

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 248

(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. 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 ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : PR1596311658172

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

B. 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 ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : PR1596312358172

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

C. HAFERMANN, JOSEPH, , ,

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)
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2115.30

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2020

Transaction ID : PR1596313458172

Amount of Each Receipt this Period

576.90

☐ Memo Item

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

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

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

1730.70