

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

FOR LINE NUMBER: PAGE 28 OF 351

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

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

A. GILDERNICK, AMY, , ,

Mailing Address 9900 Bren Road East

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

C

Name of Employer (for Individual)
United HealthCare Services IncOccupation (for Individual)
Dir Clms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : PR2119475255723

Amount of Each Receipt this Period

40.00

☐ Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

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

B. HANSEN, DAVID, , ,

Mailing Address 9900 Bren Road East

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

C

Name of Employer (for Individual)
United HealthCare Services IncOccupation (for Individual)
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2835.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : PR2119476755723

Amount of Each Receipt this Period

270.00

☐ Memo Item

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

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

C. HARLAN, MADELINE, , ,

Mailing Address 9900 Bren Road East

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

C

Name of Employer (for Individual)
United HealthCare Services IncOccupation (for Individual)
Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

294.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2019

Transaction ID : PR2119476955723

Amount of Each Receipt this Period

28.08

☐ Memo Item

P/R Deduction (\$14.04 Bi-Weekly)

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

338.08