

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 135

(check only one)

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

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

NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

A. SANTELLI, JOHN, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optum Services, Inc

Occupation (for Individual)
SVP CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY
02 / 28 / 2019

Transaction ID : PR1903622053444

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

B. WEYMOUTH, PAUL, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Optum Services, Inc

Occupation (for Individual)
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY
02 / 28 / 2019

Transaction ID : PR1903636953444

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

C. HANSEN, DAVID, , ,

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343-9664

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
United HealthCare Services Inc

Occupation (for Individual)
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

540.00

Date of Receipt

MM / DD / YYYY
02 / 28 / 2019

Transaction ID : PR2119476753444

Amount of Each Receipt this Period

270.00

☐ Memo Item

P/R Deduction (\$135.00 Bi-Weekly)

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

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

1039.20