

# **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 140  
(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 (UnitedHealth Group PAC)**

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

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

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare Services Inc

Occupation (for Individual)  
SVP Prd

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2020

**Transaction ID : PR1596309357385**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare Services Inc

Occupation (for Individual)  
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2020

**Transaction ID : PR1596311657385**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
United HealthCare Services Inc

Occupation (for Individual)  
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

769.20

Date of Receipt

MM / DD / YYYY  
02 / 29 / 2020

**Transaction ID : PR1596312357385**

Amount of Each Receipt this Period

384.60

☐ Memo Item

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

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

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

1153.80