

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 299 OF 351

(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. MERZLICKE, CAREY, , ,

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 Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.66

Date of Receipt

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

Transaction ID : PR2703246955723

Amount of Each Receipt this Period

76.92

☐ Memo Item

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

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

B. BROWN, DIANE, , ,

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 Clin Pract Perf

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 : PR2703250855723

Amount of Each Receipt this Period

28.08

☐ Memo Item

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

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

C. HARVEY, CATHERINE, , ,

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)
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2019.15

Date of Receipt

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

Transaction ID : PR2703637055723

Amount of Each Receipt this Period

192.30

☐ Memo Item

P/R Deduction (\$96.15 Bi-Weekly)

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

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

297.30