

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 06 / 01 / 2020 through [MM] / [DD] / [YYYY] 06 / 30 / 2020

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

Signature of Treasurer Davis, Kelly, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 07 / 20 / 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>		1000755.87
(b) Cash on Hand at Beginning of Reporting Period.....	1251515.84	
(c) Total Receipts (from Line 19) .....	145093.36	1006853.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1396609.20	2007609.20
7. Total Disbursements (from Line 31).....	614450.00	1225450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	782159.20	782159.20
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

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

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	133991.77	889694.46
(ii) Unitemized .....	8601.59	114658.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	142593.36	1004353.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	142593.36	1004353.33
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	145093.36	1006853.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	145093.36	1006853.33

**DETAILED SUMMARY PAGE**

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	478500.00	794500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	135950.00	430950.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	614450.00	1225450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	614450.00	1225450.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	142593.36	1004353.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	142593.36	1004353.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. GAUDIO, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 E MOUNTAIN VIEW RD  
 City PARADISE VALLEY State AZ Zip Code 85253-1539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1159811858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WICHMANN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7000 ANTRIM ROAD  
 City EDINA State MN Zip Code 55439-1708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1159814758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KALLMEYER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 468 HERALD DR  
 City AMBLER State PA Zip Code 19002-1530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1159817458471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	999.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MIGLIORI, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 72  
 City WAYZATA State MN Zip Code 55391-0072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, UHG Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR1159827458471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MILLER, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2321 HARBOR LAKE DRIVE  
 City ORANGE PARK State FL Zip Code 32003-7799  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NVP Network  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR1554324358471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ANDERSON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 AMATO CIRCLE  
 City WETHERSFIELD State CT Zip Code 06109-3971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR1575957358471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KELLY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 341 PLEASANT AVENUE  
 City SAINT PAUL State MN Zip Code 55102-2333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1575959758471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COHEN, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18515 24TH AVE N  
 City PLYMOUTH State MN Zip Code 55447-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Diversity & Inclusion  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1580863158471**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WEBB, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4516 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1580865358471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HUGHES, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3905 COUNTY ROAD 44  
 City MINNETRISTA State MN Zip Code 55364-9572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP COO of Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596304158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. JOHNSON, THAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9741 GLACIER BAY  
 City EDEN PRAIRIE State MN Zip Code 55347-2615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596304358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHUMACHER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5401 LARADA LANE  
 City EDINA State MN Zip Code 55436-1024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Pres & COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596305458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THEISEN, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1950 MEADOWWOODS TRAIL  
 City LONG LAKE State MN Zip Code 55356-9312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596305658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ANDERSON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17907 INVERNESS CURVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596309358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. FLYNN, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3318 FOXRIDGE CIRCLE  
 City TAMPA State FL Zip Code 33618-2149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596309758471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 847.20  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BORCA, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1649 SPRING VALLEY ROAD  
 City HARTLAND State WI Zip Code 53029-2056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596310458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DAVIDSON, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6058 HARBOUR TOWN CIR  
 City WESTERVILLE State OH Zip Code 43082-8144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596311658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUNLOP, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2964 WYSE COURT  
 City LEWIS CENTER State OH Zip Code 43035-8253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596312358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HAFERMANN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5525 ZENITH AVENUE SOUTH  
 City EDINA State MN Zip Code 55410-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596313458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HEUMANN, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 63 MUIRFIELD COURT  
 City SAINT LOUIS State MO Zip Code 63141-7372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 574.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596313758471**  
 Amount of Each Receipt this Period 88.46  
 Memo Item  
 P/R Deduction (\$44.23 Bi-Weekly)

**C. HIGGINS, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 54 BELCREST ROAD  
 City WEST HARTFORD State CT Zip Code 06107-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1596313858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	549.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MALLATT, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4304 SOUTH 167 AVENUE  
 City OMAHA State NE Zip Code 68135-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596315458471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ROSENTHAL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 VIA HERMOSA  
 City ORINDA State CA Zip Code 94563-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596317358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STURKEY, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1941 MARINA ROAD  
 City IRMO State SC Zip Code 29063-8579  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596318458471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. TODD, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 467 PRAIRIE WAY SOUTH  
 City BAYPORT State MN Zip Code 55003-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596319058471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. VAVRA, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4828 OAK RIDGE DRIVE  
 City HERMANTOWN State MN Zip Code 55811-1729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prov Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1596319258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SANDY, LEWIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Advancement  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1600598758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	511.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PETERSON, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2260 FOX STREET  
 City ORONO State MN Zip Code 55356-8316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1602669958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MALONEY, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6327 PASADENA POINT BLVD S  
 City GULFPORT State FL Zip Code 33707-3867  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1613243558471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. CELLI, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 COUNTRY CLUB DR  
 City CUTCHOGUE State NY Zip Code 11935-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1613243758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BELLAMY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 SABIO DRIVE  
 APARTMENT 383  
 City AUSTIN State TX Zip Code 78749-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR1653444358471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. SULLIVAN, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 QUORN HUNT ROAD  
 City WEST SIMSBURY State CT Zip Code 06092-2524  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Proj-Prgm Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR16534445858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. EMERSON, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18855 MEADOW VIEW BLVD  
 City PRIOR LAKE State MN Zip Code 55372-3133  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR1806750358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ANDERSON, CATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 SIMMONS LANE  
 City SEVERNA PARK State MD Zip Code 21146-1921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903550758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUFEEK, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 816 PROMONTORY PLACE  
 City EAGAN State MN Zip Code 55123-2297  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Info Security  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903577158471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. JOHNSON, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12880 53RD STREET NORTH  
 City STILLWATER State MN Zip Code 55082-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903591158471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SANTELLI, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25510 BIRCH BLUFF ROAD  
 City EXCELSIOR State MN Zip Code 55331-8520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903622058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STEERUP, LORI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7019 DONLEA LANE  
 City EDEN PRAIRIE State MN Zip Code 55346-3164  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903628658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WEYMOUTH, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 WRIGHTS MILL RD  
 City COVENTRY State CT Zip Code 06238-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR1903636958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUPERRE, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 LONG HILL DRIVE  
 City SOMERS State CT Zip Code 06071-1272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 398.28

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR1910417358471**  
 Amount of Each Receipt this Period 93.32  
 Memo Item  
 P/R Deduction (\$46.66 Bi-Weekly)

**B. GILDERNICK, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2709 WILLIAMS GRANT  
 City DE PERE State WI Zip Code 54115-9456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2119475258471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. KANNE, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4826 PALOMINO COURT  
 City ERIE State PA Zip Code 16506-6624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2119479658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	517.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MACEMEADOR, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13531 CARLTON OAKS  
 City SAN ANTONIO State TX Zip Code 78232-4902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2119482558471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. NYGARD, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8056 CARPENTER CREEK AVENUE  
 City LAS VEGAS State NV Zip Code 89113-3685  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Reg Adhr  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2119485058471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. PAXSON, LYNDA A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3924 E GARNET PL  
 City HIGHLANDS RANCH State CO Zip Code 80126-5044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UNITED HEALTHCARE SVS INC Occupation (for Individual) Sr Field Acct Mgr  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2119485858471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VANASTEN, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N2249 NICOLE COURT  
 City KAUKAUNA State WI Zip Code 54130-9462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Telesls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2119492658471**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. WRIGHT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10471 STRAND TERRACE  
 City SANTA ANA State CA Zip Code 92705-1495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2119494158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HULTGREN, BROR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 408 22ND ST  
 City GOLDEN State CO Zip Code 80401-2452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2133133258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	849.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PUTNAM, T JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419-1349  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2133134258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. FALKENBERG, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 LANTANA  
 City NEWPORT COAST State CA Zip Code 92657-1646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2145728458471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. RUMMEL, LEAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12100 TRAUTWEIN ROAD  
 City AUSTIN State TX Zip Code 78737-9358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2145729558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SMITH, DANNETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4200 ALDEN DRIVE  
 City EDINA State MN Zip Code 55416-5010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2145729958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LEWIS, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 961 RIVER FOREST DRIVE  
 City MAINEVILLE State OH Zip Code 45039-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2203967558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BEAULE, JEAN-FRANCOIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 STRATFORD RD  
 City FARMINGTON State CT Zip Code 06032-1444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2225813658471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	999.96
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCGUIRE, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 DRURY LANE  
 City WYCKOFF State NJ Zip Code 07481-2204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2225818858471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. RYAN, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 WESTMORELAND LN  
 City NAPERVILLE State IL Zip Code 60540-5817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2225819658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CARCIONE, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 CARRIAGE WAY  
 City WHITE PLAINS State NY Zip Code 10605-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2247626858471**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.30
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KANTOLA, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7031 HALSTEAD DRIVE  
 City MINNETRISTA State MN Zip Code 55364-3201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2247627058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OBRIEN, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 61 LOUGHLIN AVE  
 City COS COB State CT Zip Code 06807-2621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2247627358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GARODIA, SANJAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 COVINGTON COURT  
 City OAK BROOK State IL Zip Code 60523-2574  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2247627858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PRINCE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 546 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2259738458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CRONN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1122 COLORADO STREET SUITE 2399  
 City AUSTIN State TX Zip Code 78701-2132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2270522958471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. KEPLEYCARRIER, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3219 PENINSULA DRIVE  
 City JAMESTOWN State NC Zip Code 27282-8717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2402317758471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	539.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCGRATH, STACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5801 CHOWEN AVE S  
 City EDINA State MN Zip Code 55410-2759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2402318558471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. BARRINGER, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3709 WILLIAMS LANE  
 City CHEVY CHASE State MD Zip Code 20815-4951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2402444358471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. BECKER, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 378 FERNDAL ROAD WEST  
 City WAYZATA State MN Zip Code 55391-1559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2402445158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. COLEMAN, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4720 WEST 66TH STREET  
 City EDINA State MN Zip Code 55435-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp SVP, Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2402445258471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HIGA, JOY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 ELM AVENUE  
 City MANHATTAN BEACH State CA Zip Code 90266-2809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2402446258471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ALEXANDER, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4203 BRADLEY LANE  
 City CHEVY CHASE State MD Zip Code 20815-5234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Corp Affairs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2405428858471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SAELENS, KAREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5180 E COMANCHE DRIVE  
 City COTTONWOOD State AZ Zip Code 86326-5715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2408544858471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. WEE, KATHLYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2225 46TH ST NW  
 City WASHINGTON State DC Zip Code 20007-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2408545058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HAGAN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6536 E GREYTHORN DRIVE  
 City SCOTTSDALE State AZ Zip Code 85266-6761  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2437120058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BALTHAZOR, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2002 SUGARWOOD DRIVE  
 City ORONO State MN Zip Code 55356-9339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2437120758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. NESS, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10550 PINNACLE WAY  
 City WOODBURY State MN Zip Code 55129-4282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2437121558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COSGRIFF, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1837 SUMMIT LANE  
 City MENDOTA HEIGHTS State MN Zip Code 55118-4137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2437121658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. EDELSON, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4600 DREXEL AVENUE  
 City EDINA State MN Zip Code 55424-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2437127158471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RAINEY, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8850 COUNTY ROAD 26  
 City MINNETRISTA State MN Zip Code 55359-9445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2437127558471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LIPPERT, ROBIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 404 A ST SE  
 City WASHINGTON State DC Zip Code 20003-3807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2439928058471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HEYMAN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5300 SHERRILL AVENUE  
 City CHEVY CHASE State MD Zip Code 20815-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategy & Partnerships  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2444265758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ULLSPERGER, DEWAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 AVONDALE  
 City MINNETONKA State MN Zip Code 55345-2754  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2444561358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LANGER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5110 OAK RAMBLING DRIVE  
 City KATY State TX Zip Code 77494-1971  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2445015458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. ADLINGTONSHKABERIN, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3890 SUNSET DRIVE  
 City SPRING PARK State MN Zip Code 55384-9634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2445016458471**  
 Amount of Each Receipt this Period 0.00  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RENFRO, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8656 BLUE FLAG WAY  
 City NAPLES State FL Zip Code 34109-3399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Vice Chairman UHG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2460168158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ORBUCH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2220 CEDAR LAKE PKWY  
 City MINNEAPOLIS State MN Zip Code 55416-3644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) UHC International Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2460168258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KNARR, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4806 HUTCHINS PLACE NW  
 City WASHINGTON State DC Zip Code 20007-1528  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2115.30

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2484542358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TROPEANO, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 606 BROOKSIDE AVE  
 City WAYNE State PA Zip Code 19087-4826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2484542858471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. MANDERFELD, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3760 WEST CALHOUN PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55410-1118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2486697958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MCGAHON, DIRK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 WILDHURST ROAD  
 City EXCELSIOR State MN Zip Code 55331-8461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2491457058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SMITH, KARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 610 CRESTWOOD DRIVE  
 City ALEXANDRIA State VA Zip Code 22302-2533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2540175358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PURDY, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3615 THORNAPPLE STREET  
 City CHEVY CHASE State MD Zip Code 20815-4113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2541300658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. HOSTETLER, BRENDAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2309 W WINNEMAC AVE  
 City CHICAGO State IL Zip Code 60625-1817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2542541958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RAMSAY, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301-1605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2542542258471**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. YAU, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9905 WOODLAND DRIVE  
 City SILVER SPRING State MD Zip Code 20902-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2543582558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVENPORT, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 141 PELHAM ROAD  
 City PHILADELPHIA State PA Zip Code 19119-2661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552313658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BRYANT, JEREMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4534 MYSTIQUE WAY  
 City ROSWELL State GA Zip Code 30075-2087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Mgmt NA Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552961358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. COLEMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 842 NAGLE STREET  
 City HOUSTON State TX Zip Code 77003-1266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552961458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FLANNERY, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024-6827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2552962358471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. JAMES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 KINGS POINT DRIVE  
 City LARGO State FL Zip Code 33774-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2552963258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KIDAMBI, NARASIMHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18477 85TH AVE N  
 City MAPLE GROVE State MN Zip Code 55311-1663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2552963858471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	309.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LOVELADY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5378 BUENA VISTA DR  
 City FRISCO State TX Zip Code 75034-2253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552964258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. POTTER, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 FULLER LANE  
 City WINNETKA State IL Zip Code 60093-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 449.93

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552965458471**  
 Amount of Each Receipt this Period 69.22  
 Memo Item  
 P/R Deduction (\$34.61 Bi-Weekly)

**C. STREIT, BARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5421 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424-1604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Telesales & Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2552966758471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	607.66
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NAASZ, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3311 WILDS RIDGE NW  
 City PRIOR LAKE State MN Zip Code 55372-4540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2553474758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PROSKAUER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 240 DERBY STREET  
 City NEWTON State MA Zip Code 02465-1006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2553475058471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. RAYBURN, MONICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5127 JACKSON PONDS CT  
 City SUGAR LAND State TX Zip Code 77479-4656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2553475158471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	193.38
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMAS, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 DUPONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2553475458471**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**B. VOJTA, DENEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 125 WALKER AVE S  
 City WAYZATA State MN Zip Code 55391-1724  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Initiv Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2553475558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. REIDY, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1005 BLAKEFIELD DRIVE  
 City BRENTWOOD State TN Zip Code 37027-8479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2554013358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CLUTE, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7756 N 85TH STREET  
 City OMAHA State NE Zip Code 68122-1281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560064458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GAZELEY, PAULA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 MAYFAIR ROAD  
 City WYNANTSKILL State NY Zip Code 12198-8018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 682.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560064858471**  
 Amount of Each Receipt this Period 28.00  
 Memo Item  
 P/R Deduction (\$14.00 Bi-Weekly)

**C. GIANCURSIO, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 72 MIDNIGHT RIDGE DR  
 City LAS VEGAS State NV Zip Code 89135-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560064958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KUNEMUND, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 COMMERCE STREET  
 City ALPHARETTA State GA Zip Code 30009-3803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560065358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LIPPMAN, SHELDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 CLIFFFIELD ROAD  
 City BEDFORD State NY Zip Code 10506-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560065458471**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. LOBERG, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2837 EAST PARK PLACE  
 City MILWAUKEE State WI Zip Code 53211-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560065558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MILICH, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2702 BIRCHMERE COURT  
 City KATY State TX Zip Code 77450-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560066058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BURDICK, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28961 SOMERS DRIVE  
 City NAPLES State FL Zip Code 34119-0915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560349858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. NOEL, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4316 FREMONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55409-1721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2560398858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. THOMPSON, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 LONGFELLOW CIRCLE  
 City LITTLE ROCK State AR Zip Code 72207-3720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 973.18

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2561358958471**  
 Amount of Each Receipt this Period 2.92  
 Memo Item  
 P/R Deduction (\$1.46 Bi-Weekly)

**B. LUND, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11471 NORTH SHORE DRIVE  
 City GRANTSBURG State WI Zip Code 54840-8059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2561457658471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLSON, JOSH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 ADAMS CT  
 City COLLEYVILLE State TX Zip Code 76034-6811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2564802558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... 157.84  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CARLSON, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10618 WEST RIVER ROAD  
 City BROOKLYN PARK State MN Zip Code 55443-1233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Innovation  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1624.97

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564802658471**  
 Amount of Each Receipt this Period 134.62  
 Memo Item  
 P/R Deduction (\$67.31 Bi-Weekly)

**B. HANSEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18430 62ND PLACE NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1261.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564802758471**  
 Amount of Each Receipt this Period 194.00  
 Memo Item  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. KENNY, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22408 FITZGERALD DRIVE  
 City LAYTONSVILLE State MD Zip Code 20882-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564803258471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	406.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MARDEN, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 718 HICKORY HILL RD  
 City FRANKLIN LAKES State NJ Zip Code 07417-1707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564803358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MOQUIST, DARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5004 ARDEN AVE  
 City EDINA State MN Zip Code 55424-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564803458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. OHARE, TAMMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 SAINT GEORGE WAY  
 City BROOKEVILLE State MD Zip Code 20833-3265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2564803958471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	847.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WICKS, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3227 CASCO CIRCLE  
 POBOX 352  
 City WAYZATA State MN Zip Code 55391-9717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2565448658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CARTER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 920679  
 City HOUSTON State TX Zip Code 77292-0679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2565448758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WEISS, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7425 N BEACH COURT  
 City FOX POINT State WI Zip Code 53217-3656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2566302358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 180 FELT ROAD

City SOUTH WINDSOR	State CT	Zip Code 06074-3864
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Sr Assc Gen Counsel
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

**Transaction ID : PR2567129558471**

Amount of Each Receipt this Period  
76.92

Memo Item

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

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

Mailing Address 5118 FAIRGLEN LANE

City CHEVY CHASE	State MD	Zip Code 20815-6517
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

**Transaction ID : PR2571777958471**

Amount of Each Receipt this Period  
384.60

Memo Item

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

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

Mailing Address 9501 WEXCROFT DRIVE

City BRENTWOOD	State TN	Zip Code 37027-3824
-------------------	-------------	------------------------

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

Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) VP Ntwk Contrctng
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1001.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2020

**Transaction ID : PR2571778258471**

Amount of Each Receipt this Period  
154.00

Memo Item

P/R Deduction (\$77.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOYER, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4242 BROADWAY STREET #802  
 City SAN ANTONIO State TX Zip Code 78209-6463  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2571778358471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. HINTON, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address W132N6475 MARACH RD  
 City MENOMONEE FALLS State WI Zip Code 53051-6085  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 754.75

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2571978758471**  
 Amount of Each Receipt this Period 67.30  
 Memo Item  
 P/R Deduction (\$33.65 Bi-Weekly)

**C. CARLSON, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 BROWDALE AVENUE  
 City EDINA State MN Zip Code 55424-1142  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2572590058471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	337.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CHEEK, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38150 TRANQUIL WAY  
 City CAREFREE State AZ Zip Code 85377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2572590958471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WIFFLER, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1421 SOMERFIELD DRIVE  
 City BOLINGBROOK State IL Zip Code 60490-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2572992758471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. QUINN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16933 TODD EVAN TRAIL  
 City CHESTERFIELD State MO Zip Code 63005-4641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2573518758471**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. BUCCHIANERI, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 118 GOVERNORS  
 City MEDFORD State MA Zip Code 02155-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2574977158471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. KANE, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4615 ROANOAKE ROAD  
 City GOLDEN VALLEY State MN Zip Code 55422-5254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2574979158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MASTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1894 VILLAGE GLEN DRIVE  
 City SAINT JOHNS State FL Zip Code 32259-9215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2574979658471**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WOHNOUTKA, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17597 HIBISCUS AVE  
 City LAKEVILLE State MN Zip Code 55044-3906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2574981958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SIMPSON, TRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 NORCREST AVE N  
 City STILLWATER State MN Zip Code 55082-1779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2574985058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CIANFROCCO, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4478 MIDDLE ROAD  
 City ALLISON PARK State PA Zip Code 15101-1110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2574986258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BURNETT, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4625 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2574988258471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. LANG, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1210 RIVER TERRACE DRIVE  
 City BLOOMINGTON State MN Zip Code 55431-4230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2574991458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SJOBLAD, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10730 PERRY DRIVE NORTH  
 City BROOKLYN PARK State MN Zip Code 55443-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Quality  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575009158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUNCAN, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3038 FAIRWAY CIRCLE  
 City CHASKA State MN Zip Code 55318-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575029658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OBRIEN, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 395 WOODLAWN AVE  
 City SAINT PAUL State MN Zip Code 55105-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575034558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MADDOX, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7810 HANOVER ST  
 City DALLAS State TX Zip Code 75225-8220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575039558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ALLENBURG, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6620 IROQUOIS TRAIL  
 City EDINA State MN Zip Code 55439-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575039858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JORDAN, GARELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6104 S 64TH DRIVE  
 City LAVEEN State AZ Zip Code 85339-2917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575050258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. FITZPATRICK, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3936 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575053758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LINDSAY, VIVIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14930 SW 39 ST  
 City DAVIE State FL Zip Code 33331-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575054958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CLACKO, MARY ANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6358 COTEAU TRAIL  
 City EDEN PRAIRIE State MN Zip Code 55344-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575057958471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. MCCARTY, CARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8800 RUMFIELD RD  
 City NORTH RICHLAND HILLS State TX Zip Code 76182-6131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575059458471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	577.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALLEN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11359 ENTREVAUX DRIVE  
 City EDEN PRAIRIE State MN Zip Code 55347-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575060258471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. MCEVOY, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10551 GREENBRIER RD APT 132  
 City MINNETONKA State MN Zip Code 55305-3460  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575062258471**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. CURRIE, ULYSSES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3111 STILES WAY  
 City WEST FRIENDSHIP State MD Zip Code 21794-9218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 390.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575064158471**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	253.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 59 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. VERCHICK, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9916 DUSTY WINDS AVE  
 City LAS VEGAS State NV Zip Code 89117-5986  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575068958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ISMERT, JENNY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8494 E HAWAII LN  
 City DENVER State CO Zip Code 80231-2732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575070058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CHRISTIAN, DENISE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 WINGATE COURT  
 City FLOURTOWN State PA Zip Code 19031-1117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1691.22

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575071458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ONEILL, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 71 CHESTNUT RIDGE RD  
 City QUEENSBURY State NY Zip Code 12804-7317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575089458471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. HEROLD, STACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15008 GREEN OAKS TR SE  
 City PRIOR LAKE State MN Zip Code 55372-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575093058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. VIESTA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 COMPASS COURT  
 City OYSTER BAY State NY Zip Code 11771-1602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575098558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CHAMPION, PHEBE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 437 E GERMANN RD #45  
 City SAN TAN VALLEY State AZ Zip Code 85140-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575108358471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. HAYDEN, KARI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6109 BANEY COURT  
 City MINNETONKA State MN Zip Code 55345-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575110358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MORSCH, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6344 GOLDEN LILY WAY  
 City SAN DIEGO State CA Zip Code 92130-6836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575115158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 203.84  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DEWALL, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7662 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575145358471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. PETERSOHN, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16413 BIRCH STREET  
 City OVERLAND PARK State KS Zip Code 66085-7842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575148358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PELNER, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1200 WEST MINNEHAHA PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55419-1163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Real Estate Svs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575155958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. THOMAS, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 BELLA TOSCANA UNIT 1206  
 City LAKEWAY State TX Zip Code 78734-2165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575156458471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. HAMANN, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7638 RIDGEVIEW WAY  
 City CHANHASSEN State MN Zip Code 55317-4507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575170158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. REICHLING, KRISTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6516 TINGDALE AVENUE  
 City EDINA State MN Zip Code 55439-1440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575186858471**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 P/R Deduction (\$250.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1038.44
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DEMARIS, PETER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 OLIVER AVE S  
 City MINNEAPOLIS State MN Zip Code 55405-2448  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575191858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GRANBERG, MITCHELL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6721 GALWAY DRIVE  
 City EDINA State MN Zip Code 55439-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575196158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CONDON, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 268 OAK LANDING WAY  
 City SEVERNA PARK State MD Zip Code 21146-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575203158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FRANCIS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15815 MINNETONKA BLVD  
 City MINNETONKA State MN Zip Code 55345-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575203358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DURKO, GEORGE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7029 KINGSBURY BLVD  
 City UNIVERSITY CITY State MO Zip Code 63130-4305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575210858471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. CARRIS, DONNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 27 WEST WILLOW LN  
 City CHARLESTOWN State RI Zip Code 02813-1727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575212558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STORDAHL, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7001 W 175TH AVENUE  
 City EDEN PRAIRIE State MN Zip Code 55346-2161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575213058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MEYERHOFER, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6624 IROQUOIS TRAIL  
 City EDINA State MN Zip Code 55439-1065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575214658471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. KOENIG, ERICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5985 PRESTWICK COURT  
 City EXCELSIOR State MN Zip Code 55331-4412  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575215058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. CARNISH, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7640 SOUTH BAY DR  
 City BLOOMINGTON State MN Zip Code 55438-2900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575215558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WILSON, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 336 SALEM CHURCH ROAD  
 City SUNFISH LAKE State MN Zip Code 55118-4719  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575218658471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. SHORS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4649 EWING AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1745  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575222358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KRUTA, DARLENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9243 GREEN BRIAR RD  
 City BLOOMINGTON State MN Zip Code 55437-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575232558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GRUNDHOEFER, BRYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 STAG MEADOW  
 City SAN ANTONIO State TX Zip Code 78248-1346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575232758471**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

**C. KIRKPATRICK, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 417 STERLING STREET  
 City LANCASTER State MA Zip Code 01523-1847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Risk Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575233658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	537.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CHOATE, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8222 STONE MASON CT  
 City WINDERMERE State FL Zip Code 34786-5624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575247858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DIMARTINO, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49605 KEYCOVE ST  
 City CHESTERFIELD State MI Zip Code 48047-2361  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575248158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DARRAH, JACQUELINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6725 YORK AVENUE SOUTH #532  
 City EDINA State MN Zip Code 55435-3235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575248558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRANT, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 ROCKY BROOK ROAD  
 City WILTON State CT Zip Code 06897-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575250258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. KORF, GRETCHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3180 CYPRESS CIRCLE S  
 City MEDINA State MN Zip Code 55340-8807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP External Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575252258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KUETER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1500 WINGATE DRIVE  
 City DELAWARE State OH Zip Code 43015-9200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NVP Network  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575255858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. BACHMANN, ANITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 815 NORTHERN SHORES POINT  
 City GREENSBORO State NC Zip Code 27455-3459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.09

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575258458471**  
 Amount of Each Receipt this Period 153.86  
 Memo Item  
 P/R Deduction (\$76.93 Bi-Weekly)

**B. REICHEL, RANDI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 331 TUSCANY ROAD  
 City BALTIMORE State MD Zip Code 21210-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575259958471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. BROOMFIELD, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12501 WEST 156TH STREET  
 City OVERLAND PARK State KS Zip Code 66221-2662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 599.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575260458471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	438.46
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ZARN, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11192 BLUESTEM LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-4731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.17

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575269158471**  
 Amount of Each Receipt this Period 139.18  
 Memo Item  
 P/R Deduction (\$69.59 Bi-Weekly)

**B. HAMBLIN, JILLIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3103 BEACON GROVE ST  
 City SPRING State TX Zip Code 77389-4348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575290358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SAUER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 HILLARY FARM LN  
 City SAINT PAUL State MN Zip Code 55110-5934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575290858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	293.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MUELLER, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6895 LAKE HARRISON CIRCLE  
 City CHANHASSEN State MN Zip Code 55317-4589  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575294558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HEWITT, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1443 RAYMOND AVE  
 City SAINT PAUL State MN Zip Code 55108-1430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.03

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575296758471**  
 Amount of Each Receipt this Period 134.62  
 Memo Item  
 P/R Deduction (\$67.31 Bi-Weekly)

**C. CUEVAS, BRANDON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 CLOISTER COURT  
 City LADERA RANCH State CA Zip Code 92694-1556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575305658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	596.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HUNT, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6636 W SHORE DR  
 City EDINA State MN Zip Code 55435-1529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575310458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DRAWZ, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4848 SPARROW ROAD  
 City MINNETONKA State MN Zip Code 55345-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575315958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. PEEL, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7185 GUNFLINT TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575329858471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VANHAM, COLLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 N EVERGREEN AVE  
 City ARLINGTON HEIGHTS State IL Zip Code 60004-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575341958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WHITE, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8727 W BUCKHORN TRL  
 City PEORIA State AZ Zip Code 85383-4852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2449.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575342358471**  
 Amount of Each Receipt this Period 392.30  
 Memo Item  
 P/R Deduction (\$196.15 Bi-Weekly)

**C. TELESKY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2602 PENNINGTON PLACE  
 City VALPARAISO State IN Zip Code 46383-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs SB KA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575350958471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	854.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GUSTIN, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5717 AYRSHIRE BLVD  
 City EDINA State MN Zip Code 55436-2059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575357758471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. NIELSEN, MICHELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 AMHERST COURT  
 City NORTH BRUNSWICK State NJ Zip Code 08902-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575361758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. COOK, JORDANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 PALMETTO COVE COURT  
 City BLUFFTON State SC Zip Code 29910-9580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1440.43

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575371658471**  
 Amount of Each Receipt this Period 239.92  
 Memo Item  
 P/R Deduction (\$119.96 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CUNNINGHAM, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1711 ROLLING HILLS RD  
 City CHARLESTON State WV Zip Code 25314-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Proj Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575375958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. DOLL, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3184 MULLIGAN LANE  
 City CHASKA State MN Zip Code 55318-3226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 274.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575385158471**  
 Amount of Each Receipt this Period 42.30  
 Memo Item  
 P/R Deduction (\$21.15 Bi-Weekly)

**C. FENLON, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4925 DREW AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-1743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575392058471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	311.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BRATTEBO, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10202 HARMONY CIRCLE  
 City EDEN PRAIRIE State MN Zip Code 55347-5019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575397258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. FELLER, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3715 HUNTINGTON AVE  
 City ST LOUIS PARK State MN Zip Code 55416-4917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575400358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. UNDERWOOD, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14625 SW SUNRISE LN  
 City TIGARD State OR Zip Code 97224-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575403358471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	423.06
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VENKATESAN, CHANDRAMOULEESWARAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17698 62ND COURT NORTH  
 City MAPLE GROVE State MN Zip Code 55311-4619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575410158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WALKER, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 26850 MOUNT HILL ROAD  
 City WELCH State MN Zip Code 55089-4472  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 684.19

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575414958471**  
 Amount of Each Receipt this Period 105.26  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

**C. MILLER, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11671 45TH PLACE NE  
 City SAINT MICHAEL State MN Zip Code 55376-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575418158471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	682.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. GOTTHARD, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16492 BROOKLANE BOULEVARD  
 City NORTHVILLE State MI Zip Code 48168-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 496.34

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575419158471**  
 Amount of Each Receipt this Period 76.36  
 Memo Item  
 P/R Deduction (\$38.18 Bi-Weekly)

**B. MCGAVICK, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 705 NOTTINGHAM COURT  
 City CRANBERRY TOWNSHIP State PA Zip Code 16066-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575421958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. OHARA, KARIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1431 HENRY COURT  
 City CHANHASSEN State MN Zip Code 55317-2200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575428758471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CASTILLO, EFREM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 307 JOLIET AVE  
 City SAN ANTONIO State TX Zip Code 78209-5243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Hlth Care Initiv  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1749.93

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575441358471**  
 Amount of Each Receipt this Period 269.22  
 Memo Item  
 P/R Deduction (\$134.61 Bi-Weekly)

**B. SPILKER, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 32 FITCH LANE  
 City NEW CANAAN State CT Zip Code 06840-5051  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575446358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BOOKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16632 HANSON BLVD NW  
 City ANDOVER State MN Zip Code 55304-2089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Info Security Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575447258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1038.42  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. FLOCCO, LOUIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3281 S VINE STREET  
 City CHANDLER State AZ Zip Code 85248-3845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575448658471**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. GEHLBACH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9613 CUSHING LANE  
 City CLEVELAND State OH Zip Code 44108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575448858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. RUNICE, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4622 BRUCE AVENUE  
 City EDINA State MN Zip Code 55424-1123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2398.50

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575451558471**  
 Amount of Each Receipt this Period 369.00  
 Memo Item  
 P/R Deduction (\$184.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	953.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MCGLINCH, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MIDWEST TRAIL NORTH  
 City LAKE ELMO State MN Zip Code 55042-9658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575451658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MURPHY, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5201 BLAKE ROAD  
 City EDINA State MN Zip Code 55436-1127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575453758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STUCKMAYER, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24005 RIVERS EDGE ROAD  
 City ROGERS State MN Zip Code 55374-4781  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575462858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GLATT, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 631 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105-3522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Aviation Corp Pilots  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575464958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. SADUSKE, NANETTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4276 NICOLET DRIVE  
 City GREEN BAY State WI Zip Code 54311-9798  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575470258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. STARMANN, LYNN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11701 WEMBLEY RD  
 City LOS ALAMITOS State CA Zip Code 90720-4235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575494558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DITTBERNER, LINDSAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 962 WOODVIEW CIRCLE  
 City CARVER State MN Zip Code 55315-4519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575496958471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. VESLEDAHL, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15598 MICHELE LANE  
 City EDEN PRAIRIE State MN Zip Code 55346-2548  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ntwk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575499258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SUNDAL, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5109 WEST 66TH ST  
 City EDINA State MN Zip Code 55439-1429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Innovation  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575502958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HOWELL, NICHOLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 ORANGE GROVE AVENUE  
 City SOUTH PASADENA State CA Zip Code 91030-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575510058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TSENG, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 TEMPLE PLACE UNIT 5  
 City BOSTON State MA Zip Code 02111-1300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575511458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SHAPIRO, SHEILA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1727 EAST MYRTLE AVENUE  
 City PHOENIX State AZ Zip Code 85020-5529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575512058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MUNSON, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4707 HAZELTINE LANE  
 City EAGAN State MN Zip Code 55123-2172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575512458471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KELLY, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23420 COVELLO STREET  
 City WEST HILLS State CA Zip Code 91304-5333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575518058471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. JOSEPH, MOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9209 GRAND SUMMIT BLVD  
 City DRIPPING SPRINGS State TX Zip Code 78620-2882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575521758471**  
 Amount of Each Receipt this Period 384.00  
 Memo Item  
 P/R Deduction (\$192.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	668.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KAPLAN, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 193 PARTRIDGE LANDING  
 City GLASTONBURY State CT Zip Code 06033-2849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575524058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. COHEN, SANFORD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 CRESCENT LANE  
 City LEVITTOWN State NY Zip Code 11756-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CMO, Clinical Policy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575526158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUNTER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9236 PRESTON PLACE  
 City EDEN PRAIRIE State MN Zip Code 55347-3396  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575528358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HERNANDEZ, MAYRENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 SW 189TH AVENUE  
 City PEMBROKE PINES State FL Zip Code 33029-6047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575529258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HOLOVANIA, KRISTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4610 LAKEVIEW DRIVE  
 City EDINA State MN Zip Code 55424-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575533058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HILL, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34301 299TH PLACE  
 City AITKIN State MN Zip Code 56431-5914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575533158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MULLANEY, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 169 HUNNEWELL STREET  
 City NEEDHAM State MA Zip Code 02494-1421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575535158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HAMLIN, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2800 NEWMAN  
 City HOUSTON State TX Zip Code 77098-1408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575536258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SUN, TONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8408 ENSLEY PLACE  
 City LEAWOOD State KS Zip Code 66206-1402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575540258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROSENZWEIG, MARTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 DAVID RD  
 City BALA CYNWYD State PA Zip Code 19004-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Behvrl CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575540658471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. STEINBRECHER, HOLLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2101 LILAC LANE  
 City FRISCO State TX Zip Code 75034-3652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575544558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DAIKEN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5002 ONEIDA ST  
 City DULUTH State MN Zip Code 55804-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575549658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STUEVE, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16700 56TH PLACE N  
 City PLYMOUTH State MN Zip Code 55446-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 243.75

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575556258471**  
 Amount of Each Receipt this Period 162.50  
 Memo Item  
 P/R Deduction (\$81.25 Bi-Weekly)

**B. STAFFORD, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9413 W 131ST STREET  
 City OVERLAND PARK State KS Zip Code 66213-3079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR25755561258471**  
 Amount of Each Receipt this Period 115.40  
 Memo Item  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. MOCK, CURTIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 KELTON STREET  
 City REHOBOTH State MA Zip Code 02769-2530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575579258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	470.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WINSOR, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 WILDERS PASS  
 City CANTON State CT Zip Code 06019-2259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575582858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HARRIS, EUGENE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2832 HARBORSIDE WAY  
 City SOUTHPORT State NC Zip Code 28461-8373  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg VP of Brkr Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575585458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MORABITO, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 TUCKER HILL ROAD  
 City MIDDLEBURY State CT Zip Code 06762-2430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575586158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SOLLER, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 S 2ND STREET  
 UNIT 614  
 City MINNEAPOLIS State MN Zip Code 55415-1375  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575586758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GISCH, SHAWNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 320 PRESERVE COURT  
 City CHANHASSEN State MN Zip Code 55317-8717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575592158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MILLER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CANAL STREET  
 410  
 City BOSTON State MA Zip Code 02114-2019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575595658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 95 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. IVERSON, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13341 CARRACH AVENUE  
 City ROSEMOUNT State MN Zip Code 55068-4774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strat Initiv  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575603258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCNUTT, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 90 CLAY CLIFFE DRIVE  
 City EXCELSIOR State MN Zip Code 55331-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575604558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COSTA, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 775 WESTCHESTER AVENUE  
 City SHAKOPEE State MN Zip Code 55379-4557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575605858471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	999.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. KING, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 116 CUTLER ROAD  
 City GREENWICH State CT Zip Code 06831-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP SIs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575612858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WAULTERS, SCOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 HEMLOCK COURT  
 City MANALAPAN State NJ Zip Code 07726-4254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575622158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THOMPSON, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17829 63RD AVE N  
 City MAPLE GROVE State MN Zip Code 55311-4650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO UHC Govt Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575634658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WILSON, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2420 DURHAM MANOR DRIVE  
 City FRANKLIN State TN Zip Code 37064-5266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575636158471**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. CLARK, TERENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 COOPER AVENUE  
 City EDINA State MN Zip Code 55436-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Marketing Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575636958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. CABANILLAS, MARIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2411 WORDSWORTH ST  
 City HOUSTON State TX Zip Code 77030-1833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575637358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1019.20  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DAVIS, BENTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9825 NORTH 53RD PLACE  
 City PARADISE VALLEY State AZ Zip Code 85253-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575639258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HERMAN, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9609 WYOMING CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575650258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SJODIN, CARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1751 HAMPSHIRE AVENUE  
 City SAINT PAUL State MN Zip Code 55116-2457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575652458471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	961.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KANE, HEATHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7624 N MOUNTAIN VIEW PASS  
 City PARADISE VALLEY State AZ Zip Code 85253-2844  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575657458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PIZZANO, KATHRYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 387 DEPOT HILL ROAD  
 City POUGHQUAG State NY Zip Code 12570-5763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575662158471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. ZIGLER, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 TREVINO CIRCLE  
 City ANGEL FIRE State NM Zip Code 87710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575665658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	923.04
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ALLEN, CARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8675 AZURE SKY DRIVE  
 City LAS VEGAS State NV Zip Code 89129-2227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575669358471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. BOGATYRENKO, VICTORIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 FRANKLIN STREET APT 2C  
 City EXETER State NH Zip Code 03833-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 748.67

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575675458471**  
 Amount of Each Receipt this Period 115.18  
 Memo Item  
 P/R Deduction (\$57.59 Bi-Weekly)

**C. PRIEST, BRADY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 COUNTRY CLUB RD  
 City EDINA State MN Zip Code 55424-1148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575677258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 577.78  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MITCHELL, JILL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11499 ASHLEY COURT  
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR257568358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SIMONSON, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6284 CLOVIS POINT ST  
 City LAS VEGAS State NV Zip Code 89135-1496  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575682358471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**C. STIDMAN, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6504 CHEROKEE TRAIL  
 City EDINA State MN Zip Code 55439-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575683858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OCHIPINTI, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 DEAN STREET  
 City ANNAPOLIS State MD Zip Code 21401-2716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575685758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BURCH, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 412 TALL TIMBERS ROAD  
 City GLASTONBURY State CT Zip Code 06033-3389  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575686458471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. FINE, BRETT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 STONINGTON ROAD  
 City SILVER SPRING State MD Zip Code 20902-1549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Strat  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575692858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FARRELL, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 LINDSAY LANE  
 City ORLEANS State MA Zip Code 02653-4720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575696258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PROKOCKI, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9091 KORNBRUST DR  
 City LONE TREE State CO Zip Code 80124-5333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575705858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. THIERY, LINDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 999 LABEAUX AVE NE  
 City HANOVER State MN Zip Code 55341-9292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575707858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. WILSON, D ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 STUART STREET  
 25D  
 City BOSTON State MA Zip Code 02116-5011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575708858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. VOLLRATH, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7647 MARKER ROAD  
 City SAN DIEGO State CA Zip Code 92130-5616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Client Mngt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575719858471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. CAIN, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 COUNTRYSIDE CT  
 City DANVILLE State CA Zip Code 94506-1126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575724358471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	730.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. MCKEE, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6500 TRANQUIL RIVER LANE  
 City WAUSAU State WI Zip Code 54401-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR257526758471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. GROSKLAGS, JEFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3233 TIMBERWOLF CIRCLE  
 City PRIOR LAKE State MN Zip Code 55372-3272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575735758471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. KRAL, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4358 COOLIDGE AVE  
 City SAINT LOUIS PARK State MN Zip Code 55424-1020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575736158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MURRAY, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 CIRCLE WEST  
 City EDINA State MN Zip Code 55436-1313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575736558471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. LEWIS, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 675 PLEASANT VIEW ROAD  
 City CHANHASSEN State MN Zip Code 55317-9509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575737458471**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. CESARETTI, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 CIRCLE DOWN  
 City GOLDEN VALLEY State MN Zip Code 55416-1304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575739058471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CONE, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2622 WEST LAKE STREET  
 APT 404  
 City MINNEAPOLIS State MN Zip Code 55416-5488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575743758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. PINERSKI, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7501 HART LN  
 City AUSTIN State TX Zip Code 78731-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575752858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. LAMOINE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1181 EDGCUMBE ROAD APT 516  
 City SAINT PAUL State MN Zip Code 55105-2820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575755158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. JOHNSON, KURT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8351 E REDFIELD RD  
 City SCOTTSDALE State AZ Zip Code 85260-3535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Director Data Science  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 274.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575758358471**  
 Amount of Each Receipt this Period 42.30  
 Memo Item  
 P/R Deduction (\$21.15 Bi-Weekly)

**B. EKLO, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3942 CAMPELLO CURVE  
 City CHASKA State MN Zip Code 55318-4639  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575761858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HOWARTH, CRAIG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1820 NAPOLI DRIVE  
 City APEX State NC Zip Code 27502-9659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575762458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	503.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. CUNNINGHAM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 SOUTH 16TH STREET  
 UNIT 4706  
 City PHILADELPHIA State PA Zip Code 19102-2534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) COO NA Acct  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575767858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PAIK, JESSICA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 BUTTONWOOD LANE EAST  
 City RUMSON State NJ Zip Code 07760-1010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP Clnt Mgmt Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575783158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SUAREZ, MARIO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21294 SMOKEHOUSE CT  
 City ASHBURN State VA Zip Code 20147-5316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575787358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BERGDOLL, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 523 LOS DOLCES ST  
 City LAS VEGAS State NV Zip Code 89138-4559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575793758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. JELINEK, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16601 S MOUNTAIN STONE TRAIL  
 City PHOENIX State AZ Zip Code 85048-2080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575795658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WIX, LACOSTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 910 MANILA ST  
 City NASHVILLE State TN Zip Code 37206-3437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575800058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. GALIAN, SANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 120 SEQUAMS LANE WEST  
 City WEST ISLIP State NY Zip Code 11795-4549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575803258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. LEVINE, CAROL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9100 LARKSPUR LANE  
 City EDEN PRAIRIE State MN Zip Code 55347-2004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Cust Strategy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575803358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HJERPE, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13932 UTAH AVE S  
 City SAVAGE State MN Zip Code 55378-2159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575806258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. RUSSELL, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3108 SONIA DRIVE  
 City LAS VEGAS State NV Zip Code 89107-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575812158471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. LATINO, DAYNA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 RAINBOW TRAIL  
 City VERNON State CT Zip Code 06066-5950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575813258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SCHENEMAN, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 8TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575813458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	231.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. SHAPIRO, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 MORGAN AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Cnsmr Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575814258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. TAYLOR, DUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3712 NE 34TH UNIT 2C  
 City VANCOUVER State WA Zip Code 98665  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575818158471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. NESTOR, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 HUMBLE LANE  
 City WESTON State CT Zip Code 06883-2509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mgng Dir Optuml Cons  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575821758471**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.06
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SEXTON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14750 CRESTWOOD COURT  
 City ELM GROVE State WI Zip Code 53122-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575823258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCNATT, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 KENSINGTON COURT  
 City ALPHARETTA State GA Zip Code 30022-6274  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Sls Ops & Reg Field Sls  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575824958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BRADLEY, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 360 TWIN OAKS CT  
 City KINGSTON SPRINGS State TN Zip Code 37082-8906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 239.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575825858471**  
 Amount of Each Receipt this Period 36.92  
 Memo Item  
 P/R Deduction (\$18.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	498.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KAUFMAN, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1580 BOHNS POINT ROAD  
 City WAYZATA State MN Zip Code 55391-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575829858471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SCHMITT, MARIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3045 25TH AVENUE  
 City SAN FRANCISCO State CA Zip Code 94132-1541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575830058471**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. HELLER, ALYSIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22331 W 44TH TER  
 City SHAWNEE State KS Zip Code 66226-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575830558471**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HENRY, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8970 VINCENT CIRCLE  
 City BLOOMINGTON State MN Zip Code 55431-1900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575831058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HUNTLEY, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24905 MILLER BAY ROAD  
 City CROSBY State MN Zip Code 56441-2400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575832058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JERDE, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 EAST VERA LANE  
 City TEMPE State AZ Zip Code 85284-4036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575837458471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BOROCH, BLAIR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 BELFRY DRIVE  
 City BLUE BELL State PA Zip Code 19422-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575849958471**  
 Amount of Each Receipt this Period 80.00  
 Memo Item  
 P/R Deduction (\$40.00 Bi-Weekly)

**B. GOLDEN, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 106 SOUND COURT  
 City NORTHPORT State NY Zip Code 11768-3527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2202.27

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575859358471**  
 Amount of Each Receipt this Period 430.38  
 Memo Item  
 P/R Deduction (\$215.19 Bi-Weekly)

**C. COTTINGTON, NYLE BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15050 47TH STREET NE  
 City SAINT MICHAEL State MN Zip Code 55376-1613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575865358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	894.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. ADAMO, BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3109 E DESERT LN  
 City PHOENIX State AZ Zip Code 85042-7198  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575867858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ROSS, CHRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 211 JIM CANNON RD  
 City VAN ALSTYNE State TX Zip Code 75495-2803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575873358471**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. LU, RANYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 31 EXPLORATION  
 City IRVINE State CA Zip Code 92618-8850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575878358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.84
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PEZHMAN, PAYMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3016 GROVELAND SCHOOL ROAD  
 City WAYZATA State MN Zip Code 55391-2816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575883558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SCHMUKER, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2575 TALL TIMBER COURT SE  
 City GRAND RAPIDS State MI Zip Code 49546-6787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575906658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MARGHERIO, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6412 JEFFERSON STREET  
 City KANSAS CITY State MO Zip Code 64113-1542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575916358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.98
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CZAJKA, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8590 BIG MANGROVE DRIVE  
 City FORT MYERS State FL Zip Code 33908-7694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575918658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. OLSON, TRUDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7208 WOODDALE AVE SOUTH  
 City EDINA State MN Zip Code 55435-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575918758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MCGOLDRICK, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 48 MOUNTAIN TERRACE ROAD  
 City WEST HARTFORD State CT Zip Code 06107-1533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Broker & Consulting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575930458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MATTERA, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 640 LOCUST HILLS DRIVE  
 City WAYZATA State MN Zip Code 55391-1973  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575938458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RILEY, FELICITY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3330 EDMUND BLVD  
 City MINNEAPOLIS State MN Zip Code 55406-2348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575943358471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. DONAHUE, JEANINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 164 MORNINGSDRIVE  
 City MANDEVILLE State LA Zip Code 70448-7571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575959258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. NEFF, WAYNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1158 DESERT ROCK DRIVE  
 City REXBURG State ID Zip Code 83440-3697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575961858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SALVO, GIANCARLO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1027 SW 149 LANE  
 City SUNRISE State FL Zip Code 33326-1957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M&R Reg Sls Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575964958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FRANK, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1373 PRAIRIE MEADOW RD  
 City MINNETRISTA State MN Zip Code 55359-6701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2575970458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SIEBERT, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 VIA BELLEZA  
 City SAN CLEMENTE State CA Zip Code 92673-6910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575979658471**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. RICHARDS, ALISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 257 WEST GRANTLEY  
 City ELMHURST State IL Zip Code 60126-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575987958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHULTZ, STACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4012 S XERXES AVENUE  
 City MINNEAPOLIS State MN Zip Code 55410-1146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2575990958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	661.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CHAMBUNDABONGSE, KUNJORN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9730 46TH STREET  
 City WATERTOWN State MN Zip Code 55388-9333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576000258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BRIGGS, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13534 TUSCALEE HILL CIR  
 City DRAPER State UT Zip Code 84020-5653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576001658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCHOENER, SHAUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 884 LAS PALOMAS DR  
 City LAS VEGAS State NV Zip Code 89138-5001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 212.42

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576012758471**  
 Amount of Each Receipt this Period 32.68  
 Memo Item  
 P/R Deduction (\$16.34 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	801.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 270		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. BYRNES, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3920 GLENWOOD STREET  
 City DULUTH State MN Zip Code 55804-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576042858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. KANDALFT, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4189 WINDSOR POINT PLACE  
 City EL DORADO HILLS State CA Zip Code 95762-3797  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576043658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STONE, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4644 VENETO DRIVE  
 City FRISCO State TX Zip Code 75033-7135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Contract Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 473.50

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576045158471**  
 Amount of Each Receipt this Period 81.00  
 Memo Item  
 P/R Deduction (\$40.50 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. NELSON, KRISTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3320 SHAVERS LAKE ROAD  
 City WAYZATA State MN Zip Code 55391-3341  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Growth Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576047958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MONICAL, KENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9795 E PIEDRA DRIVE  
 City SCOTTSDALE State AZ Zip Code 85255-9231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Medicare STARS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576051358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUANG, JAMES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6838 IDLEWOOD WAY  
 City EDEN PRAIRIE State MN Zip Code 55346-3519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576059958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. REX, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 HARRINGTON ROAD  
 City WAYZATA State MN Zip Code 55391-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576060058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MCEWAN, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4916 ALDRICH AVE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419-5353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576085758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUDA, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5208 RICHWOOD DRIVE  
 City EDINA State MN Zip Code 55436-2322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Corp Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576089958471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. FREIBERG, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9605 LEXINGTON CT  
 City WESTON State WI Zip Code 54476-6730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576093658471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. DIAMOND, TIFFANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 HARVEY DRIVE  
 City GOFFSTOWN State NH Zip Code 03045-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576105558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MELNICK, BRADLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5185 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576111958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEDIN, JEFF, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 115 EAGLE COVE  
 City MADISON State MS Zip Code 39110-6629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576122358471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. ANASTASIO, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 BRIARWOOD DR  
 City NORTH BRANFORD State CT Zip Code 06471-1459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 288.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576136958471**  
 Amount of Each Receipt this Period 48.00  
 Memo Item  
 P/R Deduction (\$24.00 Bi-Weekly)

**C. LIRETTE, KARL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 WEST WOODLAWN DRIVE  
 City DESTREHAN State LA Zip Code 70047-2535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 442.26

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576138958471**  
 Amount of Each Receipt this Period 85.80  
 Memo Item  
 P/R Deduction (\$42.90 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	287.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BOADO, ANDREA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14924 PONDVIEW CIRCLE  
 City WAYZATA State MN Zip Code 55391-2249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576144658471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GROSSMAN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15725 56TH AVE N  
 City PLYMOUTH State MN Zip Code 55446-2984  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576145858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. FRIDNER, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 782 PENFIELD DR  
 City CAROL STREAM State IL Zip Code 60188-4738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB NA VP Sls/Gen  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576147558471**  
 Amount of Each Receipt this Period 78.00  
 Memo Item  
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SCOTT, GARLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8018 PERLETTE COURT  
 City KERNERSVILLE State NC Zip Code 27284-9957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576151058471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. LENTZ, MICHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4004 FOREST GLEN DRIVE  
 City GREENSBURG State PA Zip Code 15601-9062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 571.36

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576153558471**  
 Amount of Each Receipt this Period 142.84  
 Memo Item  
 P/R Deduction (\$71.42 Bi-Weekly)

**C. WARN, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2079 AUSTRIAN PINE LN  
 City MINNETONKA State MN Zip Code 55305-2429  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Acctng  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2576157858471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	219.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 132 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. PAUNOVICH, VUKASIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1209 KEITH RD  
 City WAKE FOREST State NC Zip Code 27587-7301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576306758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BENSON, JEAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14951 HIGHLAND COURT NE  
 City PRIOR LAKE State MN Zip Code 55372-4109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2576310958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COMBSMORGAN, LAURIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 513 RIVERVIEW DRIVE  
 City FRANKLIN State TN Zip Code 37064-5512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2578719858471**  
 Amount of Each Receipt this Period 38.40  
 Memo Item  
 P/R Deduction (\$19.20 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	807.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LONG, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12352 PRINCETON AVE  
 City EDEN PRAIRIE State MN Zip Code 55347-1936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2395.60

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2578734958471**  
 Amount of Each Receipt this Period 400.60  
 Memo Item  
 P/R Deduction (\$200.30 Bi-Weekly)

**B. EGELAND, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2659 E LAKE OF THE ISLES PKWY  
 City MINNEAPOLIS State MN Zip Code 55408-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2578741058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ASNER, BARTLEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25 OFFSHORE  
 City NEWPORT BEACH State CA Zip Code 92657-2162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2578819458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1169.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DUFFEY, KRISTY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 42095 N 109TH PLACE  
 City SCOTTSDALE State AZ Zip Code 85262-3293  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2578823258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CIAVOLA, LAURA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6958 DELOACH COURT  
 City FRISCO State TX Zip Code 75034-7436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2578824358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BUSBEE, NATHANAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 ORPINGTON RD  
 City BALTIMORE State MD Zip Code 21229-2128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2578826758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 135 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MILLER, TRACI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 729 PINE TRAIL  
 City ARNOLD State MD Zip Code 21012-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2578829958471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. FARMER, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1846 SOUTH COLUMBINE STREET  
 City BATON ROUGE State LA Zip Code 70808-5227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2595208358471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. ELLIS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6001 DRIPPING SPRINGS  
 City FRISCO State TX Zip Code 75034-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA Dir Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2595209158471**  
 Amount of Each Receipt this Period 32.76  
 Memo Item  
 P/R Deduction (\$16.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	263.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BOWES, DOUGLAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 583 BATTERY STREET 908N  
 City SEATTLE State WA Zip Code 98121-1682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2595226958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. SNYDER, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 156 HIGH WINDS DRIVE  
 City YARMOUTH State ME Zip Code 04096-5958  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2595229358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SCOTT, WESTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16333 VANCE JACKSON APT 1215  
 City SAN ANTONIO State TX Zip Code 78257-5090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.01

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601125358471**  
 Amount of Each Receipt this Period 61.54  
 Memo Item  
 P/R Deduction (\$30.77 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHORT, MARIANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2215 SUMMIT AVENUE  
 City SAINT PAUL State MN Zip Code 55105-1002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601133558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WILLIAMS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 SOUTHERN OAKS DRIVE  
 City CLINTON State MS Zip Code 39056-9772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601151158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. FRIAS, LORRAINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 855 ST CLAIR AVENUE #1  
 City SAINT PAUL State MN Zip Code 55105-3283  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir Tech Proj-Prgm Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 409.05

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601159058471**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$45.45 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	552.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 138 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. KIMES, CARRIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1917 SW 27TH STREET  
 City TOPEKA State KS Zip Code 66611-1643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601162058471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. PERERA, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 UNITY AVE N  
 City GOLDEN VALLEY State MN Zip Code 55422-4735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601168858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. RODRIGUEZ, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4825 DAVIS ROAD  
 City MIAMI State FL Zip Code 33143-6141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2601176858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 139 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. ALLDREDGE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7410 DOGWOOD ROAD  
 City EXCELSIOR State MN Zip Code 55331-7607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1904.72

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605688458471**  
 Amount of Each Receipt this Period 476.18  
 Memo Item  
 P/R Deduction (\$238.09 Bi-Weekly)

**B. MCBEATH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2537 RED ARROW DRIVE  
 City LAS VEGAS State NV Zip Code 89135-1628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Physn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605708958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HUTCHINS, LEIGH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16786 RAINY VALE AVE  
 City RIVERSIDE State CA Zip Code 92503-6535  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Primecare Medical Network, Inc Occupation (for Individual) CEO Med Grp Non Physn  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605717858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	937.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVIS, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 905 N LEBANON ST  
 City ARLINGTON State VA Zip Code 22205-1433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605734258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. LEIGH PITSTICK, EMILY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17307 97TH DR SE  
 City SNOHOMISH State WA Zip Code 98296-8168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605735258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MALONE, TRACY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 S 22ND ST  
 City ARLINGTON State VA Zip Code 22202-2625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605736958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. PETERSON, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6615 W DEERFIELD DR  
 City ZIONSVILLE State IN Zip Code 46077-8588  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605750458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SMITH, LARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1164 RUE CHINON  
 City MANDEVILLE State LA Zip Code 70471-1213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605760658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. HECKERT, EDWARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1555 BARRINGTON DRIVE  
 City WEXFORD State PA Zip Code 15090-9378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sis Acct Mgt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2605763058471**  
 Amount of Each Receipt this Period 14.00  
 Memo Item  
 P/R Deduction (\$7.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 129.38  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FICKER, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 173 LAURELWOOD DRIVE  
 City NOVATO State CA Zip Code 94949-8427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2607806758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. LANDO, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 60 PINEAPPLE STREET APT 3J  
 City BROOKLYN State NY Zip Code 11201-6839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2608059558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. SAVOIE, DANA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8756 STONEFIELD LN  
 City CHANHASSEN State MN Zip Code 55317-4713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2609809558471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BODELL, LESLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18710 34TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55447-1000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2609811358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WRIGHT, NORMAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5205 KELSEY TERRACE  
 City EDINA State MN Zip Code 55436-1172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Customer Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2609812358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PATEL, KETAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4682 WARNER AVE #C304  
 City HUNTINGTON BEACH State CA Zip Code 92649-3990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2612523358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 846.12  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. PELUSO, JOSIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 112 WITHERS STREET 1ST FLOOR  
 City BROOKLYN State NY Zip Code 11211-2314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) C&S Medicr Dir NYC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2612525358471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. STEVENS, J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 93 CONSERVATION ROAD  
 City SUFFIELD State CT Zip Code 06078-2442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Tech Proj-Prgm Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2612528558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BAKER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2383 HIGHOVER TRAIL  
 City CHANHASSEN State MN Zip Code 55317-4744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2612530558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	499.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SHILTS, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 WOODLAND ROAD  
 City EDINA State MN Zip Code 55424-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2612533258471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

**B. KREJCI, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19880 LAKEVIEW AVENUE  
 City EXCELSIOR State MN Zip Code 55331-9352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2614310758471**  
 Amount of Each Receipt this Period 56.16  
 Memo Item  
 P/R Deduction (\$28.08 Bi-Weekly)

**C. THOMPSON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 DEVIN PLACE NE  
 City ATLANTA State GA Zip Code 30305-4409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Sls  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2614322358471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BURKHOLDER, CHAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2423 DUBONNET DRIVE  
 City MACUNGIE State PA Zip Code 18062-8857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2615073458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. RHODES, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1604 EAGLE PEAK WAY  
 City LAS VEGAS State NV Zip Code 89134-6404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2615075158471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. BARELA, ERNEST, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12059 VIBRATO COURT  
 City LAS VEGAS State NV Zip Code 89138-4654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2271.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2615080858471**  
 Amount of Each Receipt this Period 419.40  
 Memo Item  
 P/R Deduction (\$209.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	842.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. OCONNOR, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1510 JAMES STREET  
 City DURHAM State NC Zip Code 27707-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2615082058471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SOLOMON, RANDALL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 HAIGHT STREET  
 City SAN FRANCISCO State CA Zip Code 94117-3317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2615671558471**  
 Amount of Each Receipt this Period  
 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BIRNBAUM, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 55 DEAN STREET  
 City BROOKLYN State NY Zip Code 11201-6245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2615671658471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KNUTSON, DIANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5321 EMPIRE LANE NORTH  
 City PLYMOUTH State MN Zip Code 55446-3723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2615923958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. OSTRANDER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18 BARTON COURT  
 City PLEASANT HILL State CA Zip Code 94523-2029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2615960658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. TRAW, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 518 13TH ST  
 City HUNTINGTON BEACH State CA Zip Code 92648-4038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2617365658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. BROWN, ROGER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 512 EAST STATE AVE  
 City PHOENIX State AZ Zip Code 85020-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2622557958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OLSON, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13454 E JEWELL AVE 202  
 City AURORA State CO Zip Code 80012-5465  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2622561658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MOURAS, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6376 MARSH ROAD  
 City COTTRELLVILLE State MI Zip Code 48039-1314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2623702958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MULES, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1136 BATTERY AVENUE  
 City BALTIMORE State MD Zip Code 21230-4112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2624442658471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. STALLWOOD, GREGG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4842 JUNIPER DR  
 City PALM HARBOR State FL Zip Code 34685-2688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2625499058471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. COLLETTE, CHRISTOPHER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4776 MANITOU ROAD  
 City EXCELSIOR State MN Zip Code 55331-9400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UnitedHlth Grp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020  
**Transaction ID : PR2625499558471**  
 Amount of Each Receipt this Period  
 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. RELLER, TAMI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5120 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436-1342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2625501958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SMITH, LISA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5040 INTERLACHEN BLUFF  
 City EDINA State MN Zip Code 55436-1360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2625503758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. LAWTON, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1720 CROSS PINES DR  
 City FLEMING ISLAND State FL Zip Code 32003-4915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2625505458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 152 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. CARIGAN, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5589 W TECO AVENUE  
 City LAS VEGAS State NV Zip Code 89118-2805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Human Capital Partner Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 761.84

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2625534658471**  
 Amount of Each Receipt this Period 190.46  
 Memo Item  
 P/R Deduction (\$95.23 Bi-Weekly)

**B. HINES, GREGORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3127 GABRI CT  
 City WEST SACRAMENTO State CA Zip Code 95691-5292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2626886558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. STOCKSTAD, LYNNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5190 MEADVILLE STREET  
 City EXCELSIOR State MN Zip Code 55331-8790  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp Chief Mktg Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2626915558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	959.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GRABSKI, BENJAMIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5520 UPTON AVE S  
 City MINNEAPOLIS State MN Zip Code 55410-2406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2627731658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. RUSH, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4735 BYWOOD CT  
 City COLORADO SPRINGS State CO Zip Code 80906-5936  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2627743858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DUKART, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2541 DRESDEN LANE  
 City GOLDEN VALLEY State MN Zip Code 55422-3617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2627749158471**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 P/R Deduction (\$200.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	553.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. VANDERWALDE, LAMBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 AUDUBON CAUSEWAY  
 City LANTANA State FL Zip Code 33462-4756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHG Research-Corp Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2628332358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PIAZZA, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 HILLSIDE LN  
 City POTTSTOWN State PA Zip Code 19465-8583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2628334158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. KORNHAUSER, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 180 SUMMIT LANE  
 City BALA CYNWYD State PA Zip Code 19004-2931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 753.48

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2628335758471**  
 Amount of Each Receipt this Period 115.92  
 Memo Item  
 P/R Deduction (\$57.96 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	577.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ERICKSON, ALYSSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6430 POLARIS LANE N  
 City MAPLE GROVE State MN Zip Code 55311-4320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1070.70

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2628798958471**  
 Amount of Each Receipt this Period 219.60  
 Memo Item  
 P/R Deduction (\$109.80 Bi-Weekly)

**B. THOMPSON, BRUCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2826 HEDGEROW DRIVE  
 City DALLAS State TX Zip Code 75235-7590  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2628833658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SAYEED, OMER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2239 HOLLISTON AVE  
 City ALTADENA State CA Zip Code 91001-3213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Advisory Svcs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632078258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	681.12
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 270		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. DREFAHL, JASON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1755 CARRIAGE DRIVE  
 City VICTORIA State MN Zip Code 55386-4512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632078958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OTTESON, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4545 OXFORD AVE  
 City EDINA State MN Zip Code 55436-1405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632082558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. GORSUCH, KIRSTEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST  
 City ORONO State MN Zip Code 55356-9676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632087858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TUFFIN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 ASHBY MANOR PLACE  
 City ALEXANDRIA State VA Zip Code 22310-2267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632087958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. WALTHOUR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5049 COLFAX AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Rsch  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2354.10

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632877058471**  
 Amount of Each Receipt this Period 407.04  
 Memo Item  
 P/R Deduction (\$203.52 Bi-Weekly)

**C. RADEL, TRAVIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1890 SANDBAR CIRCLE  
 City WACONIA State MN Zip Code 55387-1072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2632878858471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	830.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HAPGOOD, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 NW 82ND  
 City TOPEKA State KS Zip Code 66617-2223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634167058471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. ROALDI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 TOURNAMENT DRIVE  
 City AVON LAKE State OH Zip Code 44012-2285  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634169558471**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. HACKNEY, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 425 N 15TH ST  
 City NASHVILLE State TN Zip Code 37206-2774  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634170358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. PRIBLE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1923 SHIVER DR  
 City ALEXANDRIA State VA Zip Code 22307-1629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634656658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PESCATELLO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2149 CALIFORNIA STREET NW APT #D  
 City WASHINGTON State DC Zip Code 20008-1834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634888558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. POWER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 SMITH LANE  
 City SAINT JAMES State NY Zip Code 11780-3810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum360 Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2634892858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. STOTENBUR, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7640 GLEN ALCOVE  
 City WOODBURY State MN Zip Code 55129-4308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635438958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. PAYET, KEITH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9608 STONEBLUFF DRIVE  
 City BRENTWOOD State TN Zip Code 37027-1468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635440058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MANN, MELISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15526 ELM RD  
 City MAPLE GROVE State MN Zip Code 55311-3941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital Partner  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635442158471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 161 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. NGUYEN, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17816 PORTO MARINA  
 City PACIFIC PALISADES State CA Zip Code 90272-4154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Population Hlth  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635444058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. MIRAU, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 HAWKCREST CIR  
 City CHANHASSEN State MN Zip Code 55317-4860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Strategy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635444258471**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. EICHENLAUB, MANDIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6607 CINDY LANE  
 City HOUSTON State TX Zip Code 77008-5110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Prgms  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2635448558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	353.84
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROOS, THOMAS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3199 KAGEN AVE NE  
 City SAINT MICHAEL State MN Zip Code 55376-3416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2635451258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MADONDO, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 BLUEBELL WAY  
 City FRANKLIN State TN Zip Code 37064-6784  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2636726158471**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. HILL, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 RIDGE AVENUE UNIT 303  
 City EVANSTON State IL Zip Code 60201-5980  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2636726558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LUSIC, TANYA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20840 SAWMILL ROAD  
 City JORDAN State MN Zip Code 55352-9633  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2636727558471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. SIVLEYIII, HARRY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7218 AVALON BLVD  
 City ALPHARETTA State GA Zip Code 30009-2500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2638106658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. HAUSCHILDT, TODD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 4TH AVE N UNIT 703  
 City MINNEAPOLIS State MN Zip Code 55401-1538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2638114758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 TRIMONT LANE #610A

City PITTSBURGH State PA Zip Code 15211-1206

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639701858471**

Amount of Each Receipt this Period 384.60

Memo Item

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

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

Mailing Address 379 DURHAM ROAD

City WYCKOFF State NJ Zip Code 07481-1018

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

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Sls SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639702058471**

Amount of Each Receipt this Period 384.60

Memo Item

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

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

Mailing Address 85 LITTLE POND RD

City NORTHBOROUGH State MA Zip Code 01532-1686

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

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639708358471**

Amount of Each Receipt this Period 384.60

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional).....▶ 1153.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. SMITH, ANTHONY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 ROCKAWAY AVE  
 City MARBLEHEAD State MA Zip Code 01945-1726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639746258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. WIGGIN, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 MIDDLEBROOK RD  
 City WEST HARTFORD State CT Zip Code 06119-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639759358471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. ZUCCO, BETHANY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5212 JAMES AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2133.84

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639760058471**  
 Amount of Each Receipt this Period 440.00  
 Memo Item  
 P/R Deduction (\$220.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	555.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 166 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. JENSENMOORE, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 ROSE AVENUE  
 City MILL VALLEY State CA Zip Code 94941-1728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 321.88

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639770358471**  
 Amount of Each Receipt this Period 49.52  
 Memo Item  
 P/R Deduction (\$24.76 Bi-Weekly)

**B. FLEMING, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2016 N HOWE ST UNIT 1S  
 City CHICAGO State IL Zip Code 60614-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639773758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DUTTA, SUMIT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1112 W WRIGHTWOOD AVE  
 City CHICAGO State IL Zip Code 60614-1315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2639773858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	818.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KETTLEWELL, KELLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 457 N OAK ST  
 City ELMHURST State IL Zip Code 60126-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2321.34

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2639774158471**  
 Amount of Each Receipt this Period 206.04  
 Memo Item  
 P/R Deduction (\$13.74 Bi-Weekly)

**B. NELSON, ELLEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11882 TILDEN PLACE  
 City WELLINGTON State FL Zip Code 33414-6056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2639795358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SMITH, DELYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 447  
 City MT PROSPECT State IL Zip Code 60056-0447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2639801558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	667.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEBER, ALISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10633 NW 74TH PLACE  
 City JOHNSTON State IA Zip Code 50131-2342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2640461058471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. STOW, CHRISTINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 ALTON PL NW  
 City WASHINGTON State DC Zip Code 20016-2041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Public Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2640466458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SHARKEY, S PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8607 ELLISTON DRIVE  
 City WYNDMOOR State PA Zip Code 19038-7957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP SIs SB KA  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 329.16

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2640845458471**  
 Amount of Each Receipt this Period 64.74  
 Memo Item  
 P/R Deduction (\$32.37 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	564.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ESTESS, SHARON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 128 ASHBROOKE TRAIL  
 City MADISON State MS Zip Code 39110-6855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2640876558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. METKO, SARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23665 HIGHVIEW LANE  
 City LAKEVILLE State MN Zip Code 55044-6025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2640877358471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. ADVANI, PROTIMA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7618 BRITTANY PARC CT  
 City FALLS CHURCH State VA Zip Code 22043-2907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642024158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 270		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. STRAND, UTE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2323 SPRINGDALE DRIVE  
 City NASHVILLE State TN Zip Code 37215-1134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642025558471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. BRUECKMAN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4695 234TH PL SE  
 City SAMMAMISH State WA Zip Code 98075-6828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642029458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MARTIN, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7002 N VIA DE MANANA  
 City SCOTTSDALE State AZ Zip Code 85258-3951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Dir Strat Accts  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 784.21

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642818058471**  
 Amount of Each Receipt this Period 187.04  
 Memo Item  
 P/R Deduction (\$93.52 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	610.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. LONG, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4825 PENN AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-5258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642831258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. FOX, ELIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1021 NORTH GARFIELD STREET #308  
 City ARLINGTON State VA Zip Code 22201-2559  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642832058471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. CRESTA, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 OGDEN LANE  
 City MIDDLETON State MA Zip Code 01949-1669  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642837558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. KUSSIE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8445 NE NEW BROOKLYN ROAD  
 City BAINBRIDGE ISLAND State WA Zip Code 98110-3611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP Sls Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2642838858471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. RUDOLPH, CLAYTON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4937 RUSSELL AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55410-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1022.67

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2643199358471**  
 Amount of Each Receipt this Period 227.26  
 Memo Item  
 P/R Deduction (\$113.63 Bi-Weekly)

**C. CRAGLE, STEVE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6604 MOHAWK TRAIL  
 City EDINA State MN Zip Code 55439-1030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2643200658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	650.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. NEELY, MARC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1159 BUFFALO RIDGE RD  
 City CASTLE PINES State CO Zip Code 80108-8190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2643203158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAMMOND, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 244 NE 59TH TERR  
 City TOPEKA State KS Zip Code 66617-1661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Capability  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2644644858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MCKOY, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 927 LINCOLN AVE  
 City SAINT PAUL State MN Zip Code 55105-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2644651658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. JEZARIAN, WENDY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5251 HUMBOLDT AVE S  
 City MINNEAPOLIS State MN Zip Code 55419-1121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Rsch Cnslt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2644659658471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ZIRKELBACH, ANGELA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 916 G STREET NW APT #301  
 City WASHINGTON State DC Zip Code 20001-4573  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2644660258471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**C. MISTRY, RASHMITA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4037 RALEIGH AVE S  
 City ST LOUIS PARK State MN Zip Code 55416-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2645169158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. NEALE, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11380 WILD HERON PT  
 City EDEN PRAIRIE State MN Zip Code 55347-4729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2645175258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MAHRT, JONATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2785 DIVISION STREET  
 City SAINT PAUL State MN Zip Code 55109-1676  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2645176958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PRICE, CASSANDRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7903 S 193 AVENUE  
 City GRETNA State NE Zip Code 68028-5017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2646263658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 176 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. HOFFMAN, SHERRI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3409 DEEP WILLOW AVENUE  
 City PIKESVILLE State MD Zip Code 21208-3116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2646294658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. BROWN, JANE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8323 BURNS PL  
 City CHAPEL HILL State NC Zip Code 27516-7733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Compli  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2646295258471**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. STANKIEWICZ, DENNIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17761 WEAVER LAKE DRIVE  
 City MAPLE GROVE State MN Zip Code 55311-1328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2646304058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	511.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WELSH, MARY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4532 BLUEBELL TRAIL SOUTH  
 City MEDINA State MN Zip Code 55340-4575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Corporate Security  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2646306958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. ROSENHAUS, MORGANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 724 FARRAGUT STREET NW  
 City WASHINGTON State DC Zip Code 20011-4012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.56

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2698409858471**  
 Amount of Each Receipt this Period 131.20  
 Memo Item  
 P/R Deduction (\$65.60 Bi-Weekly)

**C. ZENICK, GEOFFREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7714 TWISTED OAKS CIRCLE  
 City DALLAS State TX Zip Code 75231-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2698410858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TAYLOR, JOSHUA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 PINE RIDGE RD  
 City WOODBRIDGE State CT Zip Code 06525  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2698416758471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. GROSSMAN, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 BROOKSIDE AVE  
 City MENANDS State NY Zip Code 12204-2301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2699179858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DOWLING, MELODY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14205 INDEPENDENCE COURT  
 City BASEHOR State KS Zip Code 66007-5203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2699182558471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SELIG, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6406 WESTMINSTER  
 City BENTON State AR Zip Code 72019-6682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Business Development Exe  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 399.88

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2699184658471**  
 Amount of Each Receipt this Period 61.52  
 Memo Item  
 P/R Deduction (\$30.76 Bi-Weekly)

**B. AHLSTROM, ALEXIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3421 OAKWOOD TERRACE  
 City WASHINGTON State DC Zip Code 20010-1819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2699187158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ZHOU, JINGXIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12011 FAIRVIEW CT  
 City MINNETONKA State MN Zip Code 55343-4516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2699187858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	523.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 180 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. EDSON, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6609 DENNY PEAK DRIVE  
 City SNOQUALMIE State WA Zip Code 98065-8996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2699702258471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. GALIMI, GAVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 S JUANITA AVENUE  
 City REDONDO BEACH State CA Zip Code 90277-3824  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 799.89

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2700913158471**  
 Amount of Each Receipt this Period **123.06**  
 Memo Item  
 P/R Deduction (\$61.53 Bi-Weekly)

**C. GORDON, MARILYN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 SURREY ROAD  
 City CHERRY HILL State NJ Zip Code 08002-1540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2700918358471**  
 Amount of Each Receipt this Period **76.92**  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>584.58</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 181 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WAYLAND, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7615 SWEETBRIAR RD  
 City RICHMOND State VA Zip Code 23229-6619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 899.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2700924658471**  
 Amount of Each Receipt this Period 138.46  
 Memo Item  
 P/R Deduction (\$69.23 Bi-Weekly)

**B. MCSWEENEY, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 258 W NEWTON STREET UNIT 2  
 City BOSTON State MA Zip Code 02116-6435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701818058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. BERMAN, ABRAHAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 183 SOUTH CHAMPLAIN ST APT 5  
 City BURLINGTON State VT Zip Code 05401-4716  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701818558471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. FRINGER, TRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2809 STANFORD AVE  
 City DALLAS State TX Zip Code 75225-7917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701818658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. OCONNELL, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3325 W 18TH AVENUE  
 City DENVER State CO Zip Code 80204-1681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1483.31

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701819658471**  
 Amount of Each Receipt this Period 233.20  
 Memo Item  
 P/R Deduction (\$116.60 Bi-Weekly)

**C. BRUCE, JAMIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1433 POWDER DRIVE  
 City O FALLON State MO Zip Code 63366-1398  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701823058471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1002.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SPARKS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10681 S CEDAR NILES BLVD  
 City OLATHE State KS Zip Code 66061-7415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2701825558471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. KRAMER, NANCY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4672 BITTERN LANE  
 City LEBANON State OH Zip Code 45036-7562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir RN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2702501458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. MERZLICHER, CAREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 BENTLEY PARK CIRCLE  
 City O FALLON State MO Zip Code 63368-8022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2703246958471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. YOUNG, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 654 CHISWELL CT  
 City BRENTWOOD State TN Zip Code 37027-3109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2703655458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. ROLLINS, CARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6805 CHEYENNE TRAIL  
 City EDINA State MN Zip Code 55439-1158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2704188958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. HOROHO, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 335 MUIRFIELD LOOP  
 City REUNION State FL Zip Code 34747-6409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2704194658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DELANY, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 209 GARLAND AVENUE  
 City DECATUR State GA Zip Code 30030-4940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2704196358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. HAYEK, ANDREW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 ADAMS AVENUE  
 City GLENCOE State IL Zip Code 60022-1865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705063458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ROBERTS, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45 BRIGHTON RD NE  
 City ATLANTA State GA Zip Code 30309-1518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705063558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BUNTEN, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 401 TATLOW DR  
 City COLUMBIA State MO Zip Code 65203-6130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705070558471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. SPADE, NATHAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1060 ELLIOTT LANE  
 City YORK State PA Zip Code 17403-3421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705987058471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

**C. BARBARO, PHILIP, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 670 ARBUTUS STREET  
 City MIDDLETOWN State CT Zip Code 06457-7106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705988258471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. WOODCOCK, TROY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5207 NORTH SHORE DRIVE  
 City DULUTH State MN Zip Code 55804-2942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Software Engineering  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705988758471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. KMIEC, ADAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4736 PRAIRIE DUNES WAY  
 City EAGAN State MN Zip Code 55123-2352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2705989258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. PETRONE, DAMIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 703 DEAN CT  
 City WEST CHESTER State PA Zip Code 19382-2100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Acct Mgt Cons Clnt Svc  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2706418958471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BARTHOLET, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5918 VALEWOOD DRIVE  
 City MINNETONKA State MN Zip Code 55345-6545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2706451158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CHEN, HONG, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 LOCKE LANE  
 City LEXINGTON State MA Zip Code 02420-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2706452258471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

**C. MULDOON, ALLISON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2500 CLARENDON BLVD APT 129  
 City ARLINGTON State VA Zip Code 22201-3835  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 704.46

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2706452758471**  
 Amount of Each Receipt this Period 122.36  
 Memo Item  
 P/R Deduction (\$61.18 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MOORE, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9405 EAGLE NEST LANE  
 City MIDDLETON State WI Zip Code 53562-5647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 454.92

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2706453558471**  
 Amount of Each Receipt this Period 84.00  
 Memo Item  
 P/R Deduction (\$42.00 Bi-Weekly)

**B. HUNT, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5594 MARSHALL HOUSE CT  
 City BURKE State VA Zip Code 22015-2141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2740514058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. TICICH, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7613 RIVER FORK DRIVE  
 City NASHVILLE State TN Zip Code 37221-4687  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2740514358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	545.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DELANEY, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2876 GENEVA ST  
 City DENVER State CO Zip Code 80238-3035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.05

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2740759258471**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$45.45 Bi-Weekly)

**B. PONS, NATALIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3209 GALLERIA UNIT 803  
 City EDINA State MN Zip Code 55435-2547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2740761958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. FEHR, STEPHANIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 BLACKFOOT PASS  
 City EDINA State MN Zip Code 55439-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Mkt Grp CHRO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2748020558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	860.10
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 191 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WEISS, RACHEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 38 ADAMS STREET NW  
 City WASHINGTON State DC Zip Code 20001-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2749722858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. SEVERANCE, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2160 N MARION ST  
 City DENVER State CO Zip Code 80205-5245  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 409.05

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2750288158471**  
 Amount of Each Receipt this Period 90.90  
 Memo Item  
 P/R Deduction (\$45.45 Bi-Weekly)

**C. ORIE, TIMOTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 BISHOP LANE  
 City SUDBURY State MA Zip Code 01776-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Human Capital  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2754244158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	552.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 192 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MUSSLEWHITE, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3033 UNIVERSITY TERRACE NW  
 City WASHINGTON State DC Zip Code 20016-3462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2754659958471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. SIMON, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1388 DIAMOND COURT  
 City PITTSBURGH State PA Zip Code 15241-1220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2754663258471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. KONTOR, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 123A SPA VIEW AVE  
 City ANNAPOLIS State MD Zip Code 21401-3542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Advisory Svc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2754673658471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BOTHRA, SIDDHARTH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17200 SE 45TH STREET  
 City BELLEVUE State WA Zip Code 98006-6510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2754720758471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. CHRISTY, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3024 FOUNTAIN WAY  
 City SHAKOPEE State MN Zip Code 55379-5424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Bus Dev Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2755315258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**C. SEVILLE, KATHERINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 ADAMS ST  
 City DECATUR State GA Zip Code 30030-5205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Capability Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2755317258471**  
 Amount of Each Receipt this Period 38.46  
 Memo Item  
 P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	615.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MAYER, SHANNON, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13159 DANUBE LANE  
 City ROSEMOUNT State MN Zip Code 55068-4378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 928.54

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2755343958471**  
 Amount of Each Receipt this Period 82.42  
 Memo Item  
 P/R Deduction (\$5.50 Bi-Weekly)

**B. WEILER, KATHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1250 CANTON AVENUE  
 City MILTON State MA Zip Code 02186-2414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2755347658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ABRAHAM, SANTIAGO, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2637 ARCOLA LANE  
 City WAYZATA State MN Zip Code 55391-9703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2755652158471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	851.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. CHA, STEPHEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1740 POTOMAC AVENUE SOUTHEAST  
 City WASHINGTON State DC Zip Code 20003-3135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2755767358471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. DUPLECHIEN, RITCHIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 617 CHASE TREE ST  
 City LAS VEGAS State NV Zip Code 89144-4502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Mktg  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 315.78

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2755929858471**  
 Amount of Each Receipt this Period 105.26  
 Memo Item  
 P/R Deduction (\$52.63 Bi-Weekly)

**C. ASHENHURST, KARLA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4000 SOUTH AVON DRIVE  
 City NEW BERLIN State WI Zip Code 53151-6213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2756173658471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	605.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MASONER, AUDREY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15400 MAPLE STREET  
 City OVERLAND PARK State KS Zip Code 66223-3262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2756359858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. HERMELINGIII, THEODORE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 117 5TH STREET  
 City WILMETTE State IL Zip Code 60091-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2756521658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. SATTERWHITE, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2209 PARIS AVENUE N  
 City WEST LAKELAND State MN Zip Code 55082-1357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Product  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2757435758471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. MALLEY, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 764 WEST SADDLE RIVER ROAD  
 City HO HO KUS State NJ Zip Code 07423-1645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2757436658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. AZAM, MISHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 629 JEFFERSON AVENUE  
 City CHERRY HILL State NJ Zip Code 08002-3704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2759343858471**  
 Amount of Each Receipt this Period 77.00  
 Memo Item  
 P/R Deduction (\$38.50 Bi-Weekly)

**C. HUNT, BRITTNEY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3360 MICANOPY TRAIL  
 City TALLAHASSEE State FL Zip Code 32312-3670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2759756458471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	538.52
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SCHLAIFER, MARISSA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1050 N STUART ST #400  
 City ARLINGTON State VA Zip Code 22201-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2759756858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BROWN, RENEE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21425 NORMAN SHORES DR  
 City CORNELIUS State NC Zip Code 28031-6697  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2759888658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. DIFRONZO, CHRISTINE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 CRAIG LN  
 City HINGHAM State MA Zip Code 02043-3411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2759978158471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. ROBERT, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 79373 FITZGERALD CHURCH ROAD  
 City COVINGTON State LA Zip Code 70435-7809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2759986058471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. GRUHN, GINA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13 WEATHER VANE DRIVE  
 City MORRISTOWN State NJ Zip Code 07960-4758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2760769458471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. MASTEN, DALE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9845 BENNINGTON DRIVE  
 City SHARONVILLE State OH Zip Code 45241-3619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2760775858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DELMONICO, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 MULBERRY CIRCLE  
 City JOHNSTON State RI Zip Code 02919-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760781758471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. GALLE, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5314 VALLARTA DRIVE  
 City SAINT LOUIS State MO Zip Code 63128-3516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760798858471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. BARR, CHRISTY M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6348 CARRIAGE OAK WAY  
 City LIBERTY TWP State OH Zip Code 45011-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760819658471**  
 Amount of Each Receipt this Period 76.92  
 Memo Item  
 P/R Deduction (\$38.46 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. HARRIS, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9436 S 47TH PLACE  
 City PHOENIX State AZ Zip Code 85044-7507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1508.00

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760820758471**  
 Amount of Each Receipt this Period 332.00  
 Memo Item  
 P/R Deduction (\$116.00 Bi-Weekly)

**B. CRAWFORD, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 127 CHUZZLEWIT DOWN  
 City BRENTWOOD State TN Zip Code 37027-7627  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760825158471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**C. VELASCO, JOEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6352 31 PLACE NW ST  
 City WASHINGTON State DC Zip Code 20015-2358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Intl Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760938558471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	847.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. WINN, JOSEPH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4401 GREGG ROAD  
 City BROOKEVILLE State MD Zip Code 20833-1033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2760940258471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

**B. OBRIEN, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11017 CAVELL CIR  
 City BLOOMINGTON State MN Zip Code 55438-2284  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.91

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2761138258471**  
 Amount of Each Receipt this Period 96.14  
 Memo Item  
 P/R Deduction (\$48.07 Bi-Weekly)

**C. BUTT, FAWAD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1006 ROSE AVE  
 City PIEDMONT State CA Zip Code 94611-4345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2761791858471**  
 Amount of Each Receipt this Period 192.30  
 Memo Item  
 P/R Deduction (\$96.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. SONNIER, SUSAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 DEMONBREUN ST UNIT 1805  
 City NASHVILLE State TN Zip Code 37201-2248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2762649958471**  
 Amount of Each Receipt this Period 230.76  
 Memo Item  
 P/R Deduction (\$115.38 Bi-Weekly)

**B. CLAYTON, JUSTIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 712 TUCKER ST UNIT 434  
 City RALEIGH State NC Zip Code 27603-1870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.77

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2762749958471**  
 Amount of Each Receipt this Period 183.72  
 Memo Item  
 P/R Deduction (\$91.86 Bi-Weekly)

**C. LAFFERTY, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10959 203RD ST W  
 City LAKEVILLE State MN Zip Code 55044-5952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Prd  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2762750758471**  
 Amount of Each Receipt this Period 153.84  
 Memo Item  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	568.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 204 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. WHITLOW, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1903 MOUNT CURVE AVE  
 City MINNEAPOLIS State MN Zip Code 55403-1021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Comm Off  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2762750958471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. BIDINGER, DANIEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3757 INDEPENDENCE RD  
 City MAPLE PLAIN State MN Zip Code 55359-9759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Strategy  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2762957558471**  
 Amount of Each Receipt this Period **40.00**  
 Memo Item  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. GUNDBERG, CORY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6609 DOVRE DR  
 City EDINA State MN Zip Code 55436-1711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2020**  
**Transaction ID : PR2763080558471**  
 Amount of Each Receipt this Period **384.60**  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. DAVIS, JENNIFER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3347 RIVER LANDINGS BLVD  
 City HILLIARD State OH Zip Code 43026-7800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) External Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 472.98

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2763180358471**  
 Amount of Each Receipt this Period 84.60  
 Memo Item  
 P/R Deduction (\$42.30 Bi-Weekly)

**B. LEFF, ERIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2633 WEST VIEWMONT WAY WEST  
 City SEATTLE State WA Zip Code 98199-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clin Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2767366858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. FOLEY, BARBARA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6260 BLACK FOX WAY  
 City TALLAHASSEE State FL Zip Code 32312-4504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2769239258471**  
 Amount of Each Receipt this Period 92.30  
 Memo Item  
 P/R Deduction (\$46.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	561.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 270
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. KEDZUF, LINDSAY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1815 OLIVE LANE N  
 City PLYMOUTH State MN Zip Code 55447-2649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Anlys  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2769244058471**  
 Amount of Each Receipt this Period 41.66  
 Memo Item  
 P/R Deduction (\$20.83 Bi-Weekly)

**B. RICHARDSON, GENEVRA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3618 N 51ST PLACE  
 City PHOENIX State AZ Zip Code 85018-6158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2065.44

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2778357558471**  
 Amount of Each Receipt this Period 451.46  
 Memo Item  
 P/R Deduction (\$225.73 Bi-Weekly)

**C. HAUSMAN, ERIC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1617 WEST 25TH STREET  
 City MINNEAPOLIS State MN Zip Code 55405-2466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2202.27

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2778612758471**  
 Amount of Each Receipt this Period 430.38  
 Memo Item  
 P/R Deduction (\$215.19 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	923.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. BAKER, OMAR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 505 WEST 19TH STREET  
 MANHATTAN  
 City NEW YORK State NY Zip Code 10011-2883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strat Intv & CMO Hlth Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2778986658471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. PIERINI, RYAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3761 SAN YSIDRO WAY  
 City SACRAMENTO State CA Zip Code 95864-2866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.23

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2778987358471**  
 Amount of Each Receipt this Period 43.47  
 Memo Item  
 P/R Deduction (\$43.47 Bi-Weekly)

**C. DOCIMO, ANNE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 S 4TH STREET  
 City PHILADELPHIA State PA Zip Code 19106-4217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Chief Med Off  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2779271858471**  
 Amount of Each Receipt this Period 384.60  
 Memo Item  
 P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 270
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. JACKSON, KYLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3230 INDIAN HILLS DR  
 City MARIETTA State GA Zip Code 30068-3250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2782236658471**  
 Amount of Each Receipt this Period 115.38  
 Memo Item  
 P/R Deduction (\$57.69 Bi-Weekly)

**B. ROMANOW, KATHLEEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4450 S PARK AVE APT 1419  
 City CHEVY CHASE State MD Zip Code 20815-3643  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1145.76

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2782733058471**  
 Amount of Each Receipt this Period 208.32  
 Memo Item  
 P/R Deduction (\$104.16 Bi-Weekly)

**C. PERRA, MATTHEW, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3708 WASHINGTON STREET  
 City KENSINGTON State MD Zip Code 20895-3443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 2449.95

Date of Receipt 06 / 30 / 2020  
**Transaction ID : PR2783257258471**  
 Amount of Each Receipt this Period 392.30  
 Memo Item  
 P/R Deduction (\$196.15 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	716.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 209 OF 270
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 29 CHAMPIONS LANE

City SAN ANTONIO	State TX	Zip Code 78257-1292
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2173.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2020

**Transaction ID : PR2786908658471**

Amount of Each Receipt this Period  
 434.78

Memo Item

P/R Deduction (\$217.39 Bi-Weekly)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	434.78
<b>TOTAL</b> This Period (last page this line number only).....	133991.77

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 210 OF 270
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Friends for Chris Stewart, Inc.**

Mailing Address PO Box 540370

City North Salt Lake	State UT	Zip Code 84054
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00506931

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	25	/	2020

**Transaction ID : 44908657**

Amount of Each Receipt this Period  
2500.00

Memo Item

Refund of PAC 2020 Primary Contribution

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sean Patrick Maloney For Congress**

Mailing Address PO Box 270

City Newburgh State NY Zip Code 12550

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Maloney, Sean, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 18

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852349**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Butterfield For Congress**

Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Butterfield, George, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NC District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852357**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joe Morelle For Congress**

Mailing Address P.O. Box 90914

City Rochester State NY Zip Code 14609

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Morelle, Joseph, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 25

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852365**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michigan Republican Party - Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	15	/	2020

Mailing Address 520 Seymour Ave.

FEC Identification Number

C	
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**Transaction ID : 44852370**

Amount of Each Disbursement this Period

	5000.00
--	---------

Contribution

Memo Item

City Lansing State MI Zip Code 48933

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Lisa Blunt Rochester For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2020

Mailing Address PO Box 9767

FEC Identification Number

C	C00590778
---	-----------

**Transaction ID : 44856166**

Amount of Each Disbursement this Period

	2500.00
--	---------

Contribution

Memo Item

City Wilmington State DE Zip Code 19809

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

**Blunt Rochester, Lisa, , Rep.,**

Office Sought:  House  Senate  President  
State: DE District: 00

Disbursement For: 2020  Primary  General  Other (specify)

Full Name (Last, First, Middle Initial)

**C. Suozzi For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2020

Mailing Address PO Box 669

FEC Identification Number

C	C00607200
---	-----------

**Transaction ID : 44856172**

Amount of Each Disbursement this Period

	2500.00
--	---------

Contribution

Memo Item

City Glen Cove State NY Zip Code 11542

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

**Suozzi, Thomas, , Rep.,**

Office Sought:  House  Senate  President  
State: NY District: 03

Disbursement For: 2020  Primary  General  Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

	10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Stanton For Congress**

Mailing Address 4340 E Indian School Road  
Suite 21-518

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Stanton, Greg, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00657304

**Transaction ID : 44856180**

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Donna Shalala For Congress**

Mailing Address 219 Pennsylvania Avenue SE  
3rd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Shalala, Donna, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: FL District: 27

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00672311

**Transaction ID : 44856185**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Motor City PAC**

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00507574

**Transaction ID : 44856186**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. A New Direction PAC**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	0

FEC Identification Number

C C00458570

**Transaction ID : 44856188**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins For Senator**

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Collins, Susan, M., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: ME District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	0

FEC Identification Number

C C00314575

**Transaction ID : 44856189**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Joni For Iowa**

Mailing Address PO Box 93441

City  
Des Moines

State  
IA

Zip Code  
50393

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ernst, Joni, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	0

FEC Identification Number

C C00546788

**Transaction ID : 44856190**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	1	5	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Jim Inhofe**

Mailing Address PO Box 13300

City  
Oklahoma City

State  
OK

Zip Code  
73113

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Inhofe, James, M., Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: OK

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00207993

**Transaction ID : 44856195**

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Capito For West Virginia**

Mailing Address PO Box 11519

City  
Charleston

State  
WV

Zip Code  
25339

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Capito, Shelley, Moore, Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: WV

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00539825

**Transaction ID : 44856205**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hoeven For Senate**

Mailing Address PO Box 861

City  
Bismarck

State  
ND

Zip Code  
58502

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hoeven, John, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

State: ND

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00473371

**Transaction ID : 44856206**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Steve Daines For Montana**

Mailing Address PO Box 1598

City  
Helena

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Daines, Steven, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: MT

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00491357

**Transaction ID : 44856211**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ben Sasse For U.S. Senate, Inc.**

Mailing Address 700 R St  
Unit 83978

City  
Lincoln

State  
NE

Zip Code  
68501

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sasse, Benjamin, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify)

State: NE

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00547976

**Transaction ID : 44856213**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Tillis, Thom, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: NC

District:

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2020

FEC Identification Number

C C00545772

**Transaction ID : 44856214**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Wild and Wonderful PAC**

Mailing Address 3538 South Wakefield Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C C00489336

Transaction ID : 44857010

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chrissy Houlahan For Congress**

Mailing Address PO Box 222

City Devon State PA Zip Code 19333

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Houlahan, Chrissy, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C C00637371

Transaction ID : 44857020

Amount of Each Disbursement this Period

2000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kathleen Rice For Congress**

Mailing Address PO Box 744

City Mineola State NY Zip Code 11501

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Rice, Kathleen, , Rep.,**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NY District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C C00555813

Transaction ID : 44857022

Amount of Each Disbursement this Period

2000.00

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)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Sinema For Arizona**

Mailing Address PO Box 7586

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Sinema, Kyrsten, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼  
State: AZ District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00508804  
**Transaction ID : 44857024**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Josh Gottheimer For Congress**

Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name  
**Gottheimer, Josh, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NJ District: 05

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00573949  
**Transaction ID : 44857026**  
Amount of Each Disbursement this Period  
2500.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Building Relationships in Diverse Geographic Environments PAC (Bridge PAC)**

Mailing Address 499 South Capitol Street, SW  
Suite 422

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00399196  
**Transaction ID : 44857029**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. First State PAC**

Mailing Address PO Box 3006

City Wilmington State DE Zip Code 19804

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857030**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 401 2nd Avenue South Suite 303

City Seattle State WA Zip Code 98104

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857032**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Granite Values PAC**

Mailing Address 105 N State Street

City Concord State NH Zip Code 03301

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857034**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Congressional Black Caucus PAC**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00147512

**Transaction ID : 44857036**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City  
Palm Desert

State  
CA

Zip Code  
92261

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Ruiz, Raul, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00502575

**Transaction ID : 44857037**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Matsui for Congress**

Mailing Address PO Box 1738

City  
Sacramento

State  
CA

Zip Code  
95812

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Matsui, Doris, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00409219

**Transaction ID : 44857038**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	5	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City  
Weston

State  
FL

Zip Code  
33326

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Wasserman Schultz, Debbie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: FL District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00385773

**Transaction ID : 44857039**

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. McCollum For Congress**

Mailing Address P.O. Box 14131

City  
St. Paul

State  
MN

Zip Code  
55114

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McCollum, Betty, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: MN District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00354688

**Transaction ID : 44857040**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schneider For Congress**

Mailing Address PO Box 1318

City  
Deerfield

State  
IL

Zip Code  
60015

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Schneider, Brad, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00495952

**Transaction ID : 44857041**

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	5	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Darren Soto For Congress**

Mailing Address PO Box 420239

City Kissimmee State FL Zip Code 34742

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Soto, Darren, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: FL District: 09

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00581074  
**Transaction ID : 44857042**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scott Peters for Congress**

Mailing Address PO Box 22074

City San Diego State CA Zip Code 92192

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Peters, Scott, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CA District: 52

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00503110  
**Transaction ID : 44857043**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Angie Craig For Congress**

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Craig, Angela, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MN District: 02

Date of Disbursement  
MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number  
**C** C00575209  
**Transaction ID : 44857044**  
Amount of Each Disbursement this Period  
5000.00  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHC BOLD PAC**

Mailing Address PO Box 75357

City  
Washington

State  
DC

Zip Code  
20013

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00365536

**Transaction ID : 44857045**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Armstrong For Congress**

Mailing Address 1515 Burnt Boat Drive  
Box 112

City  
Bismarck

State  
ND

Zip Code  
58503

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Armstrong, Kelly, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: ND District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00670547

**Transaction ID : 44857046**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans For Jodey Arrington**

Mailing Address PO Box 6687

City  
Lubbock

State  
TX

Zip Code  
79493

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Arrington, Jodey, Cook, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	0

FEC Identification Number

C C00588657

**Transaction ID : 44857047**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Bishop For Congress**

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Bishop, Michael, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MI District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C00561001

**Transaction ID : 44857048**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Bilirakis, Gus, Michael, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C00408534

**Transaction ID : 44857049**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Andy Barr for Congress, Inc.**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Barr, Garland, Andy, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 17 / 2020

FEC Identification Number

C00467571

**Transaction ID : 44857050**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Debbie Wasserman Schultz For Congress**

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Wasserman Schultz, Debbie, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: FL District: 23

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857085**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Bishop For Congress**

Mailing Address PO Box 1148

City Brighton State MI Zip Code 48116

Purpose of Disbursement Void - Mike Bishop For Congress - check dated 6/17/2020

Category/Type

Candidate Name

**Bishop, Michael, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MI District: 08

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857134**

Amount of Each Disbursement this Period

Void - Mike Bishop For Congress - check dated 6/17/2020

Memo Item

Full Name (Last, First, Middle Initial)

**C. Mad 4 PA PAC**

Mailing Address P.O. Box 444

City Glenside State PA Zip Code 19038

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Dean, Madeleine, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: PA District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857145**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Sharice For Congress**

Mailing Address 13851 W. 63rd St.  
Num 303

City Shawnee State KS Zip Code 66216

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Davids, Sharice, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00670034

**Transaction ID : 44857146**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kuster For Congress, Inc**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Kuster, Ann, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00462861

**Transaction ID : 44857149**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Courtney For Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Courtney, Joseph, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00410233

**Transaction ID : 44857150**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Richmond For Congress**

Mailing Address 909 Poydras Street  
Suite 1825

City New Orleans State LA Zip Code 70112

Purpose of Disbursement  
Contribution

Candidate Name  
**Richmond, Cedric, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: LA District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

**C** C00451336

**Transaction ID : 44857151**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kind for Congress Committee**

Mailing Address 205 5th Ave S  
Room 411

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

Candidate Name  
**Kind, Ronald, James, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

**C** C00312017

**Transaction ID : 44857152**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Himes For Congress**

Mailing Address 857 Post Road, #312

City Fairfield State CT Zip Code 06824

Purpose of Disbursement  
Contribution

Candidate Name  
**Himes, James, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: CT District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

**C** C00434191

**Transaction ID : 44857155**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. People For Derek Kilmer</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address PO Box 1381		FEC Identification Number C00514893 <b>Transaction ID : 44857156</b>	
City Tacoma	State WA	Zip Code 98402	Amount of Each Disbursement this Period 2500.00 Contribution
Purpose of Disbursement Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Kilmer, Derek, , Rep.,</b>		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WA	District: 06	

Full Name (Last, First, Middle Initial) <b>B. Larson for Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address PO Box 261172		FEC Identification Number C00330142 <b>Transaction ID : 44857157</b>	
City Hartford	State CT	Zip Code 06126	Amount of Each Disbursement this Period 2500.00 Contribution
Purpose of Disbursement Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Larson, John, B., Rep.,</b>		Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT	District: 01	

Full Name (Last, First, Middle Initial) <b>C. McEachin For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address PO Box 7020		FEC Identification Number C00610964 <b>Transaction ID : 44857158</b>	
City Richmond	State VA	Zip Code 23221	Amount of Each Disbursement this Period 2000.00 Contribution
Purpose of Disbursement Contribution		Category/Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>McEachin, Aston, Donald, Rep.,</b>		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA	District: 04	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Elizabeth Pannill Fletcher For Congress**

Mailing Address 3262 Westheimer Rd  
#636

City Houston State TX Zip Code 77098

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Fletcher, Elizabeth, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: TX District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00640045

**Transaction ID : 44857159**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tom O'Halleran For Congress**

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**O'Halleran, Tom, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AZ District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00582890

**Transaction ID : 44857160**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. DelBene for Congress**

Mailing Address PO Box 477

City Kirkland State WA Zip Code 98083

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**DelBene, Suzan, K., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00459099

**Transaction ID : 44857161**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Terri Sewell For Congress**

Mailing Address P.O. Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Sewell, Terri, A., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: AL District: 07

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	2	0

FEC Identification Number  
  
**Transaction ID : 44857162**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Scanlon For Congress**

Mailing Address PO Box 263

City Swarthmore State PA Zip Code 19081

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Scanlon, Mary, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: PA District: 05

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	2	0

FEC Identification Number  
  
**Transaction ID : 44857163**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Haley Stevens For Congress**

Mailing Address 33717 Woodward Ave #539

City Birmingham State MI Zip Code 48009

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Stevens, Haley, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MI District: 11

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	8	/	2	0	2	0

FEC Identification Number  
  
**Transaction ID : 44857164**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dwight Evans For Congress**

Mailing Address PO Box 6578

City Philadelphia

State PA

Zip Code 19138

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Evans, Dwight, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	0

FEC Identification Number

C C00591065

**Transaction ID : 44857165**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elect Democratic Women PAC**

Mailing Address 918 Pennsylvania Ave SE

City Washington

State DC

Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:   
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	0

FEC Identification Number

C C00685297

**Transaction ID : 44857166**

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Donald Norcross For Congress**

Mailing Address PO Box 160

City Collingswood

State NJ

Zip Code 08108

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Norcross, Donald, W, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	0

FEC Identification Number

C C00558320

**Transaction ID : 44857167**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Al Lawson For Congress**

Mailing Address 400 North Adams St.

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Lawson, Alfred, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: FL District: 05

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00460261

**Transaction ID : 44857168**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Sanford Bishop For Congress**

Mailing Address PO Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Bishop, Sanford, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: GA District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00266940

**Transaction ID : 44857169**

Amount of Each Disbursement this Period

4000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Charlie Crist For Congress**

Mailing Address PO Box 1547

City St. Petersburg State FL Zip Code 33731

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Crist, Charlie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: FL District: 13

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00590067

**Transaction ID : 44857170**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Developing a New Generation PAC (DANG PAC)**

Mailing Address PO Box 699

City Ringgold State GA Zip Code 30736

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857171**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Ann Wagner for Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Wagner, Ann, L., Rep.,**

Office Sought:  House  Senate  President  
State: MO District: 02

Disbursement For: 2020  Primary  General  Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857173**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Greg Pence For Congress**

Mailing Address PO Box 275

City Taylorsville State IN Zip Code 47280

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Pence, Gregory, , Rep.,**

Office Sought:  House  Senate  President  
State: IN District: 06

Disbursement For: 2020  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857176**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Zeldin For Congress**

Mailing Address 47 Flintlock Drive

City Shirley State NY Zip Code 11967

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Zeldin, Lee, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NY District: 01

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857179**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**B. Emmer For Congress**

Mailing Address PO Box 998

City Anoka State MN Zip Code 55303

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Emmer, Thomas, Earl, Rep., Jr**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: MN District: 06

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857180**

Amount of Each Disbursement this Period

Memo Item Contribution

Full Name (Last, First, Middle Initial)

**C. Jaime for Congress**

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Herrera-Beutler, Jaime, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: WA District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857182**

Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City  
Spokane

State  
WA

Zip Code  
99210-0137

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**McMorris Rodgers, Cathy, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

/  /

FEC Identification Number

**C** C00390476

**Transaction ID : 44857184**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389-2667

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**McCarthy, Kevin, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: CA District: 23

Date of Disbursement

/  /

FEC Identification Number

**C** C00420935

**Transaction ID : 44857185**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pete Stauber For Congress**

Mailing Address 23 W Central Entrance  
PMB #333

City  
Duluth

State  
MN

Zip Code  
55811

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Stauber, Peter, Allen, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MN District: 08

Date of Disbursement

/  /

FEC Identification Number

**C** C00650697

**Transaction ID : 44857187**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Liz Cheney for Wyoming</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address PO Box 697		FEC Identification Number C00607556 <b>Transaction ID : 44857188</b>	
City Casper	State WY	Zip Code 82602	Amount of Each Disbursement this Period 5000.00 Contribution
Purpose of Disbursement Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Cheney, Liz, , Rep.,</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: WY District: 00			

Full Name (Last, First, Middle Initial) <b>B. Elise For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address PO Box 500		FEC Identification Number C00547893 <b>Transaction ID : 44857192</b>	
City Glens Falls	State NY	Zip Code 12801	Amount of Each Disbursement this Period 5000.00 Contribution
Purpose of Disbursement Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Stefanik, Elise, M., Rep.,</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 21			

Full Name (Last, First, Middle Initial) <b>C. Stivers For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 18 / 2020	
Mailing Address 4679 Winterset Drive		FEC Identification Number C00441352 <b>Transaction ID : 44857193</b>	
City Columbus	State OH	Zip Code 43220	Amount of Each Disbursement this Period 2500.00 Contribution
Purpose of Disbursement Contribution		Category/ Type 011	<input type="checkbox"/> Memo Item
Candidate Name <b>Stivers, Steve, , Rep.,</b>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: OH District: 15			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Walorski For Congress Inc**

Mailing Address PO Box 954

City  
Mishawaka

State  
IN

Zip Code  
46546

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Walorski, Jackie, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C00468579

**Transaction ID : 44857194**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. McHenry For Congress**

Mailing Address PO Box 2165

City  
Gastonia

State  
NC

Zip Code  
28053

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**McHenry, Patrick, Timothy, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: NC District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C00393629

**Transaction ID : 44857195**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise for Congress**

Mailing Address PO Box 23219

City  
Jefferson

State  
LA

Zip Code  
70183-3219

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Scalise, Steven, Joseph, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C00394957

**Transaction ID : 44857196**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Guthrie For Congress**

Mailing Address PO Box 9639

City  
Bowling Green

State  
KY

Zip Code  
42102-9639

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Guthrie, S., Brett, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

/  /

FEC Identification Number

**C** C00445023

**Transaction ID : 44857197**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Freedom Fund**

Mailing Address 1201 Pennsylvania Avenue  
Suite 800

City  
Washington

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00390674

**Transaction ID : 44857198**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00445379

**Transaction ID : 44857199**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. House Conservatives Fund**

Mailing Address 228 S. Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00326439

**Transaction ID : 44857203**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Oorah! PAC**

Mailing Address PO Box 3743

City Carmel State IN Zip Code 46082

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00551853

**Transaction ID : 44857204**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Together Holding Our Majority PAC**

Mailing Address PO Box 97275

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2020

FEC Identification Number

C C00571323

**Transaction ID : 44857205**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Continuing America's Strength and Security PAC**

Mailing Address P.O. Box 80505

City  
Baton Rouge

State  
LA

Zip Code  
70898

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857206**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Promoting Our Republican Team PAC**

Mailing Address 8331 Little Harbor Drive

City  
Cincinnati

State  
OH

Zip Code  
45244-2768

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857207**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Emmer For Congress**

Mailing Address PO Box 998

City  
Anoka

State  
MN

Zip Code  
55303

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

**Emmer, Thomas, Earl, Rep., Jr**

Office Sought:  House  
 Senate  
 President  
State: MN District: 06

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857208**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Susie Lee For Congress**

Mailing Address 5130 S Fort Apache Rd  
Ste. 215-382

City Las Vegas State NV Zip Code 89148

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Lee, Susie, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00655613

**Transaction ID : 44863348**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Balderson For Congress**

Mailing Address 4679 Winterset Dr

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Balderson, William, Troy, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00662650

**Transaction ID : 44863350**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Daines For Montana**

Mailing Address PO Box 1598

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Daines, Steven, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: MT District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00491357

**Transaction ID : 44863352**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Joe Wilson For Congress**

Mailing Address PO Box 2145

City  
West Columbia

State  
SC

Zip Code  
29171-2145

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Wilson, Joe, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: SC District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2020

FEC Identification Number

**C** C00368522

**Transaction ID : 44863355**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Kelly, Mike, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2020

FEC Identification Number

**C** C00474189

**Transaction ID : 44863358**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 906

City  
Marietta

State  
OH

Zip Code  
45750

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Johnson, William, Leslie, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	24	/	2020

FEC Identification Number

**C** C00476820

**Transaction ID : 44863363**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Tom Reed for Congress**

Mailing Address PO Box 94

City: Corning State: NY Zip Code: 14830

Purpose of Disbursement: Contribution

011  
Category/Type

Candidate Name: **Reed, Thomas, W., Rep., II**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify)   
 State: NY District: 23

Date of Disbursement: 06 / 24 / 2020

FEC Identification Number: C00464032  
**Transaction ID : 44863364**  
 Amount of Each Disbursement this Period: 5000.00  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moolenaar For Congress**

Mailing Address 5915 Eastman Avenue Suite 100

City: Midland State: MI Zip Code: 48640

Purpose of Disbursement: Contribution

011  
Category/Type

Candidate Name: **Moolenaar, John, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify)   
 State: MI District: 04

Date of Disbursement: 06 / 24 / 2020

FEC Identification Number: C00561530  
**Transaction ID : 44863365**  
 Amount of Each Disbursement this Period: 2500.00  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. David Rouzer For Congress**

Mailing Address PO Box 3142

City: Wilmington State: NC Zip Code: 28406

Purpose of Disbursement: Contribution

011  
Category/Type

Candidate Name: **Rouzer, David, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify)   
 State: NC District: 07

Date of Disbursement: 06 / 24 / 2020

FEC Identification Number: C00501643  
**Transaction ID : 44863368**  
 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)..... ▶

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Virginia Foxx For Congress**

Mailing Address PO Box 2676

City  
Boone

State  
NC

Zip Code  
28607

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Foxx, Virginia, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NC District: 05

Date of Disbursement

/  /

FEC Identification Number

**C** C00386748

**Transaction ID : 44863369**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Lahood For Congress**

Mailing Address P.O. Box 10735

City  
Peoria

State  
IL

Zip Code  
61612

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Lahood, Darin, McKay, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: IL District: 18

Date of Disbursement

/  /

FEC Identification Number

**C** C00575050

**Transaction ID : 44863371**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Latta For Congress**

Mailing Address PO Box 106

City  
Bowling Green

State  
OH

Zip Code  
43402

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Latta, Robert, Edward, Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

/  /

FEC Identification Number

**C** C00438697

**Transaction ID : 44863372**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Trey For Congress**

Mailing Address PO Box 421

City  
Jeffersonville

State  
IN

Zip Code  
47130

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Hollingsworth, Trey, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00590463

**Transaction ID : 44863377**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rodney for Congress**

Mailing Address PO Box 344

City  
Taylorville

State  
IL

Zip Code  
62568-0344

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Davis, Rodney, L., Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00521948

**Transaction ID : 44863380**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City  
Columbia

State  
MO

Zip Code  
65205

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Blunt, Roy, , Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	0

FEC Identification Number

C C00304758

**Transaction ID : 44863391**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Cotton For Senate, Inc.**

Mailing Address 2226 Cottondale Ln  
Suite 200

City Little Rock State AR Zip Code 72202

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Cotton, Thomas, , Sen.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00499988

**Transaction ID : 44863479**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Gallagher For Wisconsin**

Mailing Address PO Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Gallagher, Michael, John, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: WI District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00610212

**Transaction ID : 44863480**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Brian Fitzpatrick For Congress**

Mailing Address PO Box 939

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Fitzpatrick, Brian, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: PA District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00607416

**Transaction ID : 44863481**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Elect Jim Baird For Congress**

Mailing Address P.O. Box 203

City Greencastle State IN Zip Code 46135

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Baird, James, R., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: IN District: 04

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863482**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Bost For Congress Committee**

Mailing Address PO Box 1212

City Murphysboro State IL Zip Code 62966

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Bost, Michael, , Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: IL District: 12

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863483**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jim Banks For Congress, Inc.**

Mailing Address PO Box 11431

City Fort Wayne State IN Zip Code 46858

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Banks, James, E., Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: IN District: 03

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863484**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Hagedorn**

Mailing Address 11 Civic Center Plz  
Ste 7

City Mankato State MN Zip Code 56001

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Hagedorn, James, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MN District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00550707

**Transaction ID : 44863485**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends for Chris Stewart, Inc.**

Mailing Address PO Box 540370

City North Salt Lake State UT Zip Code 84054

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Stewart, Chris, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00506931

**Transaction ID : 44863486**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address PO Box 4527

City Springfield State MO Zip Code 65808

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Long, Billy, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00460063

**Transaction ID : 44863488**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Jason Smith For Congress**

Mailing Address PO Box 1324

City  
Cape Girardeau

State  
MO

Zip Code  
63702

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Smith, Jason, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

/  /

FEC Identification Number

**C** C00541862

**Transaction ID : 44863490**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican Governance Group/Tuesday Group PAC**

Mailing Address 610 S. Boulevard

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00433060

**Transaction ID : 44863495**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lets Get To Work PAC**

Mailing Address PO Box 76024

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00692327

**Transaction ID : 44863497**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Building Leadership and Inspiring New Enterprise PAC**

Mailing Address PO Box 96

City St. Elizabeth State MO Zip Code 65075

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 24 / 2020

FEC Identification Number

C C00489427
-------------

**Transaction ID : 44863499**

Amount of Each Disbursement this Period

5000.00
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Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Value in Electing Women PAC (VIEW PAC)**

Mailing Address 1201 Pennsylvania Avenue Suite 800

City Washington State DC Zip Code 20004

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 24 / 2020

FEC Identification Number

C C00327189
-------------

**Transaction ID : 44863500**

Amount of Each Disbursement this Period

5000.00
---------

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address PO Box 4527

City Springfield State MO Zip Code 65808

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name Long, Billy, , Rep.,

Office Sought:  House  Senate  President  
State: MO District: 07

Disbursement For: 2020  Primary  General  Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 24 / 2020

FEC Identification Number

C C00460063
-------------

**Transaction ID : 44863573**

Amount of Each Disbursement this Period

2500.00
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Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00
----------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Gallagher For Wisconsin**

Mailing Address PO Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Gallagher, Michael, John, Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: WI District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00610212

**Transaction ID : 44863575**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Castro For Congress**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292

Purpose of Disbursement Void - Castro For Congress - check dated 9/25/2019

011  
Category/Type

Candidate Name  
**Castro, Joaquin, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: TX District: 20

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00497933

**Transaction ID : 44863603**

Amount of Each Disbursement this Period

- 2500.00

Void - Castro For Congress - check dated 9/25/2019

Memo Item

Full Name (Last, First, Middle Initial)

**C. Meadows For Congress**

Mailing Address PO Box 811

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement Void - Meadows For Congress - check dated 11/22/2019

011  
Category/Type

Candidate Name  
**Meadows, Mark, , Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  Other (specify) ▼  
State: NC District: 11

Date of Disbursement

MM / DD / YYYY  
06 / 24 / 2020

FEC Identification Number

C C00503094

**Transaction ID : 44863610**

Amount of Each Disbursement this Period

- 2500.00

Void - Meadows For Congress - check dated 11/22/2019

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

MM / DD / YYYY  
- 2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202-2334

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Burgess, Michael, C., Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: TX

District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2020

FEC Identification Number

C C00372532

**Transaction ID : 44863824**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Portman for Senate Committee**

Mailing Address 9856 Archer Lane

City  
Dublin

State  
OH

Zip Code  
43017-8914

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Portman, Rob, , Sen.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2022

Primary  General  
 Other (specify)

State: OH

District:

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2020

FEC Identification Number

C C00458463

**Transaction ID : 44863825**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Joyce**

Mailing Address 9856 Archer Lane

City  
Dublin

State  
OH

Zip Code  
43017

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Joyce, David, P, Rep.,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2020

Primary  General  
 Other (specify) ▼

State: OH

District: 14

Date of Disbursement

MM / DD / YYYY  
06 / 26 / 2020

FEC Identification Number

C C00527457

**Transaction ID : 44864304**

Amount of Each Disbursement this Period

3000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Dr John Joyce For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2020
Mailing Address 1002 Logan Blvd Ste 114		FEC Identification Number C00674259 <b>Transaction ID : 44864305</b>
City Altoona	State PA	Zip Code 16602
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Joyce, John, , Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 13	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Guy For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2020
Mailing Address P.O. Box 23177		FEC Identification Number C00657833 <b>Transaction ID : 44864306</b>
City Pittsburgh	State PA	Zip Code 15222
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Reschenthaler, Guy, , Rep.,</b>		Amount of Each Disbursement this Period 2500.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 14	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Meuser For Congress</b>		Date of Disbursement MM / DD / YYYY 06 / 26 / 2020
Mailing Address 499 S Capitol St SW Ste 405		FEC Identification Number C00654723 <b>Transaction ID : 44864312</b>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution		Category/Type 011
Candidate Name <b>Meuser, Daniel, , Rep.,</b>		Amount of Each Disbursement this Period 5000.00 Contribution
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 09	<input type="checkbox"/> Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Strategy PAC**

Mailing Address C/O Red Curve Solutions, LLC  
138 Conant Street, 2nd Floor

City Beverly State MA Zip Code 01915

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44864314**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hoosier PAC**

Mailing Address PO Box 159

City Zionsville State IN Zip Code 46077

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44864315**

Amount of Each Disbursement this Period

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Heartland Values PAC**

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44864316**

Amount of Each Disbursement this Period

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City  
Schaumburg

State  
IL

Zip Code  
60168

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Krishnamoorthi, Raja, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2020

FEC Identification Number

C C00575092

**Transaction ID : 44884781**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Salud Carbajal For Congress**

Mailing Address PO Box 1290

City  
Santa Barbara

State  
CA

Zip Code  
93102

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Carbajal, Salud, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2020

FEC Identification Number

C C00576041

**Transaction ID : 44884782**

Amount of Each Disbursement this Period

2500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Finkenauer For Congress**

Mailing Address P.O. Box 598

City  
Dubuque

State  
IA

Zip Code  
52004

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Finkenauer, Abby, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: IA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2020

FEC Identification Number

C C00637074

**Transaction ID : 44884783**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

9000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Case For Congress**

Mailing Address PO Box 2941

City Honolulu

State HI

Zip Code 96802

Purpose of Disbursement Contribution

011

Candidate Name

**Case, Edward, , Rep.,**

Category/Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: HI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	0

FEC Identification Number

C C00680918

**Transaction ID : 44884784**

Amount of Each Disbursement this Period

1500.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition Action Fund**

Mailing Address 233 Pennsylvania Ave SE  
2nd Floor

City Washington

State DC

Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	0

FEC Identification Number

C C00409730

**Transaction ID : 44884819**

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00

478500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Advancing Florida Agriculture**

Mailing Address 1103 Hays Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2020

FEC Identification Number  
  
**Transaction ID : 44817792**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. State Senate Democratic Committee**

Mailing Address PO Box 164

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2020

FEC Identification Number  
  
**Transaction ID : 44817793**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Peter MacGregor for State Senate**

Mailing Address 12759 W Greenfield

City Grand Ledge State MI Zip Code 48837

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**MacGregor, Peter, F, MI Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement  
 M M / D D / Y Y Y Y Y Y  
 06 / 05 / 2020

FEC Identification Number  
  
**Transaction ID : 44817794**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Elizabeth Steiner Hayward**

Mailing Address 423 NW Skyline Blvd

City Portland State OR Zip Code 97229

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Steiner Hayward, Elizabeth, , OR Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44817795**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Tina Kotek**

Mailing Address 7930 N Wabash Ave

City Portland State OR Zip Code 97217

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Kotek, Tina, , OR Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44817796**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Andrea Salinas**

Mailing Address 3321 SE 20th Avenue

City Portland State OR Zip Code 97202

Purpose of Disbursement Contribution

Category/Type

Candidate Name **Salinas, Andrea, , OR Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44817797**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Friends of Rob Nosse**

Full Name (Last, First, Middle Initial)  
Mailing Address 3321 SE 20th Ave

City Portland State OR Zip Code 97202

Purpose of Disbursement Contribution  
Candidate Name **Nosse, Rob, , OR Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 06 / 05 / 2020

FEC Identification Number: C  
Transaction ID : 44818258  
Amount of Each Disbursement this Period: 700.00  
Contribution  
 Memo Item

**B. Hayden for Oregon**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 459

City Lowell State OR Zip Code 97452

Purpose of Disbursement Contribution  
Candidate Name **Hayden, Cedric, , OR Rep.,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 06 / 05 / 2020

FEC Identification Number: C  
Transaction ID : 44818259  
Amount of Each Disbursement this Period: 500.00  
Contribution  
 Memo Item

**C. Laurie Monnes-Anderson for State Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1531

City Greshman State OR Zip Code 97030

Purpose of Disbursement Contribution  
Candidate Name **Monnes Anderson, Laurie, , OR Sen.,**  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 06 / 05 / 2020

FEC Identification Number: C  
Transaction ID : 44818260  
Amount of Each Disbursement this Period: 500.00  
Contribution  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1700.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kate Brown Committee**

Mailing Address 3321 SE 20th

City  
Portland

State  
OR

Zip Code  
97202

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Brown, Kate, , OR Gov.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44818266**

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Elect Ellen Rosenblum for Attorney General**

Mailing Address PO Box 42307

City  
Portland

State  
OR

Zip Code  
97242

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Rosenblum, Ellen, , OR Atty Gen,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 05 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44818268**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Tony for Wisconsin**

Mailing Address PO Box 1879

City  
Madison

State  
WI

Zip Code  
53701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Evers, Anthony, , WI Gov.,**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44828491**

Amount of Each Disbursement this Period

[REDACTED] 10000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 21000.00

[REDACTED]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Republican Party of Wisconsin**

Mailing Address 148 East Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44828492**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alliance of Health Insurers PAC**

Mailing Address 10 East Doty St Suite 500

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44828493**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Party of Wisconsin**

Mailing Address 15 N Pickney Suite 200

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44828494**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Defending Conservatism and Democracy**

Mailing Address 2055 NW Diamond Creek Way

City  
Jensen Beach

State  
FL

Zip Code  
34957

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852343**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Colleen Burton**

Mailing Address 1103 Hays Street

City  
Tallahassee

State  
FL

Zip Code  
32301

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852346**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ben Frederick For State Representative**

Mailing Address 600 N Water

City  
Owosso

State  
MI

Zip Code  
48867

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Frederick, Ben, , MI Rep.,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44852372**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Friends of Jason Brodeur PC**

Full Name (Last, First, Middle Initial)

Mailing Address 120 South Monroe Street

City Tallahassee State FL Zip Code 32301

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 16 / 2020

FEC Identification Number: C

Transaction ID : 44856165

Amount of Each Disbursement this Period: 5000.00

Contribution

Memo Item

**B. Republican Assembly Campaign Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 148 East Johnson

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2020

FEC Identification Number: C

Transaction ID : 44857051

Amount of Each Disbursement this Period: 12000.00

Contribution

Memo Item

**C. Assembly Democratic Campaign Committee**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 814

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 17 / 2020

FEC Identification Number: C

Transaction ID : 44857052

Amount of Each Disbursement this Period: 2500.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 19500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Committee to Elect a Republican Senate**

Mailing Address PO Box 2741

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44857053**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jason Wentworth**

Mailing Address PO Box 354

City Clare State MI Zip Code 48617

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Wentworth, Jason, , MI Rep.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44859651**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Aric Nesbitt for State Senate**

Mailing Address PO Box 400

City Lawton State MI Zip Code 49065

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Nesbitt, Aric, , MI Sen.,**

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44859652**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Curt VanderWall for State Senate**

Mailing Address 4906 Rasmussen Rd.

City Ludington State MI Zip Code 49431

Purpose of Disbursement Contribution

Category/Type

Candidate Name VanderWall, Curt, S., MI Sen.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44859653**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gretchen Whitmer for Governor**

Mailing Address PO Box 15282

City Lansing State MI Zip Code 48901

Purpose of Disbursement Contribution

Category/Type

Candidate Name Whitmer, Gretchen, , MI Gov.,

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44859654**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michigan Association of Health Plans PAC**

Mailing Address 327 Seymour Ave

City Lansing State MI Zip Code 48933

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44859655**  
 Amount of Each Disbursement this Period  
  
 Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Friends of Bryan Cutler**

Mailing Address PO Box 624

City  
Quarryville

State  
PA

Zip Code  
17566

Purpose of Disbursement  
Contribution

011

Candidate Name

**Cutler, Bryan, D, PA Rep.,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44859656**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Re-elect Jim Justice**

Mailing Address PO Box 2178

City  
Beaver

State  
WV

Zip Code  
25813

Purpose of Disbursement  
Contribution

011

Candidate Name

**Justice, James, C, WV Gov., II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44859657**

Amount of Each Disbursement this Period

[REDACTED] 1800.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Build PA PAC**

Mailing Address 816 Highfield Court

City  
Coraopolis

State  
PA

Zip Code  
15108

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2020

FEC Identification Number

C [REDACTED]

**Transaction ID : 44859658**

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

[REDACTED] 7800.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Setzler for Senate**

Mailing Address PO Box 6036

City  
West Columbia

State  
SC

Zip Code  
29171

Purpose of Disbursement  
Void - Setzler for Senate - check dated 12/17/2019

Category/  
Type

Candidate Name  
**Setzler, Nikki, , SC Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863501**  
Amount of Each Disbursement this Period

Memo Item Void - Setzler for Senate - check dated 12/17/2019

Full Name (Last, First, Middle Initial)

**B. Leatherman for Senate**

Mailing Address 1817 Pineland Ave.

City  
Florence

State  
SC

Zip Code  
29501

Purpose of Disbursement  
Void - Leatherman for Senate - check dated 1/13/2020

Category/  
Type

Candidate Name  
**Leatherman, Hugh, , SC Sen., Sr.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863502**  
Amount of Each Disbursement this Period

Memo Item Void - Leatherman for Senate - check dated 1/13/2020

Full Name (Last, First, Middle Initial)

**C. Friends of LaTonya Johnson**

Mailing Address PO Box 100813

City  
Milwaukee

State  
WI

Zip Code  
53210

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name  
**Johnson, LaTonya, , WI Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 44863827**  
Amount of Each Disbursement this Period

Memo Item Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Restoring Balance Colorado**

Mailing Address 2318 Curtis Street

City  
Denver

State  
CO

Zip Code  
80205

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884780**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Blanksma for Idaho**

Mailing Address 595 S Thacker

City  
Hammett

State  
ID

Zip Code  
83627

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Blanksma, Megan, , ID Rep.,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884790**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Committee to Re-Elect Chuck Winder**

Mailing Address 5528 N Ebbetts Ave

City  
Boise

State  
ID

Zip Code  
83713

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Winder, Chuck, , ID Sen.,**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884794**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Fred S. Martin for Senate**

Mailing Address 11217 W Barden Tower Dr

City Boise State ID Zip Code 83709

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name  
**Martin, Fred, , ID Sen.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884797**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Scott Bedke**

Mailing Address PO Box 89

City Oakley State ID Zip Code 83346

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name  
**Bedke, Scott, , ID Rep.,**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884800**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. House Republican Caucus**

Mailing Address PO Box 115

City Boise State ID Zip Code 83701

Purpose of Disbursement Contribution

**011**  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884803**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Senate Republican PAC of Idaho**

Mailing Address PO Box 173

City  
Boise

State  
ID

Zip Code  
83701

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884807**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Matt Bradford**

Mailing Address P.O. Box 349

City  
Norristown

State  
PA

Zip Code  
19404

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Bradford, Matthew, , PA Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884813**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Sharif Street**

Mailing Address 1421 W Susquehanna Ave

City  
Philadelphia

State  
PA

Zip Code  
19121

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
**Street, Sharif, , PA Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C**   
**Transaction ID : 44884816**  
Amount of Each Disbursement this Period  
  
Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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