

Schedule A: Direct Contributions Over \$100 Full Name of Contributor Mailing Address of Contributor	Donor Information 1. Employer or Business (If Corporate/Company Donor: N/A) 2. Type of Business(If Corporate Donor Type of Business) 3. Business Location	Date Received	Contribution This Period	Aggregate To Date
UnitedHealth Group, Inc. PO Box 1459 Minneapolis, MN 55440-1459	1. 2.Health Care 3.Minneapolis MN	06/20/2018	\$10,000.00	\$10,000.00

No Schedule B results to display.

No Schedule E-1 results to display.