

**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 (United for Health)

ADDRESS (number and street)

9900 Bren Road East

Check if different
than previously
reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS
REPORTNEW
(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

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Rangen, Eric, , ,

Signature of Treasurer

Rangen, Eric, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 07 / 01 / 2007

To:

 M M / D D / Y Y Y Y
 12 / 31 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2007		186603.32
(b) Cash on Hand at Beginning of Reporting Period.....	168218.32	
(c) Total Receipts (from Line 19)	226947.44	442812.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	395165.76	629415.76
7. Total Disbursements (from Line 31)	151450.00	385700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	243715.76	243715.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	0	7

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	210416.77	393589.53
(ii) Unitemized	16530.67	49222.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	226947.44	442812.44
(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)	226947.44	442812.44
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.....	0.00	0.00
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))	226947.44	442812.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	226947.44	442812.44

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	123000.00	299500.00
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).....	28450.00	86200.00
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)) ..	151450.00	385700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151450.00	385700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	226947.44	442812.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	226947.44	442812.44
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

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F3XA

Transaction ID :

Correction of Schedule B Itemized Disbursements Per FEC letter dated April 11, 2008

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 165

(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 (United for Health)

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

A. Sommer, Judah, C., ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
10 / 11 / 2007

Transaction ID : 27160469

Amount of Each Receipt this Period

5000.00

☐ Memo Item

15

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

B. GROSS, MICHAEL R., ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C United HealthCare Corpor

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

MM / DD / YYYY

Transaction ID : PR1159789618496

Amount of Each Receipt this Period

104.00

☐ Memo Item

15

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

C. CHAPMAN, MOLLIE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY

Transaction ID : PR1159790518496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

5234.00

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: PAGE 8 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HOVERMAN, KEN L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159790918496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

B. TULUMELLO, PAMELA A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159793118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. SHEEHY, ROBERT J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4940.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159794018496

Amount of Each Receipt this Period

2470.00

☐ Memo Item

15

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

2990.00

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: PAGE 9 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. STREB, DEBORAH S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159794118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. KAZLAUSKAS, ANTHONY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159794618496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. KOEHLER, MICHAEL J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159795318496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

910.00

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: PAGE 10 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MUGGIO, CARLA M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code

FEC ID number of contributing
federal political committee.

C Director Network Dvlpmnt

Name of Employer (for Individual)

Occupation (for Individual)
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15

Date of Receipt

M M / D D / Y Y Y Y Y Y
249.99

Transaction ID : PR1159798218496

Amount of Each Receipt this Period

499.98

☐ Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

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

B. POPECK, CHERYL A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159799418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. WHETSTINE, HERBERT L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

249.86

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159803618496

Amount of Each Receipt this Period

124.93

☐ Memo Item

15

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

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

754.91

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

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

FOR LINE NUMBER: PAGE 11 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BELLOWS, BRIAN R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159803818496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

B. NOBLITT, KEITH W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159805518496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. WATSON, JAMES S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159806018496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

704.99

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: PAGE 12 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. NEVIN, MARILYN C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159807418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. BAHL, TRACY L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159808418496

Amount of Each Receipt this Period

2115.30

☐ Memo Item

15

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

C. BURDICK, KENNETH A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159808918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

2505.30

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: PAGE 13 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ABELMANN, NANCY C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159809118496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. WHITELY, WILLIAM P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159812618496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

C. COOK, WAYNE F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code

FEC ID number of contributing
federal political committee.

C President Insurance Solu

Name of Employer (for Individual)

Occupation (for Individual)
United HealthGroup

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

15

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159812818496

Amount of Each Receipt this Period

999.96

☐ Memo Item

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

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

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

3649.88

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

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

FOR LINE NUMBER: PAGE 14 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. RASKIN, RICHARD J, , MD

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159813518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. QUAM, LOIS E, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159813718496

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

C. COLLINS, RICHARD A, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159814018496

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

1946.09

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: PAGE 15 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LINDQUIST, THOMAS H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3999.84

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159814118496

Amount of Each Receipt this Period

1999.92

☐ Memo Item

15

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

B. WICHMANN, DAVID S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159814718496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

C. FELDMAN, SAUL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159815218496

Amount of Each Receipt this Period

153.84

☐ Memo Item

15

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

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

4653.66

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

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

FOR LINE NUMBER: PAGE 16 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ERLANDSON, PATRICK J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159815918496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

B. MCMAHON, PIERRE A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159816018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. SAURO, PATRICIA R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C United HealthGroup, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159816418496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

3929.90

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: PAGE 17 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MUNSELL, WILLIAM A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159816618496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

B. PENSHORN, JOHN S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159816918496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

C. SANDELLA, SERAFIN F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C United HealthGroup, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159817218496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

2860.00

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: PAGE 18 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KALLMEYER, PAUL D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C United HealthGroup

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159817418496

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

B. MCMILLAN, SHEILA E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159817518496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

C. MACH JR, JOHN R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4342.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159817618496

Amount of Each Receipt this Period

2171.00

☐ Memo Item

15

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

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

5125.90

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

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

FOR LINE NUMBER: PAGE 19 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. RYAN, TIMOTHY F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159817918496

Amount of Each Receipt this Period

247.00

☐ Memo Item

15

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

B. LINDSAY, MARK F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159818618496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

C. QUIRK, THOMAS J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159819118496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

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

3246.88

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

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

FOR LINE NUMBER: PAGE 20 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KNAPP, AMY K, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159819318496

Amount of Each Receipt this Period

1499.94

☐ Memo Item

15

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

B. MOELLER, WILLIAM E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159819518496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

C. IRELAN, LYNELLE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159819618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

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

2629.90

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

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

FOR LINE NUMBER: PAGE 21 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. TUCKSON, REED V, , M.D.

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159819818496

Amount of Each Receipt this Period

1499.94

☐ Memo Item

15

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

B. FALK, DAVID J, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159820218496

Amount of Each Receipt this Period

162.50

☐ Memo Item

15

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

C. OBERMAN, DEBRA A, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

488.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159820718496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

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

1912.43

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

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

FOR LINE NUMBER: PAGE 22 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. YOUNG, WILLIAM D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.70

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159821318496

Amount of Each Receipt this Period

499.85

☐ Memo Item

15

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

B. TRACY, WILLIAM C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159821518496

Amount of Each Receipt this Period

586.60

☐ Memo Item

15

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

C. HAWKINS, MICHAEL M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159822018496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

1236.47

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 165
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SCHNEEWEIS, CAROL M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159823518496

Amount of Each Receipt this Period

490.00

☐ Memo Item

15

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

B. GEMEINHARDT, ELISE A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159824918496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

C. MIGLIORI, RICHARD J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159827418496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

2489.92

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: PAGE 24 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BUENEMANN, BARBARA C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159828718496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. RIVET, JEANNINE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159830018496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

C. SHUFF, JACK E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159830518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

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

2899.91

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

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

FOR LINE NUMBER: PAGE 25 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GRANDPRE, PAUL J, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159837118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. STEVENSON, JOHN F, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159839318496

Amount of Each Receipt this Period

127.40

☐ Memo Item

15

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

C. WINTERS, JILL, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159840418496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

959.40

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: PAGE 26 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SEGAN, RICHARD, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159841218496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

B. BURTON, THOMAS E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.58

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1159841618496

Amount of Each Receipt this Period

108.29

☐ Memo Item

15

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

C. WELTERS, ANTHONY, , Mr.,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1332013218496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

3310.19

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: PAGE 27 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KIRCHNER, JOHN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1530190518496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. ROBINSON, LESLIE GIDDENS, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1530798318496

Amount of Each Receipt this Period

1499.94

☐ Memo Item

15

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

C. CHASKES, DEBORAH MATES, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1530798518496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

3299.92

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DUGGIN, THELMA, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1530799218496

Amount of Each Receipt this Period

2500.03

☐ Memo Item

15

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

B. RIOS, EDGAR G, , Mr,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.20

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1550188318496

Amount of Each Receipt this Period

2115.30

☐ Memo Item

15

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

C. SHINHAM, MARY G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1550190918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

4875.33

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: PAGE 29 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ASTAR, DAVID R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4807.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551005118496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

B. BOHNENKAMP, ROBERT J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2582.40

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551005618496

Amount of Each Receipt this Period

1828.40

☐ Memo Item

15

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

C. BRESOLIN, MICHAEL J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551005718496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

4588.30

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: PAGE 30 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HEADY, TIMOTHY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551122518496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

B. HOCK, CHRISTOPHER R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551128918496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. JARRATT, JAMES THOMAS, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551132118496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

1170.00

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: PAGE 31 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KAGAN, JEFFREY W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551132318496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. KNUTSON, JERRY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.64

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551132518496

Amount of Each Receipt this Period

284.62

☐ Memo Item

15

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

C. MATTEO, MICHAEL C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551133418496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

794.61

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: PAGE 32 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. OWENS, DAWN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.45

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551160318496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. PERRY, CATHERINE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551160418496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. ROGERS, ERIKA A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551160718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

639.99

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: PAGE 33 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. VALERIUS, THOMAS J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551161318496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

B. WEIHRAUCH, LOIS T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1551161418496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

C. ENDERLE, JOHN O, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554323518496

Amount of Each Receipt this Period

715.00

☐ Memo Item

15

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

2416.96

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: PAGE 34 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HARRIS, CHRISTINE MCCARTNEY, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554323618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. JELINEK, RICK M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2402.40

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554323918496

Amount of Each Receipt this Period

1778.40

☐ Memo Item

15

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

C. RADU, MICHAEL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554324518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

2158.39

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: PAGE 35 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SPILLANE, CATHERINE E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554324618496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. STAPLETON, KIRK E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1554324718496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. FASOLA, KENNETH J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1557899818496

Amount of Each Receipt this Period

2115.30

☐ Memo Item

15

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

3015.29

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: PAGE 36 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ANDERSON, CRAIG C., , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.84

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1575957318496

Amount of Each Receipt this Period

65.00

☐ Memo Item

15

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

B. ERICKSON, KAREN L., , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2715.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1575957618496

Amount of Each Receipt this Period

2195.30

☐ Memo Item

15

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

C. MONFILETTO, ERNEST, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1575958118496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

3260.26

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: PAGE 37 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. VALENTA, LEE D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1575958518496

Amount of Each Receipt this Period

2499.90

☐ Memo Item

15

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

B. DAVIS, TOM M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1580863518496

Amount of Each Receipt this Period

440.00

☐ Memo Item

15

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

C. OSTLER, DAVID B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1580864618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

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

3069.90

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

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

FOR LINE NUMBER: PAGE 38 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PAUL, THOMAS S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1580864718496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. WEBB, ROB, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2175.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1580865318496

Amount of Each Receipt this Period

2123.30

☐ Memo Item

15

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

C. WEISSENBORN, JOSEPH O, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1580865418496

Amount of Each Receipt this Period

1105.00

☐ Memo Item

15

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

3728.28

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: PAGE 39 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BOJAN, WILLIAM S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596303718496

Amount of Each Receipt this Period

480.00

☐ Memo Item

15

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

B. BONNER, BRIGID A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596303818496

Amount of Each Receipt this Period

60.00

☐ Memo Item

15

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

C. BOWLES, CHARLES A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596303918496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

789.99

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: PAGE 40 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GULSTRAND, PAUL H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2692.20

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304018496

Amount of Each Receipt this Period

2192.22

☐ Memo Item

15

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

B. HUGHES, RICHARD J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. HURSH, PAMELA N, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304218496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

2647.22

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: PAGE 41 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KING, JOHN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. MASSEY, GAYE ADAMS, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2999.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304518496

Amount of Each Receipt this Period

1499.94

☐ Memo Item

15

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

C. MATUSHAK, JAY S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304618496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

1779.96

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: PAGE 42 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MCDONNELL, MICHAEL JOHN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2849.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304718496

Amount of Each Receipt this Period

1848.00

☐ Memo Item

15

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

B. MIKAN III, GEORGE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2922.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304818496

Amount of Each Receipt this Period

1923.00

☐ Memo Item

15

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

C. MORNESS, CAROL B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596304918496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

4270.98

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: PAGE 43 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. RUSSO, PAMELA J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596305018496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. THEISEN, SCOTT E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596305618496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. WEBER, ROGER A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

253.88

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596305718496

Amount of Each Receipt this Period

103.86

☐ Memo Item

15

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

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

503.87

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

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

FOR LINE NUMBER: PAGE 44 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LEWIS, THOMAS D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596306918496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. OBERRENDER, ROBERT W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596307018496

Amount of Each Receipt this Period

377.00

☐ Memo Item

15

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

C. REBITZER, ROBERT, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

288.45

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596307118496

Amount of Each Receipt this Period

96.15

☐ Memo Item

15

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

973.13

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: PAGE 45 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. FLYNN, DIANE BEDNAR, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596309718496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. BEHNKE, LISA M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596309818496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

C. BORCA, TROY A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596310418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

1690.00

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: PAGE 46 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. COOK, JEFFREY S, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596311318496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. COTO, RAMON E, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596311518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. DEFUSCO, ANNE D, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596311718496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

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

550.03

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

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

FOR LINE NUMBER: PAGE 47 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DOOLEY, JEFFREY P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596312118496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. DUNLOP, RICHARD G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596312318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. EPPERSON, KEITH A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596312418496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

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

475.02

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

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

FOR LINE NUMBER: PAGE 48 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. FOUCRE, JILLIAN R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596312718496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. GARCIA, STEVAN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596312918496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. GILES, RANDY P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596313218496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

1009.97

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: PAGE 49 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HAWLEY, EDWARD J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596313618496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. HEUMANN, KURT A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596313718496

Amount of Each Receipt this Period

204.00

☐ Memo Item

15

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

C. KARTSONIS, NANETTE R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596314618496

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

1158.98

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: PAGE 50 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LAGERSTROM, EDWARD, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596315018496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. LUKAS, JEANNE E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596315318496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

C. REKART, THOMAS CHARLES, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596316718496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

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

1249.95

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

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

FOR LINE NUMBER: PAGE 51 OF 165

(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 (United for Health)

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

A. RENNICK JR, JOHN H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596316818496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. RICE, JAMISON, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596316918496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. RODGERS, STEPHAN S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3846.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596317118496

Amount of Each Receipt this Period

2346.06

☐ Memo Item

15

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

2746.07

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: PAGE 52 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ROSENTHAL, DANIEL I, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596317318496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. RUTH, KEVIN J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596317418496

Amount of Each Receipt this Period

975.00

☐ Memo Item

15

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

C. SELVA, MANUEL A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596317718496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

1474.98

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: PAGE 53 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SERRANO, JUAN R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596317818496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. THOMAS, ROXANNE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596318918496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. TURNAU, CHRIS B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596319118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

530.01

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: PAGE 54 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. VIERLING, FRANK M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596319418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. WASSERSTEIN, M LAURIE, , ,

Mailing Address 99900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596319518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. WERLEY, MYRON R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596319618496

Amount of Each Receipt this Period

162.50

☐ Memo Item

15

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

542.49

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: PAGE 55 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. WILSON, WILLIAM R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596320018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. WRIGHT, JANET P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1596320118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. WHEELER, EDWARD J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

389.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600594418496

Amount of Each Receipt this Period

50.05

☐ Memo Item

15

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

310.05

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: PAGE 56 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BROECKERT, STEVE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600597218496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. DODDY, JOHN P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600597318496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. EDWARDS, MARGUERITE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600597418496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

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

910.00

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

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

FOR LINE NUMBER: PAGE 57 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ILE, MICHAEL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600597618496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. GREENBERG, STEPHEN B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600598418496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. MICHAUX, MICHAEL D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600598518496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

650.00

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: PAGE 58 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SANDY, LEWIS G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1600598718496

Amount of Each Receipt this Period

845.00

☐ Memo Item

15

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

B. CAUTIN, MICHAEL P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1602667518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. PETERSON, MATTHEW W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1602669918496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

1614.99

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: PAGE 59 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MALONEY, JEFF W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1613243518496

Amount of Each Receipt this Period

1249.95

☐ Memo Item

15

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

B. BRANKER, LAURA M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1613243618496

Amount of Each Receipt this Period

86.55

☐ Memo Item

15

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

C. FINKELSTEIN, ALLEN LAWRENCE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1620989018496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

1836.48

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: PAGE 60 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CULLEN, LINDA L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1632359718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. WALLER, DANIEL S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.35

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1632360018496

Amount of Each Receipt this Period

519.30

☐ Memo Item

15

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

C. BERETT, TERRY E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653442818496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

779.30

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: PAGE 61 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KENNEDY, WILLIAM F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.14

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653443118496

Amount of Each Receipt this Period

200.07

☐ Memo Item

15

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

B. KOOREN, STEVE R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653443218496

Amount of Each Receipt this Period

749.97

☐ Memo Item

15

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

C. BELLAMY, THOMAS J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

587.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653444318496

Amount of Each Receipt this Period

496.60

☐ Memo Item

15

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

1446.64

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: PAGE 62 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BRAY, SUE E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653444418496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. HOLMAN, ROBERT L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653445018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. SULLIVAN, DANIEL T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1653445818496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

430.04

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: PAGE 63 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LARKIN, JOYCE A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1677771618496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

B. SNOWDEN, MILES S, , Mr.,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3615.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1746717818496

Amount of Each Receipt this Period

2315.30

☐ Memo Item

15

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

C. KOUTSOUMPAS JR, JOHN T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2922.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1748514518496

Amount of Each Receipt this Period

1923.00

☐ Memo Item

15

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

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

5238.26

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

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

FOR LINE NUMBER: PAGE 64 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DESTWOLINSKI, ANN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806441618496

Amount of Each Receipt this Period

143.00

☐ Memo Item

15

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

B. DUDASH, JASON, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806441918496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. GOUGH, DEBORAH A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

396.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806442118496

Amount of Each Receipt this Period

170.10

☐ Memo Item

15

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

443.10

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: PAGE 65 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HONEY, GARY W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806442318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. KERNER, DIANA, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806442718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. KRAMER, KARL H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806443018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

390.00

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: PAGE 66 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LEVINE, JEFF L, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806443218496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. TALAMANTES, WILLIAM, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806444718496

Amount of Each Receipt this Period

228.80

☐ Memo Item

15

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

C. ARCHER, LORI A, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806750118496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

638.82

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: PAGE 67 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BAYER, GREGORY A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806750218496

Amount of Each Receipt this Period

780.00

☐ Memo Item

15

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

B. EMERSON, PAUL M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

557.67

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1806750318496

Amount of Each Receipt this Period

307.68

☐ Memo Item

15

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

C. BODE, HOLLY A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1001.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1817581118496

Amount of Each Receipt this Period

500.50

☐ Memo Item

15

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

1588.18

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: PAGE 68 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PINOTTI, SHERRI C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1832039818496

Amount of Each Receipt this Period

375.05

☐ Memo Item

15

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

B. BERGERON, CHRISTIAN S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1832301918496

Amount of Each Receipt this Period

605.85

☐ Memo Item

15

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

C. ULLOA, SHAUNA D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

265.42

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1832379118496

Amount of Each Receipt this Period

115.40

☐ Memo Item

15

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

1096.30

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: PAGE 69 OF 165
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LEDELL, MICHELLE D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1882850618496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

B. ANDERSON, CATHERINE K, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903550718496

Amount of Each Receipt this Period

586.60

☐ Memo Item

15

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

C. BISHOP, KATHLEEN L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903560818496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

1366.60

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: PAGE 70 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CASEY, SUSAN A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903567818496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

B. DUFEK, ROBERT J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903577118496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

C. EDBERG, SUSAN B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903578118496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

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

1775.02

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

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

FOR LINE NUMBER: PAGE 71 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. JOHNSON, CHRISTOPHER T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903591118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. SANTELLI, JOHN C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903622018496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. WEYMOUTH, PAUL D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1903636918496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

530.01

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: PAGE 72 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MASON, DELBERT D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1907906418496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. JAMIAN, PAMELA, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR1910417418496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. ACONIS, MARY C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119466418496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

800.02

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: PAGE 73 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ADDIEGO, JOSEPH E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119466618496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

B. AHWAH, GARY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119466718496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. ALLEN, BRADLEY E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119466818496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

2158.00

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: PAGE 74 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ANDREWS, RAYNEE D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119467118496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

B. BAKER, BRENDAN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119467418496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

C. BARBER-SMITH, ALTHEA, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119467518496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

1170.00

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: PAGE 75 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BAYER, AGNES, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119467718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. BEATY, JON D, D, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119467818496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. BENNETT, RUSSELL A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119468018496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

520.00

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: PAGE 76 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BERKEL, SUSAN LYNN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119468118496

Amount of Each Receipt this Period

2496.00

☐ Memo Item

15

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

B. BOOHER, DAVID N, N, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119468618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. BRYAN, KATHIE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119469418496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

2951.00

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: PAGE 77 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CADRIEL, DANIEL P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119469818496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. CAMPBELL, COLLEEN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119469918496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. CARDER, ROBIN L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119470118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

455.00

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: PAGE 78 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CARLSON, DAVID S, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119470218496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. CARTER, LESLIE J, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119470318496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

C. CHIARODIT, MICHAEL J, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119470518496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

1638.00

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: PAGE 79 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CHRISTENSEN, HANS O, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119470618496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

B. COATS, HAROLD, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119471018496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. CORREIA, RANDELL J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119471318496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

1365.00

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: PAGE 80 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CROSS, RICHARD A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119471818496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

B. CUNNINGHAM, WILLIAM JOHN, , , MD

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119471918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. DAVIS, KENNETH R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119472518496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

845.00

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: PAGE 81 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DAYAN, LINDA M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119472618496

Amount of Each Receipt this Period

247.00

☐ Memo Item

15

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

B. DEBNER, DONNA L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119472718496

Amount of Each Receipt this Period

100.00

☐ Memo Item

15

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

C. DEMBROSKI, TODD J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119472818496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

542.00

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: PAGE 82 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DILWEG, ANDREA E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119472918496

Amount of Each Receipt this Period

481.00

☐ Memo Item

15

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

B. DUNGAN, TARA M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119473218496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. FLUITT, BRADLEY M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119474118496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

1001.00

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: PAGE 83 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. FRIEDMAN, ROBERT A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119474518496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. GIAMBRONE, ANGELO, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119475118496

Amount of Each Receipt this Period

780.00

☐ Memo Item

15

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

C. GILDERNICK, AMY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119475218496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

1300.00

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: PAGE 84 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GLICKMAN, SANDRA R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119475318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. GONZALES, MARIA C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119475418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. GONZALEZ, JAIME G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119475618496

Amount of Each Receipt this Period

- 360.00

☐ Memo Item

15

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

- 100.00

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: PAGE 85 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GUINN, JOE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119476218496

Amount of Each Receipt this Period

780.00

☐ Memo Item

15

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

B. HANSEN, DAVID M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119476718496

Amount of Each Receipt this Period

1755.00

☐ Memo Item

15

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

C. HARLAN, MADELINE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119476918496

Amount of Each Receipt this Period

247.00

☐ Memo Item

15

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

2782.00

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: PAGE 86 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HARVEY, ANNE P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119477218496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. HAYES, PAULINE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119477418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. HAYS SAN FILIPPO, ELIZABETH L, F, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119477518496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

390.00

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: PAGE 87 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HO, SAMUEL W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119477918496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

B. HOSKINS, KEVIN C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119478118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. HOST, KEVIN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119478218496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

1690.00

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: PAGE 88 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. HUSER, DONNA L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119478618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. JEFFREY, BRIAN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479118496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

C. JONES, JOHN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479218496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

1703.00

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: PAGE 89 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. JORDAN, RONALD W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479318496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

B. KANNE, KATHLEEN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479618496

Amount of Each Receipt this Period

390.00

☐ Memo Item

15

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

C. KEEN, JOSEPH W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

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

715.00

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

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

FOR LINE NUMBER: PAGE 90 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KELLER, DIXON W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119479918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. KNUTSON, MARK C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119480218496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. LAM, TIFFANY T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119480718496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

780.00

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: PAGE 91 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LEAL, PAMELA S, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119481018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. LEWIS, CHARLES E, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119481518496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. LINDE, SUSAN A, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119481818496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

390.00

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: PAGE 92 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LOURTIE, KATHRYN H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119482118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. LUEDKE, SANDY M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119482218496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. MACE-MEADOR, HEATHER M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119482518496

Amount of Each Receipt this Period

360.00

☐ Memo Item

15

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

685.00

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: PAGE 93 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MALLORY, MICHAEL S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119482618496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

B. MASON, JEFFREY S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119483018496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. MCDONNELL, ELIZABETH M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119483518496

Amount of Each Receipt this Period

247.00

☐ Memo Item

15

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

1690.00

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: PAGE 94 OF 165
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MCKINLEY, PETER W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119483718496

Amount of Each Receipt this Period

975.00

☐ Memo Item

15

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

B. MCQUADE, DEBORAH, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119483818496

Amount of Each Receipt this Period

270.00

☐ Memo Item

15

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

C. MILBURN, CHARLEEN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119483918496

Amount of Each Receipt this Period

845.00

☐ Memo Item

15

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

2090.00

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: PAGE 95 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MIRANDA, BENITO M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119484218496

Amount of Each Receipt this Period

156.00

☐ Memo Item

15

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

B. MONK, NANCY J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119484318496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. MURRAY, CAROLYN L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119484818496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

936.00

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: PAGE 96 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. NEURURER, SCOTT A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119484918496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

B. NYGARD, KEITH E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485018496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. OLLMANN-WAGNER, TRACY L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485218496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

1157.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. OLSON, WILLIAM H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. OTTO, CYNTHIA ANN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485418496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

C. PAQUE, PAMELA J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485518496

Amount of Each Receipt this Period

416.00

☐ Memo Item

15

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

806.00

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: PAGE 98 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PARSONS, ANNETTE K, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. PAULSON, ARNOLD C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485718496

Amount of Each Receipt this Period

247.00

☐ Memo Item

15

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

C. PAXSON, LYND A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119485818496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

702.00

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: PAGE 99 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PETE, DIANA S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119486318496

Amount of Each Receipt this Period

156.00

☐ Memo Item

15

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

B. PETERS, MICHELLE LYNN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119486418496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. PHADNIS, VISHWAJIT P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119486618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

481.00

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 100 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PITTMAN, AUSTIN T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119486718496

Amount of Each Receipt this Period

1755.00

☐ Memo Item

15

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

B. POLICH, CYNTHIA L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119486818496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

C. RAPISARDI, EUGENE J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119487418496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

3250.00

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: PAGE 101 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. RICCIUTI, SHARON A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119487918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. ROGERS, DEBRA E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119488618496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. RUFFNER, JEANNINE B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119488818496

Amount of Each Receipt this Period

75.00

☐ Memo Item

15

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

465.00

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: PAGE 102 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SACK, WENDY E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119488918496

Amount of Each Receipt this Period

180.00

☐ Memo Item

15

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

B. SCACCIA, CAROL A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119489318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. SEABOLT, CAROLYN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119489818496

Amount of Each Receipt this Period

208.00

☐ Memo Item

15

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

518.00

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 103 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SING, MARTIN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119490118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. STETTLER, RONALD R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
90275

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119490418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. STYERS, MARILYNN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119490718496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

520.00

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: PAGE 104 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. TANIGAWA, CHERYL, , MD

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119491118496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

B. TEYLAN, MARY R, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119491418496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. THOMSON, CHERYL A, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119491618496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

975.00

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: PAGE 105 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. TUCKER, PATTI, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119491918496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

B. TUCKER, STEVEN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119492018496

Amount of Each Receipt this Period

1248.00

☐ Memo Item

15

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

C. TYSZKA, JACQUELINE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119492118496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

2626.00

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: PAGE 106 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. VANASTEN, SUSAN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119492618496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

B. WESTPHAL, SCOTT B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.18

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119493218496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

C. WHETSON, LINDA D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119493518496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

930.02

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: PAGE 107 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. WOLFE, LORI S, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119493718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. WRIGHT, GREGORY, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119494118496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

C. YEE, TIM K, K, ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119494318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

585.00

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: PAGE 108 OF 165
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. YOUNG, GEORGE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119494418496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

B. YOUNG, STEVEN C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119494518496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. ZIELINSKI, THOMAS G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2119494618496

Amount of Each Receipt this Period

585.00

☐ Memo Item

15

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

910.00

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: PAGE 109 OF 165
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BORGGREVE, CINDI Y, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132318496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. BURKE, FORREST G, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132418496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. CUMMINGS, DANIEL M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132618496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

1105.00

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: PAGE 110 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DONOHOE, CYNTHIA K, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132718496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. DUFFIELD, ELLEN M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132818496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

C. FORD, PATRICIA A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133132918496

Amount of Each Receipt this Period

375.05

☐ Memo Item

15

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

1577.03

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: PAGE 111 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GOLDEN, KIMBERLY A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133018496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. HANSON, CHARLES W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.12

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133118496

Amount of Each Receipt this Period

671.06

☐ Memo Item

15

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

C. HULTGREN, BROR O, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133218496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

1301.04

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: PAGE 112 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. KENNEDY, MARY B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.22

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133318496

Amount of Each Receipt this Period

500.11

☐ Memo Item

15

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

B. LITTLEFIELD, NANCY W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133418496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

C. MAGILL, CAROLYN E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133518496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

1270.10

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: PAGE 113 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MILLER, ALLEN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133618496

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

B. MINNICH, JOHN A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133718496

Amount of Each Receipt this Period

215.00

☐ Memo Item

15

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

C. MORISATO, SUSAN C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133818496

Amount of Each Receipt this Period

1950.00

☐ Memo Item

15

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

2620.00

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: PAGE 114 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. NETTLETON, KIM A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133133918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. O'LOUGHLIN, MARY, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134018496

Amount of Each Receipt this Period

35.00

☐ Memo Item

15

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

C. PUTNAM, T JEFFREY, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2313.80

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134218496

Amount of Each Receipt this Period

1559.80

☐ Memo Item

15

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

1854.80

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: PAGE 115 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. ROTE, ANNE PEARSON, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134418496

Amount of Each Receipt this Period

300.00

☐ Memo Item

15

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

B. ROYBAL, HELENE S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134518496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

C. SCHIMMELBUSCH, DIANE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134618496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

1327.00

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: PAGE 116 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SHIELS, ANITA W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134718496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

B. TRIVEDI, AMIT, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2133134818496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. BARNOWSKI, CYNTHIA A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728118496

Amount of Each Receipt this Period

375.05

☐ Memo Item

15

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

755.04

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: PAGE 117 OF 165
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BJORNSON, MARK F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1404.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728218496

Amount of Each Receipt this Period

702.00

☐ Memo Item

15

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

B. COLE, DANIEL M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728318496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

C. FALKENBERG, ROBERT C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1872.30

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728418496

Amount of Each Receipt this Period

832.30

☐ Memo Item

15

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

1664.30

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: PAGE 118 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. FARAHANI, ROB, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728518496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

B. JOHNSTON, JULIE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728718496

Amount of Each Receipt this Period

499.98

☐ Memo Item

15

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

C. KIDD, CARL T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728818496

Amount of Each Receipt this Period

375.05

☐ Memo Item

15

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

1375.01

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: PAGE 119 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. LINDIMORE, NANCY E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145728918496

Amount of Each Receipt this Period

260.00

☐ Memo Item

15

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

B. MICKLE, WILLIAM Y, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729118496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

C. MILLER, WAYNE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729218496

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

964.99

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PFOTENHAUER, ROBERT P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729418496

Amount of Each Receipt this Period

1300.00

☐ Memo Item

15

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

B. RUMMEL, LEAH C, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729518496

Amount of Each Receipt this Period

195.00

☐ Memo Item

15

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

C. SCHWARZ, MICHAEL P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729718496

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

1950.00

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: PAGE 121 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SINKIEWICZ, THOMAS A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729818496

Amount of Each Receipt this Period

325.00

☐ Memo Item

15

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

B. SMITH, DANNETTE L, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1615.32

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145729918496

Amount of Each Receipt this Period

1115.34

☐ Memo Item

15

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

C. SMITH, RANDALL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.04

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145730018496

Amount of Each Receipt this Period

150.02

☐ Memo Item

15

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

1590.36

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: PAGE 122 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. WEAR, MARGARET W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2145730218496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

B. BACHER, GARY E, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162866818496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

C. BENSON, MARYNELL F, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162866918496

Amount of Each Receipt this Period

130.00

☐ Memo Item

15

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

1430.00

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: PAGE 123 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DAVIDSON, ARLENE, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162867018496

Amount of Each Receipt this Period

249.99

☐ Memo Item

15

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

B. FRIES, SCOTT J, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162867118496

Amount of Each Receipt this Period

999.96

☐ Memo Item

15

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

C. KAPPAS-LARSON, PATRICIA A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162867218496

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

1899.95

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 124 OF 165

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. PANTALEO III, THEODORE T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162867518496

Amount of Each Receipt this Period

520.00

☐ Memo Item

15

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

B. WHITMAN, LINDA H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.44

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2162867718496

Amount of Each Receipt this Period

38.46

☐ Memo Item

15

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

C. GIBSON, CHRISTINE W, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1269.18

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225166718496

Amount of Each Receipt this Period

1269.18

☐ Memo Item

15

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

1827.64

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: PAGE 125 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SLAVITT, ANDREW M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225167418496

Amount of Each Receipt this Period

4999.90

☐ Memo Item

15

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

B. ANDERSON, RICHARD H, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225813018496

Amount of Each Receipt this Period

384.60

☐ Memo Item

15

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

C. BEAULE, JEAN-FRANCOIS, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225813618496

Amount of Each Receipt this Period

461.60

☐ Memo Item

15

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

5846.10

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: PAGE 126 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MCGUIRE, MICHAEL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.60

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225818818496

Amount of Each Receipt this Period

461.60

☐ Memo Item

15

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

B. RANGEN, ERIC S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1538.40

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225819318496

Amount of Each Receipt this Period

1538.40

☐ Memo Item

15

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

C. RYAN, JOHN D, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225819618496

Amount of Each Receipt this Period

307.68

☐ Memo Item

15

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

2307.68

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: PAGE 127 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. SAILOR, ROY T, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225819718496

Amount of Each Receipt this Period

615.36

☐ Memo Item

15

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

B. WEILER, A R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2225820618496

Amount of Each Receipt this Period

320.00

☐ Memo Item

15

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

C. DIPALMO, KAREN A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2231347218496

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

1145.36

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: PAGE 128 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. DROZDA, JEFFERY A, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2231347418496

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

B. KOHNE, GREG, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2231351018496

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

C. RICHEY, DARRELL S, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2231352318496

Amount of Each Receipt this Period

560.00

☐ Memo Item

15

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

1260.00

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: PAGE 129 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. CONNLY, MICHAEL R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247625818496

Amount of Each Receipt this Period

240.00

☐ Memo Item

15

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

B. RUDDOCK, JOYCE M, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247626418496

Amount of Each Receipt this Period

300.00

☐ Memo Item

15

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

C. CARCIONE JR, JOSEPH R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247626818496

Amount of Each Receipt this Period

288.50

☐ Memo Item

15

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

828.50

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: PAGE 130 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. GINTZIG, DONALD R, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247626918496

Amount of Each Receipt this Period

288.50

☐ Memo Item

15

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

B. O'BRIEN, DENNIS P, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247627318496

Amount of Each Receipt this Period

288.50

☐ Memo Item

15

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

C. VERNEY, JEFFERY RICHARD, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

288.50

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247627418496

Amount of Each Receipt this Period

288.50

☐ Memo Item

15

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

865.50

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: PAGE 131 OF 165

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. BRYT, BARTLEY, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247627718496

Amount of Each Receipt this Period

1000.00

☐ Memo Item

15

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

B. KOSECOFF, JACQUELINE B, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C UnitedHealth Group, Inc.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.90

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID : PR2247627918496

Amount of Each Receipt this Period

576.90

☐ Memo Item

15

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

1576.90

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

211166.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 132 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. ImpactMailing Address 509 Madison Ave.
Suite 1902City
New YorkState
NYZip Code
10022

Purpose of Disbursement

Leadership PAC

Candidate Name

011

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	Y
0	7			0	2			2	0	0	7		

FEC Identification Number

C C00348607

Transaction ID : 26167981

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City
University HeightsState
OHZip Code
44118

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Tubbs Jones, Stephanie, , Rep.

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	0	7		

FEC Identification Number

C C00334151

Transaction ID : 26167982

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City
FranklinState
TNZip Code
37068

Purpose of Disbursement

Re-Elect to U.S. House

Candidate Name

, Blackburn, Marsha, , Rep.

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: TN

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	0	7		

FEC Identification Number

C C00376939

Transaction ID : 26233131

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 133 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address Post Office Box 581

City
BrightonState
MIZip Code
48116

Purpose of Disbursement

Re-elect to U.S. House

Candidate Name

, Rogers, Michael, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	0	7		

FEC Identification Number

C C00343863**Transaction ID : 26233101**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City
AlexandriaState
VAZip Code
22301

Purpose of Disbursement

Leadership PAC

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	Y
0	7			1	6			2	0	0	7		

FEC Identification Number

C C00340661**Transaction ID : 26233090**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Committee for a Democratic MajorityMailing Address 301 4th St. NE
Suite 202City
MinnetonkaState
DCZip Code
20002

Purpose of Disbursement

Leadership PAC

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	Y
0	7			1	6			2	0	0	7		

FEC Identification Number

C C00302067**Transaction ID : 26233110**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 134 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Crowley For CongressMailing Address 422 C Street NE
Lower LevelCity
MinnetonkaState
DCZip Code
20002

Purpose of Disbursement

Re-elect to US House

011

Candidate Name

, Crowley, Joseph, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	0	7		

FEC Identification Number

C C00338954

Transaction ID : 26233084

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Arlen SpecterMailing Address 300 I Street N.E.
Suite 100BCity
MinnetonkaState
DCZip Code
20002

Purpose of Disbursement

Re-election to U.S. Senate

011

Candidate Name

, Specter, Arlen, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: PA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	0	7		

FEC Identification Number

C

Transaction ID : 26249229

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City
Ft WrightState
KYZip Code
41011

Purpose of Disbursement

Re-election to the US Senate

011

Candidate Name

, Bunning, Jim, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: KY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	5			2	0	0	7		

FEC Identification Number

C C00197152

Transaction ID : 26313564

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City
JenkintownState
PAZip Code
19046

Purpose of Disbursement

Re-Elect to US House

011

Candidate Name

, Schwartz, Allyson, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: PA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	5				2	0	0	7

FEC Identification Number

C C00389197

Transaction ID : 26313587

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SNOW PAC

Mailing Address 175 South West Temple suite 650

City
Salt Lake CityState
UTZip Code
84101

Purpose of Disbursement

Leadership PAC

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	Y
0	8				1	5				2	0	0	7

FEC Identification Number

C C00392621

Transaction ID : 26440215

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cummings for Congress

Mailing Address P.O. Box 1631

City
BaltimoreState
MDZip Code
21203-1631

Purpose of Disbursement

Re-Election to US Congress

011

Candidate Name

, Cummings, Elijah, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MD

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8				2	1				2	0	0	7

FEC Identification Number

C

Transaction ID : 26462831

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 136 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. NorthStar Leadership PAC

Mailing Address PO Box 4365

City
St. PaulState
MNZip Code
55104

Purpose of Disbursement

Leadership PAC

Candidate Name

011

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	Y
0	8			3	0			2	0	0	7		

FEC Identification Number

C C00386573

Transaction ID : 26482046

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ERICPAC

Mailing Address 25 East Main Street, Suite 200

City
RichmondState
VAZip Code
23219

Purpose of Disbursement

Leadership PAC

Candidate Name

011

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	Y
0	8			3	0			2	0	0	7		

FEC Identification Number

C C00384701

Transaction ID : 26481610

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address P.O. Box 586

City
HelenaState
MTZip Code
59624

Purpose of Disbursement

Re-election to US Senate

Candidate Name

, Baucus, Max, ,

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

State: S

District: MT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	0	7		

FEC Identification Number

C

Transaction ID : 26498245

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

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)

PAGE 137 OF 165

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Davis For Congress/Friends Of Davis

Mailing Address 5956 W. Race Avenue

City
Chicago

State
IL

Zip Code
60644

Purpose of Disbursement

Re-Election to Congress

Candidate Name

, Davis, Danny, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: IL

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 10 / 2007

FEC Identification Number

C C00172619

Transaction ID : 26498328

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Freedom Project

Mailing Address 111 C Street SE

City
Minnetonka

State
DC

Zip Code
20003

Purpose of Disbursement

Leadership PAC

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
09 / 14 / 2007

FEC Identification Number

C C00305805

Transaction ID : 26533745

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kind for Congress

Mailing Address P.O. Box 184

City
La Crosse

State
WI

Zip Code
54603

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Kind, Ron, , Rep

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: WI

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 14 / 2007

FEC Identification Number

C

Transaction ID : 26533752

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Tiberi For CongressMailing Address 2021 East Dublin Granville Road
Suite 2000City
ColumbusState
OHZip Code
43229

Purpose of Disbursement

Re-election to US Congress.

011

Category/
Type

Candidate Name

, Tiberi, Patrick, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00347492

Transaction ID : 26533738

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Reynolds For CongressMailing Address PO Box 15388
PittsfordCity
RochesterState
NYZip Code
14615

Purpose of Disbursement

Re-election to US Congress

011

Category/
Type

Candidate Name

, Reynolds, Thomas, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00336065

Transaction ID : 26533755

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address P.O. Box 423

City
MidlandState
MIZip Code
48640

Purpose of Disbursement

Re-election to US Congress

011

Category/
Type

Candidate Name

, Camp, David, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00347476

Transaction ID : 26533717

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City
ChicoState
CAZip Code
95927

Purpose of Disbursement

Re-election to US Congress

011

Category/
Type

Candidate Name

, Herger, Wally, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: CA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00202523

Transaction ID : 26533751

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hawkeye PAC, The

Mailing Address PO Box 7255

City
Des MoinesState
IAZip Code
50309

Purpose of Disbursement

Leadership PAC

011

Category/
Type

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	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00379479

Transaction ID : 26533711

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Walz For Us Congress

Mailing Address PO Box 938

City
MankatoState
MNZip Code
56002

Purpose of Disbursement

Re-election to US Congress

011

Category/
Type

Candidate Name

, Walz, Timothy, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MN

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	0	7		

FEC Identification Number

C C00409409

Transaction ID : 26533739

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 140 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Hoosiers For Hill

Mailing Address PO Box 1071

City
SeymourState
INZip Code
47274

Purpose of Disbursement

Re-election to US Congress

011

Candidate Name

, Hill, Baron, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: IN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2007

FEC Identification Number

C C00411835

Transaction ID : 26533723

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OrrinPACMailing Address 175 S West Temple
Suite 650City
Salt Lake CityState
UTZip Code
84101

Purpose of Disbursement

Leadership PAC

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
09		14		2007

FEC Identification Number

C C00235572

Transaction ID : 26533757

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Larson for CongressMailing Address 6282 Occoquan Forest Dr
c/o Lori LaFaveCity
ManassasState
VAZip Code
20112

Purpose of Disbursement

Re-election to Congress

011

Candidate Name

, Larson, John B., ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: CT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2007

FEC Identification Number

C

Transaction ID : 26567176

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Ron Lewis For Congress

Mailing Address PO Box 307

City
ElizabethtownState
KYZip Code
42702

Purpose of Disbursement

Re-elect to US Congress

011

Candidate Name

, Lewis, Ron, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: KY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1					2	0	0

FEC Identification Number

C C00304527

Transaction ID : 26567173

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stephanie Tubbs Jones For Us Congress

Mailing Address 3729 Silsby Rd

City
University HeightsState
OHZip Code
44118

Purpose of Disbursement

Re-election to US House

011

Candidate Name

, Tubbs Jones, Stephanie, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1					2	0	0

FEC Identification Number

C C00334151

Transaction ID : 26567169

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Larson for CongressMailing Address 6282 Occoquan Forest Dr
c/o Lori LaFaveCity
ManassasState
VAZip Code
20112

Purpose of Disbursement

Void - Larson for Congress

011

Candidate Name

, Larson, John B., ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: CT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	4					2	0	0

FEC Identification Number

C

Transaction ID : 26730751

Amount of Each Disbursement this Period

- 1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 142 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Nelson For U S Senate

Mailing Address PO Box 540154

City
OmahaState
NEZip Code
68154

Purpose of Disbursement

Re-election to U.S. Senate

011

Candidate Name

, Nelson, Ben, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: NE

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4			2	0	0	7		

FEC Identification Number

C C00368209

Transaction ID : 26568267

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Jay Rockefeller

Mailing Address PO Box 1909

City
CharlestonState
WVZip Code
25327

Purpose of Disbursement

Re-elect to US Senate

011

Candidate Name

, Rockefeller, John, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: WV

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	2			2	0	0	7		

FEC Identification Number

C C00416826

Transaction ID : 26621184

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hobson For Congress

Mailing Address 82 West Columbia St.

City
SpringfieldState
OHZip Code
45502

Purpose of Disbursement

Re-election to US Congress

011

Candidate Name

, Hobson, David L., ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C

Transaction ID : 26660617

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 143 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens For Rush

Mailing Address 3 First Natl. Plaza, 70 W. Madison

City
ChicagoState
ILZip Code
60616

Purpose of Disbursement

Re-election to US Congress

011

Candidate Name

, Rush, Bobby L., ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: IL

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00257121

Transaction ID : 26660829

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends for Harry Reid

Mailing Address P.O. Box 85223

City
Las VegasState
NVZip Code
89185

Purpose of Disbursement

Re-elect to US Senate

011

Candidate Name

, Reid, Harry, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: NV

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00204370

Transaction ID : 26661024

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Harry Reid

Mailing Address P.O. Box 85223

City
Las VegasState
NVZip Code
89185

Purpose of Disbursement

Re-election to US Senate

011

Candidate Name

, Reid, Harry, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: S

District: NV

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00204370

Transaction ID : 26661033

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Committe To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City
BrooklynState
NYZip Code
11233

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Towns, Edolphus, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C C00197285**Transaction ID : 26660964**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Meek For CongressMailing Address 111 Nw 183rd Street
Suite 325City
MiamiState
FLZip Code
33169

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Meek, Kendrick, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: FL

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C C00379727**Transaction ID : 26660730**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Eleanor Holmes NortonMailing Address 2201 Wisconsin Avenue Nw
Suite 320City
MinnetonkaState
DCZip Code
20007

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Norton, Eleanor, , Del.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: DC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C C00244335**Transaction ID : 26660731**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 145 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City
ColumbiaState
SCZip Code
29211

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Clyburn, James, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: SC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00255562**Transaction ID : 26660728**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Porter For Congress

Mailing Address PO Box 26087

City
Las VegasState
NVZip Code
89126

Purpose of Disbursement

Candidate Name

, Porter, Jon, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NV

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00367367**Transaction ID : 26661012**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mel Watt For Congress Committee

Mailing Address PO Box 36831

City
CharlotteState
NCZip Code
28236

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Watt, Melvin, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00260604**Transaction ID : 26661036**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Gene Green Congressional Campaign

Mailing Address P.O. Box 16128

City
HoustonState
TXZip Code
77222-6128

Purpose of Disbursement

Re-election to Congress

Candidate Name

, Green, Gene, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C**Transaction ID : 26660729**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wynn For Congress

Mailing Address P.O. Box 39139

City
MinnetonkaState
DCZip Code
20016

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Wynn, Albert, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C C00253377**Transaction ID : 26660998**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Grassley Committee, Inc.

Mailing Address P.O. Box 6193

City
AlexandriaState
VAZip Code
22306-0193

Purpose of Disbursement

Re-elect to US Senate

Candidate Name

, Grassley, Charles E., ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: IA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2007					

FEC Identification Number

C**Transaction ID : 26725209**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 147 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address Post Office Box 581

City
BrightonState
MIZip Code
48116

Purpose of Disbursement

Re-election to US House of Representatives

Candidate Name

, Rogers, Michael, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	0	7		

FEC Identification Number

C C00343863**Transaction ID : 26725208**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Battle Born Political Action CommitteeMailing Address PO Box 40366
Suite 300City
MinnetonkaState
DCZip Code
20016

Purpose of Disbursement

Leadership PAC

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	Y
1	0			1	8			2	0	0	7		

FEC Identification Number

C C00364596**Transaction ID : 26725207**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. America's Leadership PACMailing Address c/o Guy Selden
426 C Street, N.E.City
MinnetonkaState
DCZip Code
20002

Purpose of Disbursement

Leadership PAC

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	Y
1	0			2	4			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26747972**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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)

PAGE 148 OF 165

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Hobson For Congress

Mailing Address 82 West Columbia St.

City
Springfield

State
OH

Zip Code
45502

Purpose of Disbursement

Void - Hobson For Congress

Candidate Name

, Hobson, David L., ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 25 / 2007

FEC Identification Number

C [REDACTED]

Transaction ID : 27160478

Amount of Each Disbursement this Period

[REDACTED] - 1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 1212 North Vernon St.

City
Arlington

State
VA

Zip Code
22201

Purpose of Disbursement

Leadership PAC

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
11 / 07 / 2007

FEC Identification Number

C [REDACTED]

Transaction ID : 26791398

Amount of Each Disbursement this Period

[REDACTED] 2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St
PO Box 712

City
Monticello

State
IN

Zip Code
47960

Purpose of Disbursement

Re-election to Congress

Candidate Name

, Buyer, Steve, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: IN

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 07 / 2007

FEC Identification Number

C C00255471

Transaction ID : 26791401

Amount of Each Disbursement this Period

[REDACTED] 2000.00

☐ Memo Item

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

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

[REDACTED] 3000.00

[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)

PAGE 149 OF 165

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Larson for Congress

Mailing Address 6282 Occoquan Forest Dr
c/o Lori LaFave

City
Manassas

State
VA

Zip Code
20112

Purpose of Disbursement

Re-election to Congress

011

Candidate Name

, Larson, John B., ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: CT

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 07 / 2007

FEC Identification Number

C

Transaction ID : 26791391

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adam Smith For Congress

Mailing Address 27030 47th Ave S #104

City
Kent

State
WA

Zip Code
98032

Purpose of Disbursement

Re-elect to Congress

011

Candidate Name

, Smith, Adam, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: WA

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 07 / 2007

FEC Identification Number

C

Transaction ID : 26791394

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City
Harrisonville

State
MO

Zip Code
64701

Purpose of Disbursement

Re-election to Congress

011

Candidate Name

, Skelton, Ike, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MO

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 07 / 2007

FEC Identification Number

C C00025973

Transaction ID : 26791395

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

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

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

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 150 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City
ClintonState
MDZip Code
20735

Purpose of Disbursement

Re-election to Congress

011

Candidate Name

, Hoyer, Steny, , Rep.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: MD

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	0	7		

FEC Identification Number

C C00140715

Transaction ID : 26791397

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. John Kerry For SenateMailing Address 10 G Street Ne
Suite 710City
MinnetonkaState
DCZip Code
20002

Purpose of Disbursement

Re-election to US Senate

011

Candidate Name

, Kerry, John, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: MA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	7			2	0	0	7		

FEC Identification Number

C C00408088

Transaction ID : 26791400

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Salazar For Senate

Mailing Address PO Box 600

City
DenverState
COZip Code
80201

Purpose of Disbursement

Re-elect to US Senate

011

Candidate Name

, Salazar, Ken, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: CO

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		0	8			2	0	0	7		

FEC Identification Number

C C00397679

Transaction ID : 26791438

Amount of Each Disbursement this Period

2000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5000.00

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)

PAGE 151 OF 165

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Salazar For Senate

Mailing Address PO Box 600

City
Denver

State
CO

Zip Code
80201

Purpose of Disbursement

Re-elect to US Senate

011

Candidate Name

, Salazar, Ken, , Sen.

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: S

District: CO

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 08 / 2007

FEC Identification Number

C C00397679

Transaction ID : 26791439

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. The Blue Dog PAC

Mailing Address 227 Massachusetts Ave
Suite 101

City
Minnetonka

State
DC

Zip Code
20002

Purpose of Disbursement

House Moderate Democrats

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 Y Y
11 / 14 / 2007

FEC Identification Number

C C00305318

Transaction ID : 26801461

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OrrinPAC

Mailing Address 175 S West Temple
Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement

Leadership PAC

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 Y Y
11 / 14 / 2007

FEC Identification Number

C C00235572

Transaction ID : 26801450

Amount of Each Disbursement this Period

1000.00

☐ 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 PageFOR LINE NUMBER:
(check only one)

PAGE 152 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Ryan for Congress Committee

Mailing Address P. O. Box 1919

City
JanesvilleState
WIZip Code
53547-1919

Purpose of Disbursement

Re-election to U.S. House

Candidate Name

, Ryan, Paul, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: WI

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	0	7		

FEC Identification Number

C C00330894**Transaction ID : 26892095**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hall For Congress Committee (Ralph Hall - Rockwall)

Mailing Address Post Office Box 711

City
RockwallState
TXZip Code
75087

Purpose of Disbursement

Re-election to U.S. House

Candidate Name

, Hall, Ralph, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	0	7		

FEC Identification Number

C C00120683**Transaction ID : 26892097**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address 101 N. Elm, Suite 201-D

City
DentonState
TXZip Code
76201

Purpose of Disbursement

Re-elect to U.S. House

Candidate Name

, Burgess, Michael, , Mr.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: TX

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	0	7		

FEC Identification Number

C C00372532**Transaction ID : 26892090**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 153 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Collins For Senate

Mailing Address PO Box 1096

City
BangorState
MEZip Code
04402

Purpose of Disbursement

Re-elect to U.S. Senate

Candidate Name

, Collins, Susan, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: ME

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2007

FEC Identification Number

C C00314575**Transaction ID : 26934951**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City
Los AngelesState
CAZip Code
90048

Purpose of Disbursement

Re-election to US Congress

Candidate Name

, Waxman, Henry, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: CA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2007

FEC Identification Number

C C00013128**Transaction ID : 26935449**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Heller For Congress

Mailing Address 7840 Red Leaf Drive

City
Las VegasState
NVZip Code
89131

Purpose of Disbursement

Re-elect to US Congress

Candidate Name

, Heller, Dean, , Rep.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: NV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		07		2007

FEC Identification Number

C C00410837**Transaction ID : 26935452**

Amount of Each Disbursement this Period

5000.00

☐ 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)

PAGE 154 OF 165

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Senate

Mailing Address P.O. Box 14070

City
Albuquerque

State
NM

Zip Code
87191

Purpose of Disbursement

011

Category/
Type

Candidate Name

, Wilson, Heather, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: NM

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 11 / 2007

FEC Identification Number

C C00334060

Transaction ID : 26946561

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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 Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ 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 Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

1000.00

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

123000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 155 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Armstrong for Senate Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2007

Mailing Address 129 Augusta Drive

City
AnnvilleState
PAZip Code
17003

Purpose of Disbursement

Gibson Armstrong, STATE SENATE PA

011

Candidate Name

, Armstrong, Gibson, , Senator

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: PA

FEC Identification Number

C

Transaction ID : 26276178

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Bob Mellow

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2007

Mailing Address 524 Main Street
PO Box BCity
PeckvilleState
PAZip Code
18452

Purpose of Disbursement

Robert Mellow, STATE SENATE PA

011

Candidate Name

, Mellow, Robert, , Senator

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: PA

FEC Identification Number

C

Transaction ID : 26276179

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Angerer Leadership Fund PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2007

Mailing Address PO Box 10025

City
LansingState
MIZip Code
48901

Purpose of Disbursement

Democrat Leadership Committee

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : 26313584

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

FEC Schedule B (Form 3X) Rev. 05/2016

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 157 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Bishop Majority FundMailing Address State Capitol
PO Box 30038City
LansingState
MIZip Code
48909-7536

Purpose of Disbursement

Michael Bishop, STATE SENATE 12th MI

Candidate Name

, Bishop, Michael, , MI Sen.

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26661017**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Priscilla Tyson

Mailing Address 1465 E Broad St

City
ColumbusState
OHZip Code
43205

Purpose of Disbursement

Priscilla Tyson, Columbus City Council OH

Candidate Name

, Tyson, Priscilla, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26661155**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Tavares

Mailing Address 1257 Medford Road

City
ColumbusState
OHZip Code
43209

Purpose of Disbursement

Charleta Tavares, Columbus City Council OH

Candidate Name

, Tavares, Charleta, B,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26661157**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. O'Shaughnessy Maryellen Committee

Mailing Address 405 E Town St

City
ColumbusState
OHZip Code
5

Purpose of Disbursement

Maryellen O'Shaughnessy, City Council OH

Candidate Name

, O'Shaughnessy, Maryellen, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26663139**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mentel for Council Committee

Mailing Address 3886 N High St

City
ColumbusState
OHZip Code
43214

Purpose of Disbursement

Mike Mentel, City Council OH

Candidate Name

, Mentel, Mike, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26663140**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends for Ginther

Mailing Address 405 E Town St

City
ColumbusState
OHZip Code
43215

Purpose of Disbursement

Andrew Ginther, City Council OH

Candidate Name

, Ginther, Andrew, J,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	9			2	0	0	7		

FEC Identification Number

C**Transaction ID : 26663214**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 159 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Hearcel Craig for Council

Mailing Address 550 E Walnut St

City
ColumbusState
OHZip Code
43214

Purpose of Disbursement

Hearcel Craig, City Council OH

011

Candidate Name

, Craig, Hearcel, F,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C

Transaction ID : 26663304

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Coleman for Columbus

Mailing Address PO Box 1596

City
ColumbusState
OHZip Code
43216

Purpose of Disbursement

Michael Coleman, MAYOR OH

011

Candidate Name

, Coleman, Michael, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C

Transaction ID : 26663305

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paula Brooks Committee

Mailing Address PO Box 1446

City
ColumbusState
OHZip Code
43216

Purpose of Disbursement

Paula Brooks, County Commissioner OH

011

Candidate Name

, Brooks, Paula, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			09			2007					

FEC Identification Number

C

Transaction ID : 26663307

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3750.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Kevin L. Boyce for City Council Committee

Mailing Address 250 West St

City
ColumbusState
OHZip Code
43215

Purpose of Disbursement

Kevin Boyce, City Council OH

Candidate Name

, Boyce, Kevin, L,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2007

FEC Identification Number

C**Transaction ID : 26663498**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Marilyn Brown

Mailing Address 34 Poplar Ave #205

City
ColumbusState
OHZip Code
43215

Purpose of Disbursement

Marilyn Brown, County Commissioner OH

Candidate Name

, Brown, Marilyn, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2007

FEC Identification Number

C**Transaction ID : 26663500**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Winburn Safety First Committee

Mailing Address 7811 Hamilton Ave

City
CincinnatiState
OHZip Code
45231

Purpose of Disbursement

Charles Winburn, City Council OH

Candidate Name

, Winburn, Charles, E,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2007

FEC Identification Number

C**Transaction ID : 26663509**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 161 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens for Thomas

Mailing Address 515 Clinton Springs Ave

City
CincinnatiState
OHZip Code
45217

Purpose of Disbursement

Cecil Thomas, City Council OH

011

Candidate Name

, Thomas, Cecil, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C

Transaction ID : 26663527

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Qualls

Mailing Address 811 Race St. #300

City
CincinnatiState
OHZip Code
45202

Purpose of Disbursement

Roxanne Qualls, City Council OH

011

Candidate Name

, Qualls, Roxanne, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C

Transaction ID : 26663539

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Monzel

Mailing Address 7769 Bennington Drive

City
CincinnatiState
OHZip Code
45241

Purpose of Disbursement

Chris Monzel, City Council OH

011

Candidate Name

, Monzel, Chris, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C

Transaction ID : 26663543

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 162 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Leslie Ghiz

Mailing Address 30 Garfield Place

City
CincinnatiState
OHZip Code
45202

Purpose of Disbursement

Leslie Ghiz, City Council OH

Candidate Name

, Ghiz, Leslie, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C**Transaction ID : 26663544**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crowley for Council Committee

Mailing Address 2198 Victory Parkway

City
CincinnatiState
OHZip Code
45206

Purpose of Disbursement

David Crowley, City Council OH

Candidate Name

, Crowley, David, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C**Transaction ID : 26663550**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Cranley for Council

Mailing Address 37 W. 7th St #805

City
CincinnatiState
OHZip Code
45202

Purpose of Disbursement

John Cranley, City Council OH

Candidate Name

, Cranley, John, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			10			2007					

FEC Identification Number

C**Transaction ID : 26663588**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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)

PAGE 163 OF 165

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens for Laketa Cole

Mailing Address 1415 Joseph St

City
Cincinnati

State
OH

Zip Code
45237

Purpose of Disbursement

Laketa Cole, City Council OH

Candidate Name

, Cole, Laketa, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2007

FEC Identification Number

C

Transaction ID : 26663595

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bortz for Council

Mailing Address 811 Race St. #300

City
Cincinnati

State
OH

Zip Code
45202

Purpose of Disbursement

Chris Bortz, City Council OH

Candidate Name

, Bortz, Chris, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2007

FEC Identification Number

C

Transaction ID : 26663607

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Berding for Cincinnati Committee

Mailing Address 5001 Shatuc Ave.

City
Cincinnati

State
OH

Zip Code
45208

Purpose of Disbursement

Jeff Berding, City Council OH

Candidate Name

, Berding, Jeff, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2007

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2007

FEC Identification Number

C

Transaction ID : 26663676

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

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

1500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 164 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Federation of IA Insurers PACMailing Address 314 6th Avenue,
Suite 740City
Des MoinesState
IAZip Code
50309

Purpose of Disbursement

011

Candidate Name

Category/
Type

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
10			18			2007					

FEC Identification Number

C

Transaction ID : 26725210

Amount of Each Disbursement this Period

2200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Committee to Re-elect Joe Manchin

Mailing Address P.O. Box 5202

City
CharlestonState
WVZip Code
25361

Purpose of Disbursement

Joe Manchin, GOVERNOR WV

011

Candidate Name

, Manchin, Joe, ,

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			18			2007					

FEC Identification Number

C

Transaction ID : 26725205

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Joe Scarnati

Mailing Address PO Box 177

City
BrockwayState
PAZip Code
15824

Purpose of Disbursement

Joseph Scarnati, STATE SENATE 25th PA

011

Candidate Name

, Scarnati, Joseph, , Senator

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: S

District: PA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			24			2007					

FEC Identification Number

C

Transaction ID : 26747971

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 165

<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 (United for Health)

Full Name (Last, First, Middle Initial)

A. Rendell for Governor

Mailing Address 123 South Broad Street

City
PhiladelphiaState
PAZip Code
19109

Purpose of Disbursement

Edward Rendell, GOVERNOR PA

Candidate Name

, Rendell, Edward, G.,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			14			2007					

FEC Identification Number

C**Transaction ID : 26801437**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DeLuca for Legislature Committee

Mailing Address 1438 Homestead Road

City
VeronaState
PAZip Code
15147

Purpose of Disbursement

Anthony DeLuca, STATE HOUSE 32nd PA

Candidate Name

, DeLuca, Anthony, , Representa

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

State: H

District: PA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2007					

FEC Identification Number

C**Transaction ID : 26892086**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tom Corbett for Attorney General

Mailing Address PO Box 1056

City
GlensideState
PAZip Code
19038

Purpose of Disbursement

Tom Corbett, ATTORNEY GENERAL PA

Candidate Name

, Corbett, Tom, ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			18			2007					

FEC Identification Number

C**Transaction ID : 27007613**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

28450.00