

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

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

FOR LINE NUMBER: PAGE 274 OF 339

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MERZLICKE, CAREY, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

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 ▼

576.90

Date of Receipt

07 / 31 / 2019

Transaction ID : PR2703246954997

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BROWN, DIANE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United HealthCare Services Inc

Occupation (for Individual)
Dir Clin Pract Perf

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.60

Date of Receipt

07 / 31 / 2019

Transaction ID : PR2703250854997

Amount of Each Receipt this Period

28.08

☐ Memo Item

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HARVEY, CATHERINE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

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 ▼

1442.25

Date of Receipt

07 / 31 / 2019

Transaction ID : PR2703637054997

Amount of Each Receipt this Period

192.30

☐ Memo Item

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

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

297.30