

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 OF 196

(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. MALONE, TRACY, , ,

Mailing Address 9900 Bren Road East

City
MinnetonkaState
MNZip Code
55343-9664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United HealthCare Services IncOccupation (for Individual)
SVP External Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

Transaction ID : PR2605736953723

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. WEISSEL, MICHAEL, , ,

Mailing Address 9900 Bren Road East

City
MinnetonkaState
MNZip Code
55343-9664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optum Services, IncOccupation (for Individual)
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

Transaction ID : PR2606842953723

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. MATECZUN, JOHN, , ,

Mailing Address 9900 Bren Road East

City
MinnetonkaState
MNZip Code
55343-9664FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United HealthCare Services IncOccupation (for Individual)
Pres M&V

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

Transaction ID : PR2606845153723

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

1153.80