

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

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

FOR LINE NUMBER: PAGE 12 OF 95  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

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

**A. ANDERSON, MICHAEL, , ,**

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)  
VP Pharmacy Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

01 / 31 / 2019

**Transaction ID : PR1596309353386**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

**B. DAVIDSON, TRACY, , ,**

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 ▼

384.60

Date of Receipt

01 / 31 / 2019

**Transaction ID : PR1596311653386**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

**C. DUNLOP, RICHARD, , ,**

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 ▼

296.00

Date of Receipt

01 / 31 / 2019

**Transaction ID : PR1596312353386**

Amount of Each Receipt this Period

296.00

☐ Memo Item

P/R Deduction (\$196.00 Bi-Weekly)

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

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

1065.20