Sickles For Delegate (CC-12-01059)

Reporting Period: 06/09/2025 Through: 06/09/2025 Page: 1 of 3

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 169 Inverness Dr W Ste 400 Englewood, CO 80112-5072	1. 2.Health Insurance 3.Englewood CO	06/09/2025	\$2,000.00	\$2,000.00

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No Schedule B results to display.			

Sickles For Delegate (CC-12-01059)	Reporting Period: 06/09/2025 Through: 06/09/2025 Page: 3 of 3		
No Schedule E-1 results to display.			