре	1000.00	
	Senate	Primary	General			Contribution	
	State: District:	Other (spec				Memo Item	
с.	Full Name (Last, First, Middle Initial) Chaudhuri for New North Carolina					Date of Disbursement	
	Mailing Address 434 Fayetteville Street	12 17 Y Y Y Y 2019					
	City Raleigh	State NC	Zip Code 27601			FEC Identification Number	
	Purpose of Disbursement Contribution	0)11	C			
	Candidate Name	Transaction ID : 44303363 Amount of Each Disbursement this Period					
	Chaudhuri, Jay, , NC Sen.,		egory/ ype				
	Office Sought: House Disburse Senate	ment For: Primary	General				
	State: District:	Other (spec				Contribution Memo Item	
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SCH	IEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 364 OF 390				
	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a					
	nformation copied from such Reports and State commercial purposes, other than using the na								
	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (Un	nitedHealth C	Group PAC	;)				
	III Name (Last, First, Middle Initial) IcMaster for Governor				Date of Disbursement				
Ma	ailing Address P.O. Box 11063				12 17 2019				
	blumbia	State SC	Zip Code 29211		FEC Identification Number				
С	Irpose of Disbursement Contribution			011	C Transaction ID : 44303365				
Μ	andidate Name IcMaster, Henry, , Gov.,			Category/ Type	Amount of Each Disbursement this Period 3500.00				
	ffice Sought: House Disburse Senate President district:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item				
в. с	III Name (Last, First, Middle Initial) Committee to Elect Robert T. Reiv ailing Address PO Box 36		Date of Disbursement						
	anford		FEC Identification Number						
Ca R Of	Contribution andidate Name Reives, Robert, , NC Rep., II fice Sought: Senate President	ibution late Name res, Robert, , NC Rep., II Sought: House Disbursement For: Senate Primary General			C Transaction ID : 44303367 Amount of Each Disbursement this Period 1500.00 Contribution Memo Item				
Fu	ate: District: Ill Name (Last, First, Middle Initial) Carla Cunningham Campaign Cor	nmittee		Date of Disbursement					
Ma	ailing Address 1400 Sansberry Road				12 / D D / Y Y Y Y 12 17 2019				
Pu	ty narlotte urpose of Disbursement Contribution	State NC	Zip Code 28262	044	FEC Identification Number				
Ca C	andidate Name Cunningham, Carla, , NC Rep.,	011 Category/ Type	Transaction ID : 44303370 Amount of Each Disbursement this Period 1000.00						
	fice Sought: House Disburse Senate President ate: District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item				
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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 365 OF 390		
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	rone) 22 23 26 27 28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar						
\setminus	NAME OF COMMITTEE (In Full)		ited lealth (· ·		
	UnitedHealth Group Incorporated)		
Α.	Full Name (Last, First, Middle Initial) Senate Republican Caucus Comm	nittee			Date of Disbursement		
	Mailing Address P.O Box 12012				12 17 2019		
	City Columbia	State SC	Zip Code 29211		FEC Identification Number		
	Purpose of Disbursement Contribution		20211	011	C Transaction ID : 44303373		
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President Image: Senate	ment For: Primary Other (spec	General cify) ▼		Contribution Memo Item		
	State: District:						
B.	Full Name (Last, First, Middle Initial) Senate Democratic Caucus Comn	Date of Disbursement					
	Mailing Address PO Box 11484	12 17 2019					
	City Columbia		FEC Identification Number				
	Purpose of Disbursement Contribution	ion			C Transaction ID : 44303375		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		3500.00 Contribution		
	State: District:				Memo Item		
C.	Full Name (Last, First, Middle Initial) Alliance of Health Insurers PAC				Date of Disbursement		
	Mailing Address 10 East Doty St Suite 500				12 / D D / Y Y Y Y 12 17 2019		
	Madison	State WI	Zip Code 53703		FEC Identification Number		
	Purpose of Disbursement Contribution	011	C Transaction ID : 44303376				
	Candidate Name	Category Type					
	Office Sought: House Disburse Senate	ment For: Primary	General		Contribution		
	State: District:	Other (spec	cify) ▼		Memo Item		
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NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporate	d PAC (U	nitedHealth G	Group PAC)				
Full Name (Last, First, Middle Initial) A. Idaho Victory Fund				Date of Disbursement				
Mailing Address PO Box 1671				12 17 2019				
City	State	Zip Code		FEC Identification Number				
Boise Purpose of Disbursement Contribution	ID	83701	011	C				
Candidate Name			Category/	Transaction ID : 44303377 Amount of Each Disbursement this Period				
Office Sought: House Disbu	rsement For:		Туре	5000.00				
Senate President	Primary Other (spe	General ecify) ▼		Contribution Memo Item				
State: District:				Mento item				
Full Name (Last, First, Middle Initial) B. Friends of Kim Ward Mailing Address P.O. Box 83				Date of Disbursement				
	Ctoto	Zin Codo						
City Harrisburg	State PA	Zip Code 17108		FEC Identification Number				
Purpose of Disbursement Contribution			011	C Transaction ID : 44303454				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Ward, Kim, , PA Sen., Office Sought: House Disbu	rsement For:		Туре	1000.00				
Senate	Primary	General		Contribution				
State: District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial) C. Friends of Ed Gainey								
Mailing Address 6451 Apple Street	Mailing Address 6451 Apple Street							
City Pittsburgh	State PA	Zip Code 15206		FEC Identification Number				
Purpose of Disbursement Contribution	Purpose of Disbursement							
Candidate Name								
Gainey, Ed, , PA Rep., Office Sought: House Disbu	rsement For:		Туре	1000.00				
Senate President	Primary Other (spe	General		Contribution Memo Item				
State: District:				<u> </u>				
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S	CHEDULE B (FEC Form 3X)			F	DR I	INF	NUMBER: PAGE 367 OF 390					
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			Summary Page			21b 28a	22 23 26 27 28b 28c x 29 30b					
	y information copied from such Reports and State for commercial purposes, other than using the na						on for the purpose of soliciting contributions					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)		че. н. н. ж. <i>е</i>	•								
	UnitedHealth Group Incorporated	PAC (Un	litedHealth C	Fou	p⊦	YAC	.)					
Α.	Full Name (Last, First, Middle Initial) Friends of George Dunbar						Date of Disbursement					
	Mailing Address 114 Adella Court						12 / D D / Y Y Y Y 12 17 2019					
	City	State	Zip Code				FEC Identification Number					
	Jeannette Purpose of Disbursement Contribution	PA	15644	0	11		С					
	Candidate Name				gory		Transaction ID : 44303462 Amount of Each Disbursement this Period					
	Dunbar, George, , PA Rep.,				/pe	//						
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General				1000.00 Contribution					
	State: District:		(iliy)				Memo Item					
B.	Full Name (Last, First, Middle Initial) Friends of Eric Nelson Mailing Address PO Box 43		Date of Disbursement									
	City New Stanton	State PA	Zip Code 15672				FEC Identification Number					
	Purpose of Disbursement Contribution	0)11		C Transaction ID : 44303465							
	Candidate Name Nelson, Eric, , PA Rep.,			Cate		//	Amount of Each Disbursement this Period					
		ment For:					1000.00					
	Senate	Primary				Contribution						
	State: District:	Other (spe	cify)				Memo Item					
С.	Full Name (Last, First, Middle Initial)						Date of Disbursement					
	Mailing Address 228 Ostop Road						12 / D D / Y Y Y Y 12 17 2019					
	City	State	Zip Code				FEC Identification Number					
	Burgettstown PA 15021 Purpose of Disbursement Contribution						C Transaction ID : 44303468					
	Candidate Name Ortitay, Jason, , PA Rep.,	Category/										
	Office Sought: House Disbursement For:						1000.00					
	State: District:	Primary Other (spe	General cify) ▼				Contribution Memo Item					
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SCHEDULE B (FEC Form 3X)			FOR	LINE	NUMBER: PAGE 368 OF 390				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(che	ck only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the name	ments may i me and addi	not be sold or use ress of any politica	ed by an al comm	ny perso nittee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	PAC)				
Full Name (Last, First, Middle Initial) A. Friends of Jeff Pyle					Date of Disbursement				
Mailing Address PO Box 347									
City Ford City Purpose of Disbursement	State PA	Zip Code 16226			FEC Identification Number				
Contribution Candidate Name			011 Catego	- H.	Transaction ID : 44303471 Amount of Each Disbursement this Period				
Pyle, Jeffrey, , PA Rep., Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General cify) ▼	Тур		Contribution Memo Item				
Full Name (Last, First, Middle Initial) B. Friends of Adam Ravenstahl Mailing Address 6327 Glen View Place		Date of Disbursement							
City Pittsburgh Purpose of Disbursement Contribution	State PA	Zip Code 15206	011		FEC Identification Number				
Candidate Name Ravenstahl, Adam, , PA Rep., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General cify)	Catego Type		Amount of Each Disbursement this Period 1000.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial) C. Committee to Elect Pam Snyder					Date of Disbursement				
Mailing Address 286 Center School Road					12 17 Y Y Y Y 12 17 2019				
City Jefferson Purpose of Disbursement Contribution Candidate Name Snyder, Pam, , PA Rep.,	State PA	Zip Code 15344	011 FEC Identification Number 011 C Category/ Type Amount of Each Disbursement this Period						
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			Contribution Memo Item				
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SCHEDULE B (FEC Form	3X)			F	DR I	INE I	NUMBER:		P	AGE	369 OF 390	
ITEMIZED DISBURSEMENTS		Use sepa for each		heck	only	one)						
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Any information copied from such Reports or for commercial purposes, other than us					any	persc	on for the p	ourpose	of solicit		ontributions	
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorp	orated I	PAC (Un	itedHealth G	Grou	рР	AC)					
Full Name (Last, First, Middle Initial) A. Friends of Jim Struzzi				Date of Disbursement								
Mailing Address 104 Apache Drive							12 17 Y Y Y Y 12 17 2019					
City		State	Zip Code				FEC Ide	ntificatio	n Numbe	ər		
Indiana Purpose of Disbursement		PA	15701								-	
Contribution				0	11		С					
Candidate Name				Cate	egory	/		nsaction			7 t this Period	
Struzzi, James, , PA Rep.,					ype	″	, anotant		Biobaro	Shiron		
Office Sought: House	Disburse	ment For:	· · ·								1000.00	
Senate President		Primary	General						Contribu	tion		
State: District:		Other (spec	city) 🔻				Men	no Item				
Full Name (Last, First, Middle Initial)												
B. Friends of Jason Dawkins							Date of	Disburse		Y Y	Y Y	
Mailing Address 6333 Glenloch Street							12	1	7	2	019	
City		State PA	Zip Code 19135				FEC Ide	ntificatio	n Numbe	ər		
Philadelphia Purpose of Disbursement			_	С				- T				
Contribution					011			saction	ID - 442	02470		
Candidate Name				Cate	egory	//					t this Period	
Dawkins, Jason, , PA Rep.			Туре					4000.00				
Office Sought: House	Disburse	ment For:	Ganaral							1000.00		
Senate President		Primary Other (spec	General						Contribu	tion		
State: District:			Siry)				Men	no Item				
Full Name (Last, First, Middle Initial) C. Building A Stronger PA							Date of	Disburse	ement			
							MM	/ D			Y Y	
Mailing Address PO Box 194							12	1	7	2	019	
City		State PA	Zip Code				FEC Ide	ntificatio	n Numbe	ər		
Landisville Purpose of Disbursement		PA	17538	_	_		С				-	
Contribution Candidate Name Cate						//		nsaction of Each			3 t this Period	
Office Sought: House	Office Sought: House Disbursement For:										1000.00	
Senate		Primary	General						Contribu	ition		
President		Other (spec	cify) 🔻				Men	no Item				
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SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER: PAGE 370 OF 390				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(che	eck only 21b 28a	r one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Ur	itedHealth G	Group	PAC)				
Full Name (Last, First, Middle Initial) A. Carmichael for Senate					Date of Disbursement				
Mailing Address 101 N Court Street					12 17 2019				
Ripley	State WV	Zip Code 25271			FEC Identification Number				
Purpose of Disbursement Contribution Candidate Name			01	- H	C Transaction ID : 44303484				
Carmichael, Mitch, , WV Sen.,	ment For:		Categ Typ		Amount of Each Disbursement this Period 1800.00				
State: District:	Primary Other (spe	General cify) ▼			Contribution Memo Item				
Full Name (Last, First, Middle Initial) Vote Mesnard Mailing Address 1427 W Homestead Ct					Date of Disbursement				
City Chandler Purpose of Disbursement		FEC Identification Number							
Contribution Candidate Name Mesnard, JD, , ,			01 Categ Typ	ory/	Transaction ID : 44303496 Amount of Each Disbursement this Period				
	ment For: Primary Other (spe	General cify)			500.00 Contribution Memo Item				
Full Name (Last, First, Middle Initial)					Date of Disbursement				
Mailing Address PO Box 173					12 / D D / Y Y Y Y 12 17 2019				
City Boise Purpose of Disbursement	State ID	Zip Code 83701			FEC Identification Number				
Contribution Candidate Name	1 Jory/	Transaction ID : 44303500 Amount of Each Disbursement this Period							
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼	Тур		500.00 Contribution Memo Item				
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SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 371 OF 390					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(cł	neck only 21b 28a	rone) 22 23 26 27 28b 28c x 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	itedHealth G	Grou	p PAC)					
Full Name (Last, First, Middle Initial) A. Morgan McGarvey for State Senat	е				Date of Disbursement					
Mailing Address 2250 Winston Ave					12 17 2019					
City Louisville Purpose of Disbursement	State KY	Zip Code 40205			FEC Identification Number					
Contribution Candidate Name				11 egory/	Transaction ID : 44303610 Amount of Each Disbursement this Period					
McGarvey, Morgan, , KY Sen., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		rpe	2000.00 Contribution Memo Item					
Full Name (Last, First, Middle Initial) B. Committee to Re-elect Jim Justice Mailing Address PO Box 2178		Date of Disbursement								
City Beaver Purpose of Disbursement Contribution	State WV	Zip Code 25813	0	11	FEC Identification Number					
Candidate Name Justice, James, C, , II Office Sought: House Disburser Senate President Image: Complexity of the senate of t	ment For: Primary Other (spec	General cify)		egory/ /pe	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item					
Full Name (Last, First, Middle Initial) C. Committee to Elect Tim Miley					Date of Disbursement					
Mailing Address 229 West Main St Ste 400					12 / D D / Y Y Y Y 12 17 2019					
Clarksburg Purpose of Disbursement Contribution Candidate Name	State WV	Zip Code 26301	0 Cate	011 Category/ Amount of Each Disbursement this Period						
Miley, Timothy, , WV Del., Office Sought: House Disburser Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		vpe	1000.00 Contribution Memo Item					
SUBTOTAL of Disbursements This Page (optional)					4000.00					

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 372 OF 390			
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated P	PAC (Uni	itedHealth G	roup PAC)			
Full Name (Last, First, Middle Initial) A. Committee to Elect Doug Facemire)			Date of Disbursement			
Mailing Address PO Box 215		1		12 17 2019			
	State WV	Zip Code 26601		FEC Identification Number			
Contribution			011	C Transaction ID : 44303613			
Facemire, Douglas, , WV Sen., Office Sought: House	nent For:		Category/ Type	Amount of Each Disbursement this Period 1000.00			
Senate	Primary Other (spec	General ify) ▼		Contribution Memo Item			
Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Roman Pres Mailing Address 1806 Dogwood Drive		Date of Disbursement					
City Fairmont Purpose of Disbursement		FEC Identification Number					
Contribution Candidate Name Prezioso, Roman, , WV Sen., Jr. Office Sought: House Senate Disburser	nent For: Primary Other (spec	General	011 Category/ Type	C Transaction ID : 44303615 Amount of Each Disbursement this Period 2000.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) C. Tom Takubo for Senate				Date of Disbursement			
Mailing Address 4619 Kanawha Ave SW				12 17 2019			
South Charleston Purpose of Disbursement Contribution	South CharlestonWV25309Purpose of Disbursement						
President	nent For: Primary Other (spec	General ify) ▼	Category/ Type	Amount of Each Disbursement this Period 2000.00 Contribution Memo Item			
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	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	y one) 22 23 26 27
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	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	PAC (I Ir	nitedHealth G	iroun PAC	.)
	· ·				·,
	III Name (Last, First, Middle Initial)	ents			Date of Disbursement
Ma	ailing Address 83 Glenview Drive				12 17 2019
	ew Martinsville	State WV	Zip Code 26155		FEC Identification Number
	urpose of Disbursement Contribution			011	C Transaction ID : 44303618
	andidate Name Clements, Charles, , WV Sen.,			Category/ Type	Amount of Each Disbursement this Period
		ement For: Primary Other (spe	General Gify) ▼		1000.00 Contribution Memo Item
Fu	ate: District: Ill Name (Last, First, Middle Initial) Azinger for Senate	-			Date of Disbursement
Ma	ailing Address 1007 51st Street	12 / 17 / 2019			
	ty ienna urpose of Disbursement		FEC Identification Number		
Ca	Contribution andidate Name	011 Category/	Transaction ID : 44303619 Amount of Each Disbursement this Period		
	Azinger, Mike, , WV Sen., ffice Sought: House Disburse Senate President	ement For: Primary Other (spe	General	Туре	2000.00 Contribution
	ate: District:]			Memo Item
	III Name (Last, First, Middle Initial)				Date of Disbursement
Ma	ailing Address 450 S Church Street				12 17 2019
	ty pley urpose of Disbursement	State WV	Zip Code 25271		FEC Identification Number
Ca	Contribution andidate Name Westfall, Steve, , WV Del.,	011 Category/ Type	Transaction ID : 44303624 Amount of Each Disbursement this Period		
Of		ement For: Primary Other (spe	General cify) ▼		1000.00 Contribution Memo Item
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S	CHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 374 OF 390
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	y information copied from such Reports and State for commercial purposes, other than using the na				
$\left \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PA	C)
	Full Name (Last, First, Middle Initial)	- (-			- ,
Α.	Committee to Elect Eric Nelson				Date of Disbursement
	Mailing Address PO Box 186				12 17 2019
	City Charleston	State WV	Zip Code 25321		FEC Identification Number
	Purpose of Disbursement Contribution			011	C Transaction ID : 44303633
	Candidate Name Nelson, Eric, , WV Del.,			Category/ Type	Amount of Each Disbursement this Period
		ment For: Primary Other (spe	General	,	Contribution
_	State: District:				Memo Item
B.	Full Name (Last, First, Middle Initial) Hanshaw for House				Date of Disbursement
	Mailing Address 5341 Wallback Road	12 17 2019			
	City Wallback	State WV	Zip Code 25285		FEC Identification Number
	Purpose of Disbursement Contribution				C Transaction ID : 44303634
	Hanshaw, Roger, , WV Del., Office Sought: House Disburse	ment For:		Category/ Type	Amount of Each Disbursement this Period 2800.00
	Senate	Primary	General		Contribution
_	State: District:	Other (spe	спу)		Memo Item
C.	Full Name (Last, First, Middle Initial) Committee to Elect Charles S. Tru	ımp, IV			Date of Disbursement
	Mailing Address 171 S. Washington Street	12 17 2019			
	City Berkeley Springs	State WV	Zip Code 25411		FEC Identification Number
	Purpose of Disbursement Contribution	011	C Transaction ID : 44303670		
	Candidate Name Trump, Charles, , WV Sen., IV	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼		Contribution Memo Item
Г					
s	UBTOTAL of Disbursements This Page (optional).			•••••	4800.00
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 375 OF 390
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)
Full Name (Last, First, Middle Initial) A. Moore Capito for WV				Date of Disbursement
Mailing Address 10 West Fern Road				12 17 2019
City Charleston Purpose of Disbursement	State WV	Zip Code 25330		FEC Identification Number
Contribution Candidate Name			011 Category/	Transaction ID : 44303673 Amount of Each Disbursement this Period
Capito, Moore, , WV Del., Office Sought: House Disburs Senate President State: District:	Primary Other (spe	General ccify) ▼	Туре	Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Friends of Barbara Mailing Address 174 Chancery Row				Date of Disbursement
City Morgantown Purpose of Disbursement Contribution	State WV	Zip Code 26505	011	FEC Identification Number
Candidate Name Fleischauer, Barbara, , WV Del., Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General	Category/ Type	Transaction ID : 44303676 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Friends of Mike Caputo 2020				Date of Disbursement
Mailing Address 1008 Gaston Ave				12 17 2019
Fairmont Purpose of Disbursement Contribution Candidate Name	Purpose of Disbursement Contribution Candidate Name			FEC Identification Number C Transaction ID : 44303677 Amount of Each Disbursement this Period
Caputo, Michael, , WV Del., Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼	Туре	1000.00 Contribution Memo Item
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SCHEDULE B (FEC Form 3X)			FO	RLINF	NUMBER: PAGE 376 OF 390
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		eck only 21b 28a	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	nitedHealth G	iroup	PAC)
Full Name (Last, First, Middle Initial) A. Citizens for Amy Summers					Date of Disbursement
Mailing Address 98 Meadland Road					12 17 2019
City Flemington Purpose of Disbursement	State WV	Zip Code 26347		_	FEC Identification Number
Contribution Candidate Name Summers, Amy, , WV Del.,			01 Categ	gory/	Transaction ID : 44303678 Amount of Each Disbursement this Period
	ment For: Primary Other (spe	General cify) ▼			Contribution Memo Item
Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Craig Blair Mailing Address 47 Wasser Drive	for Sena	ate 2020			Date of Disbursement
City Martinsburg Purpose of Disbursement Contribution	State Zip Code WV 25403		01	1	FEC Identification Number
Candidate Name Blair, Craig, , WV Sen., Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify)	Cate	gory/	Transaction ID : 44303698 Amount of Each Disbursement this Period 2000.00 Contribution Memo Item
Full Name (Last, First, Middle Initial) C. Committee to Elect Ryan Weld					Date of Disbursement
Mailing Address PO Box 123					12 17 2019
Wellsburg Purpose of Disbursement Contribution Candidate Name Weld, Ryan, , WV Sen.,	State WV	Zip Code 26070	01 Categ Ty	gory/	FEC Identification Number C Transaction ID : 44303699 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼			Contribution Memo Item
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only					4400.00

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 377 OF 390	
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC)	
Full Name (Last, First, Middle Initial) A. Rucker for WV				Date of Disbursement	
Mailing Address 386 Jaguar Drive				12 17 2019	
City	State	Zip Code		FEC Identification Number	
Inwood Purpose of Disbursement Contribution	WV	25428	011	C	
Candidate Name			Category/	Transaction ID : 44303700 Amount of Each Disbursement this Period	
Rucker, Patricia, , WV Sen.,			Туре		
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		Contribution Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) B. Swope for Senate Mailing Address 702 Three Springs Drive				Date of Disbursement	
City Bluefield	State WV		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			011	C Transaction ID : 44303702	
Swope, Chandler, , WV Sen.,			Category/ Type	Amount of Each Disbursement this Period	
	ement For: Primary Other (spe	General	Type	1000.00 Contribution Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) C. The Committee to Elect Bill Hamil	ton			Date of Disbursement	
Mailing Address PO Box 1192	Mailing Address PO Box 1192				
City Buckhannon	State WV	Zip Code 26201		FEC Identification Number	
Contribution					
Candidate Name Hamilton, Bill, , ,	Category/ Type	Amount of Each Disbursement this Period			
	ement For: Primary Other (spe	General ccify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00 Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only				3000.00	

S	CHEDULE B (FEC Form 3X)			FC	DR L	INE N	NUMBER: PAGE 378 OF 390		
IT	EMIZED DISBURSEMENTS	ED DISBURSEMENTS Use separ for each c		(cł		only 21b	one)		
		Detailed	Summary Page			28a	28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na								
$\left \right\rangle$	NAME OF COMMITTEE (In Full)				_	• • •			
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	srou	р Р 	AC))		
Α.	Full Name (Last, First, Middle Initial) Kenny Mann for WV State Senate						Date of Disbursement		
	Mailing Address PO Box 305		1				<u>12</u> <u>17</u> <u>2019</u>		
	City	State WV	Zip Code				FEC Identification Number		
	Peterstown Purpose of Disbursement	VVV	24963				0		
	Contribution			0	11		C		
	Candidate Name			Cate	aon		Transaction ID: 44303704 Amount of Each Disbursement this Period		
	Mann, Kenny, , WV Sen.,				ype /pe	′	Amount of Each Disbursement this Feriod		
	Office Sought: House Disburse	ment For:					1000.00		
	Senate	Primary	General				Contribution		
	State: District:	Other (spec	city) 🔻				Memo Item		
	Full Name (Last, First, Middle Initial)								
В.	Cowles for WV						Date of Disbursement		
	Mailing Address 2612 Martinsburg Rd						12 17 2019		
	City	State	Zip Code				FEC Identification Number		
	Berkeley Springs WV 25411 Purpose of Disbursement						0		
	Contribution						C		
	Candidate Name					/	Transaction ID: 44303705 Amount of Each Disbursement this Period		
	Cowles, Daryl, , WV Del.,			Category/ Type					
		ment For:					2000.00		
	Senate President	Primary	General				Contribution		
	State: District:	Other (spec	(IIY)				Memo Item		
_	Full Name (Last, First, Middle Initial)								
C.	Elect Kayla Kessinger						Date of Disbursement		
	Mailing Address 111 Nimitz Avenue						12 17 2019		
	City	State	Zip Code				FEC Identification Number		
	Beckley WV 25802 Purpose of Disbursement						С		
	Contribution						Transaction ID : 44303707		
	Candidate Name			Cate		/	Amount of Each Disbursement this Period		
	Kessinger, Kayla, , WV Del., Office Sought: House Disburse	ment For:		IJ	pe		1000.00		
	Senate	General							
	President	Other (spec	cify) 🔻				Contribution Memo Item		
	State: District:								
s	UBTOTAL of Disbursements This Page (optional).						4000.00		
Т	OTAL This Period (last page this line number only	/)					, ,		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 379 OF 390	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	y one) 22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				son for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC	;)	
Full Name (Last, First, Middle Initial) A. Criss for House Mailing Address PO Box 1652				Date of Disbursement	
City Parkersburg	State WV	Zip Code 26102		FEC Identification Number	
Purpose of Disbursement Contribution			011	C Transaction ID : 44303708	
Candidate Name Criss, Vernon, , WV Del., Office Sought: House Disburs	ement For:		Category/ Type	Amount of Each Disbursement this Period	
State:	Primary Other (spe	General cify) ▼		Contribution Memo Item	
Full Name (Last, First, Middle Initial) B. Espinosa for Delegate				Date of Disbursement	
Mailing Address 107 Hancock Court					
Charles Town Purpose of Disbursement Contribution	WV	25414	011	FEC Identification Number	
Candidate Name Espinosa, Paul, , WV Del., Office Sought: Senate President State: District:	ement For: Primary Other (spe	General cify)	Category/ Type	Amount of Each Disbursement this Period 1000.00 Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Doug Skaff for WV				Date of Disbursement	
Mailing Address 3 Joplin Place				12 17 2019	
City South Charleston Purpose of Disbursement Contribution	State WV	Zip Code 25303	011	FEC Identification Number	
Candidate Name Skaff, Douglas, , WV Del., Jr. Office Sought: House Disburs	omont For:	Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item	
SUBTOTAL of Disbursements This Page (optional))		•••••	3000.00	
TOTAL This Period (last page this line number on	ly)		••••••	, ,	

SCHEDULE B (FEC Form 3X)			FO	R LINE	NUMBER: PAGE 380 OF 390
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			eck only 21b	
	Detailed	Summary Page		210 28a	22 23 20 21 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat					on for the purpose of soliciting contributions
				-	
UnitedHealth Group Incorporated	PAC (Un	itedHealth G	broup	PAC	;)
Full Name (Last, First, Middle Initial) A. Friends of John Shott					Date of Disbursement
Mailing Address 422 Oakhurst Avenue					12 17 2019
City Bluefield	State WV	Zip Code 24701			FEC Identification Number
Purpose of Disbursement Contribution			01	1	
Candidate Name			Cate	gory/	Transaction ID : 44303711 Amount of Each Disbursement this Period
Shott, John, , WV Del.,	mant Fam		Ту	pe	1000.00
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼			Contribution Memo Item
State: District:					
 Full Name (Last, First, Middle Initial) B. Committee to Elect Dianna Graves 	S				Date of Disbursement
Mailing Address 5014 Ann Lee Drive		12 17 2019			
City Cross Lanes	State WV	Zip Code 25313			FEC Identification Number
Purpose of Disbursement Contribution	Purpose of Disbursement				С
Candidate Name			Cate	gory/	Transaction ID : 44303712 Amount of Each Disbursement this Period
Graves, Dianna, , WV Del.,			Ту		1000.00
Office Sought: House Disburse Senate	ment For: Primary	General			1000.00
President	Other (spec				Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial)					
C. Glenn Jeffries for State Senate					Date of Disbursement
Mailing Address 190 Labrador Lane					12 17 2019
City Red House	State WV	Zip Code 25168			FEC Identification Number
Purpose of Disbursement Contribution					
Candidate Name Jeffries, Glenn, , WV Sen.,	Category/ Type		Transaction ID : 44303715 Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:			-	1000.00
Senate President	Primary Other (spe	General cify) ▼			Contribution Memo Item
State: District:					
SUBTOTAL of Disbursements This Page (optional).				•••• ►	3000.00
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SCHEDULE B (FEC Form 3X)			FOR	LINF	NUMBER: PAGE 381 OF 390
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	v one)
		Summary Page		21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na					on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)				م م	
UnitedHealth Group Incorporated	PAC (Un	litedHealth G	roup	PAC	.)
Full Name (Last, First, Middle Initial) A. WV Republican Senatorial Comm	ittee				Date of Disbursement
Mailing Address PO Box 11316					12 17 Y Y Y Y 12 17
City	State WV	Zip Code			FEC Identification Number
Charleston Purpose of Disbursement Contribution	VV V	25339	011		С
Candidate Name			Catego Type		Transaction ID : 44303753 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼			1000.00 Contribution Memo Item
State: District:					
Full Name (Last, First, Middle Initial) B. West Virginia Republican Legislat Mailing Address 5 Edgewood Street	ive Comi	mittee			Date of Disbursement
City	State WV	Zip Code			FEC Identification Number
Wheeling Purpose of Disbursement Contribution		26003	011		С
Candidate Name			Catego Type		Transaction ID : 44304082 Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ement For: Primary Other (spec	General Cify)			1000.00 Contribution
State: District:	1				Memo Item
Full Name (Last, First, Middle Initial) C. WV Democratic House Legislative	e Commit	tee			Date of Disbursement
Mailing Address PO Box 11716					12 17 <u>2019</u>
City Charleston Purpose of Disbursement	State WV	Zip Code 25339			FEC Identification Number
Contribution Candidate Name			011 Catego Type		C Transaction ID : 44304600 Amount of Each Disbursement this Period
Senate President	ement For: Primary Other (spec	General cify) ▼			1000.00 Contribution Memo Item
State: District:					
SUBTOTAL of Disbursements This Page (optional).				• 🕨	3000.00
TOTAL This Period (last page this line number only	/)			•	, ,

SCHEDULE B (FEC Form 3X)		parate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each Detailed	a category of the I Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Sta or for commercial purposes, other than using the r						
NAME OF COMMITTEE (In Full)				-		
UnitedHealth Group Incorporated	d PAC (U	nitedHealth (Group PAC)		
Full Name (Last, First, Middle Initial) A. West Virginia Democratic Senate	Full Name (Last, First, Middle Initial) West Virginia Democratic Senate Campaign Committee					
Mailing Address PO Box 215				12 17 Y Y Y Y 12 17 2019		
City	State	Zip Code		FEC Identification Number		
Sutton Purpose of Disbursement Operative	WV	26601		С		
			011	Transaction ID : 44304902		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbur Senate President	sement For: Primary	General		1000.00 Contribution		
State: District:	Other (spe	eeny) 🔻		Memo Item		
Full Name (Last, First, Middle Initial) B. Kay Ivey for Governor Mailing Address P.O. Box 966				Date of Disbursement		
City Montgomery	State AL	Zip Code 36101		FEC Identification Number		
Purpose of Disbursement Contribution		011	C Transaction ID : 44307794			
Candidate Name Ivey, Kay, , Gov.,			Category/ Type	Amount of Each Disbursement this Period		
	sement For: Primary Other (spe	General Gerify)	i ype	5000.00 Contribution Memo Item		
Full Name (Last, First, Middle Initial) C. Alabama House Democratic Cau	icus			Date of Disbursement		
Mailing Address P.O. Box 131				12 / D D / Y Y Y Y 12 17 2019		
City Montgomery	State AL	Zip Code 36101		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name			011 Category/ Type	C Transaction ID : 44308299 Amount of Each Disbursement this Period		
Office Sought: House Disbur Senate President State: District:	sement For: Primary Other (spe	General ecify) ▼	Туре	1000.00 Contribution Memo Item		
SUBTOTAL of Disbursements This Page (optiona TOTAL This Period (last page this line number of				7000.00		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 383 OF 390
ITEMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
		.		N N
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)
Full Name (Last, First, Middle Initial) A. Alabama House Republican Conf	erence			Date of Disbursement
Mailing Address PO Box 242098				12 17 2019
City	State AL	Zip Code		FEC Identification Number
Montgomery Purpose of Disbursement Contribution		36124		С
Candidate Name			011	Transaction ID : 44308501
			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General cify) ▼		1000.00 Contribution
State: District:		- ,, ,		Memo Item
Full Name (Last, First, Middle Initial) B. Alabama Senate Democratic Cau Mailing Address 303 North Jackson Street	ICUS			Date of Disbursement
City	State	Zip Code		FEC Identification Number
Russellville Purpose of Disbursement Contribution	AL	35653	011	С
Candidate Name			Category/ Type	Transaction ID : 44308874 Amount of Each Disbursement this Period
Senate President	ement For: Primary Other (spe	General cify)		1000.00 Contribution Memo Item
State: District: Full Name (Last, First, Middle Initial)				
 C. Alabama Senate Republican Con 	ference			Date of Disbursement
Mailing Address 900 Hwy 78				12 17 2019
City Jasper	State AL	Zip Code 35501		FEC Identification Number
Purpose of Disbursement Contribution	I		011	C Transaction ID : 44309288
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburs	ement For:			2000.00
President	Primary Other (spe	General cify) ▼		Contribution
State: District:				
SUBTOTAL of Disbursements This Page (optional)			····· ►	4000.00
TOTAL This Period (last page this line number on	y)		••••••	, ,

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE N (check only				
ITEMIZED DISBURSEMENTS	ISBURSEMENTS		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (UnitedHealth Gr	oup PAC)			
Full Name (Last, First, Middle Initial) A. Page Cortez Campaign Fund Mailing Address 106 King Ranch			Date of Disbursement			
5	State Zip Code LA 70508		FEC Identification Number			
Purpose of Disbursement Contribution		011	C Transaction ID : 44310923			
Candidate Name Cortez, Page, , LA Sen.,		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For: Primary General Other (specify) ▼		1000.00 Contribution Memo Item			
Full Name (Last, First, Middle Initial) 3. Jay Lucas for House Mailing Address PO Drawer 1408			Date of Disbursement			
5		011 Category/ Type	FEC Identification Number C Transaction ID : 44317276 Amount of Each Disbursement this Period			
Office Sought: House Disbursen	nent For: Primary General Other (specify)		- 1000.00 Void - Jay Lucas for House - ch dated 12/17/2019 Memo Item			
Full Name (Last, First, Middle Initial)						
Mailing Address 4627 South Main Street		12 / 18 / Y Y Y Y 12 18				
5	State Zip Code NC 27127		FEC Identification Number			
Candidate Name Lambeth, Donny, C., NC Rep.,	L	011 Category/ Type	Transaction ID : 44317277 Amount of Each Disbursement this Period			
	nent For: Primary General Other (specify) ▼		- 1000.00 Void - Committee to Elect Donn Lambeth - check dated 12/17/2			
SUBTOTAL of Disbursements This Page (optional)			- 1000.00			
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 385 OF 390	
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) a category of the Summary Page	(check only 21b 28a		
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may	not be sold or use dress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporate	ed PAC (U	nitedHealth G	Group PAC)	
Full Name (Last, First, Middle Initial) A. Jason Saine Committee				Date of Disbursement	
Mailing Address 417 East Main Street Suite 103				12 / D D / Y Y Y Y 12 18 2019	
City Lincolnton	State NC	Zip Code 28092		FEC Identification Number	
Purpose of Disbursement Void - Jason Saine Committee - check dated 1		20032	011	С	
Candidate Name			Category/	Transaction ID : 44317278 Amount of Each Disbursement this Period	
Saine, Jason, , NC Rep., Office Sought: House Disb	ursement For:		Туре	- 1500.00	
Senate President	Primary Other (spe	General ecify) ▼		Void - Jason Saine Committee Memo Item check dated 12/17/2019	
State: District:					
Full Name (Last, First, Middle Initial) B. Eric Holcomb for Indiana Mailing Address 101 W. Ohio Street	Eric Holcomb for Indiana				
City					
Purpose of Disbursement Contribution	Purpose of Disbursement				
Candidate Name	lidate Name			Transaction ID : 44335060 Amount of Each Disbursement this Period	
Holcomb, Eric, , Gov.,					
	ursement For:			10000.00	
State: District:	Other (spe	ecify)		Contribution Memo Item	
Full Name (Last, First, Middle Initial)				Date of Disbursement	
C. Contreras for Senate	Contreras for Senate				
Mailing Address 12204 W Mohave St	Mailing Address 12204 W Mohave St				
City Avondale	State AZ	Zip Code 85323		FEC Identification Number	
Purpose of Disbursement Contribution					
Candidate Name Contreras, Lupe, , AZ Sen.,	Transaction ID : 44335070 Amount of Each Disbursement this Period				
Office Sought: House Disb	Туре	250.00			
Senate President	Primary Other (spe	General ecify) ▼		Contribution Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (option				8750.00	
TOTAL This Period (last page this line number	only)		••••••	, ,	

SC	HEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 386 OF 390
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a	22 23 26 27 28b 28c x 29 30b
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or use ress of any politica	d by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\backslash	NAME OF COMMITTEE (In Full)				N N
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Froup PAC)
Α.	Full Name (Last, First, Middle Initial) Espinoza for House	Date of Disbursement			
	Mailing Address 803 N Christa Way		12 20 2019		
	City Tolleson	State AZ	Zip Code		FEC Identification Number
	Purpose of Disbursement Contribution	AZ 85353			С
	Candidate Name			Category/	Transaction ID : 44335071 Amount of Each Disbursement this Period
	Espinoza, Diego, , AZ Rep.,			Туре	
	Senate President	ement For: Primary Other (spe	General cify) ▼		250.00 Contribution Memo Item
	State: District:				
	Full Name (Last, First, Middle Initial) Sierra for Arizona Mailing Address PO Box 1002		Date of Disbursement		
	City Cashion Purpose of Disbursement	State AZ	Zip Code 85329		FEC Identification Number
	Contribution Candidate Name	011 Category/	Transaction ID : 44335072 Amount of Each Disbursement this Period		
	Sierra, Lorenzo, , AZ Rep.,				Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify)		250.00 Contribution Memo Item
_	Full Name (Last, First, Middle Initial)				
C.	Lela Alston AZ Senate 2020	Date of Disbursement			
	Mailing Address 69 W Wiletta Street Apt 1	12 20 2019			
	City Phoenix	State AZ	Zip Code 85003		FEC Identification Number
	Purpose of Disbursement Contribution				C Transaction ID : 44335073
	Candidate Name Alston, Lela, , AZ Sen.,	Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item
s	UBTOTAL of Disbursements This Page (optional)			····· ►	1000.00
Т	OTAL This Period (last page this line number only	y)		••••••	

SC	HEDULE B (FEC Form 3X)					NUMBER: PAGE 387 OF 390
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page			eck only 21b 28a	r one) 22 23 26 27 28b 28c x 29 30b
or	y information copied from such Reports and State for commercial purposes, other than using the na					
$\left \right\rangle$	NAME OF COMMITTEE (In Full)			.		~
	UnitedHealth Group Incorporated	PAC (UN		JIOU		·)
	Full Name (Last, First, Middle Initial) Amish for Arizona					Date of Disbursement
	Mailing Address PO Box 7070					12 20 2019
	City Phoenix	State AZ	Zip Code 85011			FEC Identification Number
	Purpose of Disbursement Contribution	e of Disbursement				
	Candidate Name				gory/	Transaction ID : 44335074 Amount of Each Disbursement this Period
	Shah, Amish, , AZ Rep.,				pe	250.00
	Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼					Contribution Memo Item
	State: District: Full Name (Last, First, Middle Initial)					
	Jen Longdon for House					Date of Disbursement
	Mailing Address PO Box 7295					12 20 2019
	City Phoenix	State AZ	Zip Code 85011			FEC Identification Number
	Purpose of Disbursement Contribution				011	C Transaction ID : 44335075
	Candidate Name Longdon, Jennifer, , AZ Rep.,	Cate				Amount of Each Disbursement this Period
	ffice Sought: House Disbursement For:			Туре	250.00	
	Senate	Senate Primary General				Contribution
	State: District:	Other (spec	cify)			Memo Item
	Full Name (Last, First, Middle Initial) Friends of Reginald Bolding				Date of Disbursement	
	Mailing Address 6345 W Harwell Road					12 / D D / Y Y Y Y 12 20 2019
	City Laveen	State AZ	Zip Code 85339			FEC Identification Number
	Purpose of Disbursement Contribution				011 Category/ Type	C Transaction ID : 44335076
	Bolding, Reginald, , AZ Rep.,					Amount of Each Disbursement this Period
	Diffice Sought: House Disbursement For: Senate Primary General President Other (specify) ▼				250.00	
						Contribution
_	State: District:	-				
s	UBTOTAL of Disbursements This Page (optional).				····· ▶	750.00
Т	OTAL This Period (last page this line number only	/)			🕨	

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER PAGE 388 OF 390	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only		
		Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na				on for the purpose of soliciting contributions	
UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup PAC)	
Full Name (Last, First, Middle Initial) A. Republican Legislative Victory Fur	Date of Disbursement				
Mailing Address 2801 E. Camelback Road Suite 200				12 20 2019	
City Phoenix	State Zip Code AZ 85024			FEC Identification Number	
Purpose of Disbursement Contribution	Λ <u>ζ</u>	63024	011 C		
Candidate Name			Category/ Type	Transaction ID : 44335125 Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President	General cify) ▼		2500.00 Contribution		
State: District:				Memo Item	
Full Name (Last, First, Middle Initial) B. Prunty for State Representative Mailing Address PO Box 411					
City Greenville	State KY			FEC Identification Number	
Contribution					
Prunty, Melinda, , KY Rep.,	andidate Name Category/ Type				
				1000.00	
Senate President	Primary Other (spe	General cify)		Contribution Memo Item	
State: District:					
Full Name (Last, First, Middle Initial) C. Landry for Louisiana		Date of Disbursement			
Mailing Address 203 Silver Oak	lailing Address 203 Silver Oak				
City Broussard	State LA	Zip Code 70518		FEC Identification Number	
Purpose of Disbursement Contribution	011	C Transaction ID : 44335128			
Candidate Name Landry, Jeff, , ,	Category/ Type	Amount of Each Disbursement this Period			
Senate President	ement For: Primary Other (spe	General cify) ▼		Contribution Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional).			····· ►	8500.00	
TOTAL This Period (last page this line number only	/)		••••••	, ,	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 389 OF 390	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a		
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Un	itedHealth G	Froup PAC)	
Full Name (Last, First, Middle Initial) A. Ralph Alvarado for State Senate		Date of Disbursement			
Mailing Address 3250 McClure Rd				12 / D D / Y Y Y Y Y 12 20 2019	
Winchester	State Zip Code KY 40391			FEC Identification Number	
Purpose of Disbursement Contribution Candidate Name				C Transaction ID : 44335137	
Alvarado, Ralph, , KY Sen.,	ment For		Category/ Type	Amount of Each Disbursement this Period 2000.00	
Senate President State: District:	Senate Primary General President Other (specify) ▼				
Full Name (Last, First, Middle Initial) B. Daniel Elliott for State Rep. Mailing Address P.O. Box 2082		Date of Disbursement			
Danville Purpose of Disbursement	Danville KY 40423				
Contribution Candidate Name Elliott, Daniel, , KY Rep., Office Sought: House Senate President State: District:	ment For: Primary Other (spec	General Cify)	011 Category/ Type	C Transaction ID : 44335157 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Jimmy Higdon for State Senate		Date of Disbursement			
Mailing Address 344 N Spalding Avenue	Mailing Address 344 N Spalding Avenue				
Lebanon Purpose of Disbursement Contribution	State Zip Code KY 40033		011	FEC Identification Number	
Candidate Name Higdon, Jimmy, , KY Sen., Office Sought: House Disburser Senate President District:	Higdon, Jimmy, , KY Sen., Category/ Type Office Sought: House Senate Primary President Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				4000.00	

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 390 OF 390	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b 28a		
Any information copied from such Reports and State or for commercial purposes, other than using the nar	ments may i me and addi	not be sold or use ress of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated I	PAC (Un	iitedHealth G	Froup PAC)	
Full Name (Last, First, Middle Initial) A. Jim Gooch for State Rep.		Date of Disbursement			
Mailing Address 714 N Broadway B2				12 20 2019	
City Providence Purpose of Disbursement Contribution	State KY	Zip Code 42450		FEC Identification Number	
Candidate Name Gooch, Jim, , KY Rep., Jr.			011 Category/ Type	Transaction ID : 44335159 Amount of Each Disbursement this Period	
State: District:	President Other (specify)				
Full Name (Last, First, Middle Initial) B. Steve Sheldon for State Rep. Mailing Address 702 Capital Ave	Full Name (Last, First, Middle Initial) See Sheldon for State Rep.				
Annex Room 351B City State Zip Code Frankfort KY 40601 Purpose of Disbursement Contribution				FEC Identification Number	
Candidate Name Sheldon, Steve, , KY Rep.,	ment For:		011 Category/ Type	Transaction ID : 44335160 Amount of Each Disbursement this Period 1000.00	
Senate President State: District:	Primary Other (spec	General cify)		Contribution Memo Item	
Full Name (Last, First, Middle Initial) C. Daniel Cameron for Attorney Gene	eral			Date of Disbursement	
	Mailing Address 504 Derek Ave.				
City State Zip Code Elizabethtown KY 42701 Purpose of Disbursement Contribution Candidate Name			011	FEC Identification Number C Transaction ID : 44335161	
Cameron, Daniel, , Mr, JD Office Sought: House Disburse Senate President Disburse	General cify) ▼	Category/ Type	Amount of Each Disbursement this Period 2000.00 Contribution Memo Item		
State: District: SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only			F	4000.00 281875.00	