FEC FORM 3X	AND DI	SBURSE	MENT	S		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRIN			ng, type	12FE4M	5
FORM 3X AND DISBURSEMENTS For Other Than An Authorized Committee Other Use Only 1. NAME OF COMMITTEE (in full) TYPE OR PRINT V Example: If typing, type I2FE4M5 4. Type of providely reported. (ACC) Washington CTV A STATE A ZIP CODE A 2. FEC IDENTIFICATION NUMBER V CTV A STATE A ZIP CODE A 3. IS THIS REPORT NEW REPORT AutenDED (a) Quarterly Reports: Due On: Han providely Report (22) Quarterly Report (23) January 31 Ware Ching New Ching (10) Quarterly Report (22) Quarterly Report (22) Quarterly Report (23) January 31 Ware Ching New Ching (10) Quarterly Report (22) Quarterly Report (22) Quarterly Report (22) Quarterly Report (23) January 31 Ware Ching New Ching (12) Quarterly Report (23) January 31 Ware Ching New Ching (12) Quarterly Report (23) Due On: Due						
Check if different than previously	Suite 600	ania Ave, NW				20004
	ON NUMBER ▼	3. IS THIS		IEW	AM	IENDED
(Choose One) (a) Quarterly Reports: April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep	port (Q1) port (Q2)	Mar 20 (M3) Apr 20 (M4) Day	Primary (12P Convention (Jun 20 (M6) Jul 20 (M7) ?) 12C)	General (20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE) (12G) Runoff (12R) 12S)
July 31 Mid- Report (Non- Year Only) (N	Year (d) 30- election AY) PO3 Rep	Day ST-Election port for the:	General (300			0R) Special (30S)
	10 01	2023	Ū.		31	2023
Type or Print Name of Tre	Muldoon, Alli		wledge and b		M	/ D D / Y Y Y
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Office Use Only	errorieous, or incompl	ete information may su	ibject the pers	son signing thi	s report to th	FEC FORM 3X Rev. 05/2016

11/20/2023 15 : 11

PAGE 1 / 222

age# 202311209599270047		
FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Vrite or Type Committee Name		
UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PAC)	
Report Covering the Period: From:	10 / Y Y Y Y 10 01 / 2023 To:	10 / D D / Y Y Y Y 2023
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2023		422616.69
(b) Cash on Hand at Beginning of Reporting Period	693255.26	
(c) Total Receipts (from Line 19)	127298.36	1359091.57
 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	820553.62	1781708.26
Total Disbursements (from Line 31)	99950.00	1061104.64
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	720603.62	720603.62
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	FEC Form 3X (Rev. 05/2016) /rite or Type Committee Name JnitedHealth Group Incorporated eport Covering the Period: From: (a) Cash on Hand January 1, 2023 (b) Cash on Hand at Beginning of Reporting Period (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) Debts and Obligations Owed TO the Committee (Itemize all on Debts and Obligations Owed BY the Committee (Itemize all on	Summary PAGE OF RECEIPTS AND DISBURSEMENTS

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

Imaga#	202214	20050	9270048
imaue#	202311	20939	9210040

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) MM D D 01 10 2023 10 31 2023 Report Covering the Period: From: To: COLUMN A COLUMN B I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 126512.45 1272292.40 (i) Itemized (use Schedule A)..... 785.91 84299.17 (ii) Unitemized (iii) TOTAL (add 1356591.57 127298.36 Lines 11(a)(i) and (ii)..... 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 1356591.57 127298.36 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3) 0.00 (b) Levin Funds (from Schedule H5) (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 1359091.57 12, 13, 14, 15, 16, 17, and 18(c))...... 127298.36

20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶ 127298.36

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Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 555500.00 49500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 105.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 105.00 29. Other Disbursements (Including 505499.64 Non-Federal Donations)..... 50450.00 30. Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share 0.00 0.00 (ii) "Levin" Share..... 0.00 0.00 (b) Federal Election Activity Paid Entirely With Federal Funds 0.00 0.00 Total Federal Election Activity (add (C) Lines 30(a)(i), 30(a)(ii) and 30(b)) 0.00 0.00 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 99950.00 1061104.64 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 99950.00 1061104.64

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

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l and a second	1	-	1	-7	0.00
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COLUMN B

Calendar Year-to-Date

Page 5

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PAGE 6 OF

ITE			Use separate schedule(s)				(check only one)										
				ach category of the iled Summary Page	[X 11a 11b 11c 12 13 14 15 16 son for the purpose of soliciting contributions from such committee Date of Receipt M 10 03 2023 Transaction ID : 49147428 Amount of Each Receipt this Period Date of Receipt M 04 2023 Transaction ID : 49401614 Amount of Each Receipt this Period 10 04 2023 Transaction ID : 49401614 Amount of Each Receipt this Period 10 04 2023 Transaction ID : 49401614 Amount of Each Receipt this Period 192.3 Memo Item 192.3 Memo Item 2023 Transaction ID : PR1159794169411 Amount of Each Receipt this Period 28.0	_	_									
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\setminus	NAME OF COMMITTEE (In Full)																
\rangle	UnitedHealth Group Incorporated	I PAC (I	United	Health Group PA	NC)												
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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page		13		14	\vdash	15	5 16 iting contribution such committee. 2023 159805969411 ot this Period 20.00 i-Weekly) Y 2023 159820269411 ot this Period 2023 159820269411 ot this Period 28.00	17				
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UnitedHealth Group Incorpo	prated PAC (JnitedHealth Group P/	AC)											
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Mailing Address 302 S 52ND ST														
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Mailing Address 323 LAWRENCE AVE				м м 10	/	D 3		/ Y			Y			
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) , Senior Advisor		M	emo	ltem								
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/ UnitedHealth	Group Incorporate	d PAC (UnitedHealth	Group PA	AC)											
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			Detailed Summary Page		11a		11b		11c	12	<u> </u>			
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	NAME OF COMMITTEE (In Full)		luite all le alth. One un Di											
/	UnitedHealth Group Incorporated	I PAC (l	JnitedHealth Group PA	AC)										
۹.	Full Name of Individual (Last, First, Middle Initia KELLY, JOHN, , ,	l) or Full O	rganization Name		Date of	Re	eceipt							
	Mailing Address 4901 HAWTHORNE COURT SUITE 304			M M / D D / Y Y Y Y 10 31 2023										
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			55436-5802	_ /	Amount	t of	Each	n Re	ceipt th	is Period				
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	Mailing Address 9741 GLACIER BAY				^M 10	/		р 31	/ Y	2023	Y			
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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Report or for commercial purposes, other than	rts and Statements ma using the name and ac	y not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incom	rporated PAC (L	JnitedHealth Group P	4C)
Full Name of Individual (Last, First, M THEISEN, SCOTT, , ,		ganization Name	Date of Receipt
Mailing Address 1950 MEADOWWOO		Zin Codo	10 / D D / Y Y Y Y 2023
City LONG LAKE	State MN	Zip Code 55356-9312	Transaction ID : PR1596305669411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		384.60
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Unit CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, N ANDERSON, MICHAEL, , ,		ganization Name	Date of Receipt
Mailing Address 17907 INVERNESS			10 31 2023
City EDEN PRAIRIE	State MN	Zip Code 55347-2155	Transaction ID : PR1596309369411 Amount of Each Receipt this Period
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Full Name of Individual (Last, First, M C. BORCA, TROY, , ,	/iddle Initial) or Full Or	ganization Name	Date of Receipt
Mailing Address 2112 STROLLING W	/AY		10 31 2023
City NORTHLAKE	State TX	Zip Code 76226-3369	Transaction ID : PR1596310469411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
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	y information copied from such Reports and Stat for commercial purposes, other than using the na					or the		pose	e of s	oliciting	contribu	tions		
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial BRODIGAN, STEVEN, , ,) or Full O	Orgar	nization Name	[Date of	Re	ceip	pt					
	Mailing Address 2159 BRINKER ST	1				10 / D D / Y Y Y Y 2023								
	City CHANHASSEN	State MN		Zip Code 55317-9361		Transaction ID : PR1596310669411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				Amount	U				28.	06		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) erwriting		Me	emo) Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 308.66	P	/R Ded	uctio	on ((\$14.0	3 Bi-W	eekly)			
B.	Full Name of Individual (Last, First, Middle Initial DAVIDSON, TRACY, , ,) or Full O	Drgar	nization Name		Date of	Re	ceip	pt					
	Mailing Address 6058 HARBOUR TOWN CIR			м м 10	/	D	31	/ Y	ү ү 2023	Y				
	City WESTERVILLE	State OH		Zip Code 43082-8144	4						31166941 iis Period	1		
	FEC ID number of contributing federal political committee.	С				384.60								
	Name of Employer (for Individual) Optum Services, Inc		•	tion (for Individual) en Mgmt		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 4230.60	P/	P/R Deduction (\$192.30 Bi-Weekly)								
C.	Full Name of Individual (Last, First, Middle Initial HIGGINS, MARY, , ,) or Full O	Drgar	nization Name	[Date of	Re	ceip	pt					
	Mailing Address 54 BELCREST ROAD	1				^м 10	/	L	31		2023 Y			
	City WEST HARTFORD	State CT		Zip Code 06107-3304							31386941 iis Period	1		
	FEC ID number of contributing federal political committee.	С				Amount	OI	Lau ,		ceipt ti	76.	92		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		M	emo) Ite	əm					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			••••••				,			489.	58		
т	OTAL This Period (last page this line number on	ly)		····· •	j			,		-				

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

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			Detailed Summary Page		11a		11b	11c	12					
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or f	information copied from such Reports and State for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (L	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial TODD, JEFFREY, , ,	I) or Full Or	ganization Name		Date of Receipt									
	Mailing Address 467 PRAIRIE WAY SOUTH				M M / D D / Y Y Y Y 10 31 2023									
	City	State	Zip Code		Trans	acti	ion ID : F	R15963	3190694	11				
-	BAYPORT	MN	55003-1607	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С		50.00										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Inderwriting		M	emo	tem							
Ī	Receipt For:	Aggregate `	Year-to-Date ▼											
	Primary General Other (specify) ▼		550.00] F	P/R Ded	lucti	on (\$25.0	00 Bi-We	eekly)					
	Full Name of Individual (Last, First, Middle Initial PETERSON, MATTHEW, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt							
ļ	Mailing Address 2260 FOX STREET				10 / D D / Y Y Y Y Y 10 31 2023									
	City	State	Zip Code		Trans	acti	on ID : P	R16026	699694	11				
-	ORONO	MN	55356-8316	'	Amount	t of	Each Re	ceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Ancillary & Ind/Sgt CAO		Memo Item									
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial SEVIGNY, BRIAN, , ,	l) or Full Or	ganization Name		Date of	Re	eceipt							
	Mailing Address 137 CREEKVIEW LANE				^M 10	1	D D D 31		2023 Y	_				
(City LORETTO	State MN	Zip Code 55357-2111				ion ID : F							
-			00007-2111	- 4	Amount	t of	Each Re	ceipt th	is Perio	d				
	FEC ID number of contributing federal political committee.	С			Ľ		y	- y	28	8.08				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) rector Technology		M	emc	tem							
Ī		Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		308.88		P/R Deduction (\$14.04 Bi-Weekly)									
รเ	JBTOTAL of Receipts This Page (optional)		••••••	•			,	9	462	68				
тс	OTAL This Period (last page this line number on	ly)	••••••				_	-		-				

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	EMIZED RECEIPTS			each category of the tailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (Unit	edHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial ARCHER, LORI, , ,) or Full C	Organiz	ration Name	Date of Receipt								
	Mailing Address 2781 SADDLE CLUB ROAD												
	City	State	-	Zip Code	10 31 2023								
	GREENWOOD	IN		46143-9211	Transaction ID : PR1806750169411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			23.08								
	Name of Employer (for Individual) United HealthCare Services Inc		upatio Gen N	n (for Individual) Igmt	Memo Item								
		Aggregate	Year-	to-Date 🔻	_								
	Other (specify)		- J -	253.88	P/R Deduction (\$11.54 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initial EMERSON, PAUL, , ,) or Full C	rganiz	ration Name	Date of Receipt								
	Mailing Address 18855 MEADOW VIEW BLVD				10 31 2023								
	City PRIOR LAKE	State MN	Z	Zip Code 55372-3133	Transaction ID : PR1806750369411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			384.60								
	Name of Employer (for Individual) Optum Services, Inc		upatic S Unit	n (for Individual) CEO	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
С.	Full Name of Individual (Last, First, Middle Initial ULLOA, SHAUNA, , ,) or Full C	rganiz	ration Name	Date of Receipt								
	Mailing Address 9 STRATFORD ROAD				M M / D D / Y Y Y Y 10 31 2023								
	City FARMINGTON	State CT		/ip Code 06032-1444	Transaction ID : PR1832379169411								
	FEC ID number of contributing		_	00032-1444	Amount of Each Receipt this Period								
	federal political committee.	С			28.08								
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) ht Relationship	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			•••••	435.76								
Т	OTAL This Period (last page this line number on	ly)		>									

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CATHERINE, , , Mailing Address 57 SIMMONS LANE	l) or Full C	Organization Name	Date of Receipt									
		1-		10 31 Y Y Y Y Y 2023									
	City SEVERNA PARK	State MD	Zip Code 21146-1921	Transaction ID : PR1903550769411									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Health Equity Strategy	Memo Item									
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia WEYMOUTH, PAUL, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 1185 HOPKINTON RD			M M / D D / Y Y Y Y 10 31 2023									
	City HOPKINTON	State NH	Zip Code 03229-2647	Transaction ID : PR1903636969411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		supation (for Individual) t Grp CIO	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230,60	P/R Deduction (\$192.30 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initia BEATY, JON, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 32860 SE DIVERS RD	1		10 / D D / Y Y Y Y 2023									
	City ESTACADA	State OR	Zip Code 97023-7507	Transaction ID : PR2119467869411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clin Qlty	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)									
S	JBTOTAL of Receipts This Page (optional)		>	789.20									
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
\backslash	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initial CAMPBELL, COLLEEN, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 15000 CAST PEBBLE CIR	Ctata	Zin Codo	10 / D D / Y Y Y Y 10 31 2023									
	City PARKER	State CO	Zip Code 80134-4195	Transaction ID : PR2119469969411									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 30.00									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Adhr Sr Cnslt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)									
В.	Full Name of Individual (Last, First, Middle Initial DEMBROSKI, TODD, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 1390 FINCH LN			M M / D D / Y Y Y Y Y 10 31 2023									
	City	State	Zip Code	Transaction ID : PR2119472869411									
	GREEN BAY	WI	54313-6400	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		30.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Act Svs	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 330.00	P/R Deduction (\$15.00 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial DUNGAN, TARA, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 619 HIGH COUNTRY RIDGE	1		10 / Y Y Y Y 2023									
	City SAN ANTONIO	State TX	Zip Code 78260-1829	Transaction ID : PR2119473269411									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir, Clin Appeals	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			80.00									
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	y information copied from such Reports and Sta for commercial purposes, other than using the r														
	NAME OF COMMITTEE (In Full)														
$\Big $	UnitedHealth Group Incorporated	d PAC (Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia GILDERNICK, AMY, , ,	al) or Full C	Orgai	nization Name		Date of Receipt									
	Mailing Address 2709 WILLIAMS GRANT					10 31 Y Y Y Y 2023									
	City	State WI		Zip Code		Transaction ID : PR2119475269411									
	DE PERE	VVI		54115-9456	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			40.00										
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt		Me	emo	o Ite	em						
	Receipt For:	Aggregate	Yea	ur-to-Date ▼											
	Primary General Other (specify) ▼		-9-	440.00	P	/R Ded	ucti	ion	(\$20.0	00 Bi-W	'eekl	y)			
в.	Full Name of Individual (Last, First, Middle Initia HAYES, PAULINE, , ,	al) or Full C	Orgai	nization Name		Date of	Re	ecei	ipt						
	Mailing Address 21851 NEWLAND ST SPACE 117					10 / D D / Y Y Y Y 10 31 2023									
	City	State		Zip Code		Trans	acti	ion	ID : F	PR2119	4774	169411			
	HUNTINGTON BEACH	CA		92646-7629	A	mount	of	Ea	ch Re	eceipt t	nis F	Period			
	FEC ID number of contributing federal political committee.	С				20.00									
	Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	•	tion (for Individual)		Memo Item									
	Receipt For:	Aggregate	Yea	ur-to-Date ▼		-									
	Primary General Other (specify) ▼		,	220.00	P/R Deduction (\$10.00 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia KANNE, KATHLEEN, , ,	al) or Full C	Orgai	nization Name	Date of Receipt										
	Mailing Address 4826 PALOMINO COURT	- I				^M 10	1		31	/ Y)23	Y		
	City	State PA		Zip Code		Trans	acti	ion	ID : I	PR2119	479	669411			
	ERIE	FA		16506-6624	/	Mount	of	Ea	ch Re	eceipt t	nis F	Period			
	FEC ID number of contributing federal political committee.	С				_		,		y	_	384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP (•	tion (for Individual) Im		Me	emo	o Ite	em						
	Receipt For:	Angregate	Yea	ur-to-Date ▼											
	Primary General Other (specify)	, iggi oguto	ate Year-to-Date ▼ 4230.60			P/R Deduction (\$192.30 Bi-Weekly)									
					<u> </u>		_	_	_		_	_			
S	UBTOTAL of Receipts This Page (optional)			•			_	,	_	,	-	444.6	0		
т	OTAL This Period (last page this line number or	nly)		•••••			-	-							

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			Detailed Summary Page		11a		11	b	11c	12				
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	y information copied from such Reports and Stat for commercial purposes, other than using the na													
\backslash	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	`	•	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial MACEMEADOR, HEATHER, , ,) or Full Or	rganization Name		Date of Receipt									
	Mailing Address 13531 CARLTON OAKS				10 31 Y Y Y Y Y 2023									
	City	State	Zip Code		Transaction ID : PR2119482569411									
	SAN ANTONIO	ТХ	78232-4902	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			40.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Memo Item									
	Receipt For:	I	Year-to-Date ▼											
	Primary General Other (specify) ▼	-yyieyale	440.00] F	P/R Ded	uctio	ion	(\$20.0	00 Bi-W	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial MURRAY, CAROLYN, , ,) or Full Or	rganization Name		Date of	Re	ecei	pt						
	Mailing Address 834 WOODTACK COVE WAY				10 31 Y Y Y Y Y 2023									
	City	State	Zip Code		Transaction ID : PR2119484869411									
	HENDERSON	NV	89002-8294	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			20.00									
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) VP SIs Acct Mgmt		Memo Item									
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify) ▼		220.00	F	P/R Deduction (\$10.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial NYGARD, KEITH, , ,) or Full Or	rganization Name		Date of	Re	ecei	pt						
	Mailing Address 8056 CARPENTER CREEK AVE	ENUE			^M 10	/	Ľ	31	/ Y	2023	Y			
	City	State	Zip Code		Trans	acti	ion	ID : F	PR2119	48506941	1			
	LAS VEGAS	NV	89113-3685		Amount	of	Ead	ch Re	ceipt th	nis Period				
	FEC ID number of contributing federal political committee.	С				_	,		,	40.0	0			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg Adhr		M	emo	o Ite	em						
	Receipt For:	Aggregate	Year-to-Date V											
	Primary General Other (specify)		440.00	P/R Deduction (\$20.00 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)			•						100.0	0			
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	y information copied from such Reports and Sta								se of s						
or	for commercial purposes, other than using the r	name and a	ddre	ess of any political committee	e to so	olicit co	ntrib	outio	ons fro	om suc	n co	mmitte	e.		
	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia OLLMANNWAGNER, TRACY, , ,	al) or Full O	rgai	nization Name		Date of Receipt									
	Mailing Address 2839 TIMBER LANE					10 31 2023									
	City	State		Zip Code		Trans	acti	ion	n ID : F	R2119	4852	69411			
	GREEN BAY	WI		54313-5841	_	Amoun	t of	Ea	ach Re	ceipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.	С						-		-19-		30.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) r SIs Ops		M	emo	o Ite	em						
	Receipt For:			r-to-Date ▼											
	Primary General Other (specify) ▼	Aggregate	-	330.00	F	P/R Dec	lucti	ion	(\$15.0	00 Bi-W	eekl	y)			
В.	Full Name of Individual (Last, First, Middle Initia SING, MARTIN, , ,	al) or Full O	rga	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 9407 LLANO VERDE					10 31 2023									
	City	State		Zip Code		Trans	acti	ion	ID · P	R2119	4901	69411			
	HELOTES	ТХ		78023-4156						ceipt th					
	FEC ID number of contributing federal political committee.	C						-		-1		20.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Service		М	emo	o Ite	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼		1									
	Primary General Other (specify) ▼		,	, 220.00	•	P/R Deduction (\$10.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia STETTLER, RONALD, , ,	al) or Full O	rga	nization Name		Date o	f Re	ecei	ipt						
	Mailing Address 11527 TRAILS END RD	-				^M 10	1	l	31	/ Y		23	Ŷ		
	City	State		Zip Code		Trans	acti	ion	n ID : F	PR2119	4904	16941 <i>°</i>			
	LEANDER	ТХ		78641-5813	_	Amoun	t of	Ea	ach Re	ceipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.	С						y		y		20.0	0		
	Name of Employer (for Individual)	Осси	upat	ion (for Individual)		М	emo	o It	em						
	United HealthCare Services Inc	VPH	HItho	care Econ											
	Receipt For:	Aggregate	Yea	ir-to-Date 🔻											
	Other (specify)		220.00				P/R Deduction (\$10.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)				•			7		,		70.0	0		
т	OTAL This Period (last page this line number or	nly)			•			-							

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				erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMI	· · · · ·	d PAC (I	UnitedHealth Group P	AC)								
A. WRIGHT, GRE	idual (Last, First, Middle Initi GORY, , , 0471 STRAND TERRACE	ial) or Full O	organization Name	Date of Receipt								
City SANTA ANA		State CA	Zip Code 92705-1495	Transaction ID : PR2119494169411 Amount of Each Receipt this Period								
FEC ID number of federal political cor	•	С		384.60								
Name of Employer United HealthCare Receipt For: Primary Other (specif	Services Inc General	Hlth	upation (for Individual) Plan CEO Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Indiv B. YOUNG, GEOF Mailing Address 36		organization Name	Date of Receipt									
City SCOTTSDALE FEC ID number of federal political con	0	State AZ	Zip Code 85262-3138	10 31 2023 Transaction ID : PR2119494469411 Amount of Each Receipt this Period 30.00								
Name of Employer United HealthCare Receipt For: Primary Other (specif	Services Inc General	Hlth	upation (for Individual) n Plan CEO Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)								
C. CUMMINGS,		ial) or Full O	rganization Name	Date of Receipt								
City SAINT PAUL	929 FAIRMOUNT AVE	State MN	Zip Code 55105-1539	M M M / D D / Y Y Y Y Y 10 31 2023 Transaction ID : PR2133132669411 Amount of Each Receipt this Period								
FEC ID number of federal political cor	0	С		30.00								
Name of Employer Optum Services, In Receipt For:	, ,	VP F	upation (for Individual) Finance Leader	Memo Item								
Primary Other (specif	General fy)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)								
SUBTOTAL of Rece	ipts This Page (optional)			444.60								
TOTAL This Period	(last page this line number c	only)										

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NAME OF COMMITTEE (In Full)													
⁷ UnitedHealth Group Incorpor	`		4C)										
Full Name of Individual (Last, First, Middle HULTGREN, BROR, , ,	e Initial) or Full O	rganization Name	Date of	Date of Receipt									
Mailing Address 408 22ND ST			10	10 31 2023									
City GOLDEN	State CO	Zip Code 80401-2452		Transaction ID : PR2133133269411									
		00401-2432	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO	Me	emo l	tem								
Receipt For:		Year-to-Date ▼											
Primary General	, iggi egale		P/R Ded	uction	า (\$192	.30 Bi-V	/eeklv)						
Other (specify) v		4230.60											
Full Name of Individual (Last, First, Middle COLE, DANIEL, , ,	e Initial) or Full O	rganization Name	Date of	Rece	eipt								
Mailing Address 9790 FOXWORTH DRIVE			10										
City	State	Zip Code	Trans	actio	n ID : P	R21457	2836941	1					
JOHNS CREEK	GA	30022-6259	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С					-9-	20	.00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) al Markets VP Brkr Svs	Me	emo l	tem								
Receipt For:	Aggregate	Year-to-Date V		-									
Other (specify) ▼		, 220.00	P/R Ded	P/R Deduction (\$10.00 Bi-Weekly)									
Full Name of Individual (Last, First, Middle LEWIS, KURT, , ,	e Initial) or Full O	rganization Name	Date of	Rece	eipt								
Mailing Address 961 RIVER FOREST DRI	VE		M M	1 ′ [31	/ Y	2023	Y					
City	State	Zip Code	Trans	actio	n ID : P	R2203	9675694 ⁻	11					
MAINEVILLE	ОН	45039-7720	Amount	of E	ach Re	ceipt th	is Perioc	1					
FEC ID number of contributing federal political committee.	С			,		y	384	.60					
Name of Employer (for Individual)	Оссі	upation (for Individual)	M	emo I	ltem								
United HealthCare Services Inc		Plan CEO											
Receipt For:	Aggregate	Year-to-Date V											
Other (specify)		4230.60	P/R Ded	P/R Deduction (\$192.30 Bi-Weekly)									
							789.	20					

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

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				Detailed Summary Page		11a 13] 11b 14		11c		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pose		oliciting		ntributi	ons	
\langle	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial BEAULE, JEAN-FRANCOIS, , ,) or Full O	Orgar	nization Name		Date of Receipt								
	Mailing Address 7 STRATFORD RD	1				10 / D D / Y Y Y Y 10 31 2023								
	City FARMINGTON	State CT		Zip Code 06032-1444		Transaction ID : PR2225813669411								
				00032-1444	_	Amount	t of	Eacl	h Reo	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С	_					- F		-	_	390.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) h Advancement		M	emo) Iter	n					
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		-	4210.38	F	P/R Ded	lucti	ion (\$	\$195.0	00 Bi-W	/eek	ly)		
в.	Full Name of Individual (Last, First, Middle Initial KANTOLA, KEVIN, , ,) or Full O	Drgar	nization Name		Date of	Re	eceip	t					
	Mailing Address 7031 HALSTEAD DRIVE					^M 10	/		^р 31	/ Y	20	23	Y	
	City	State		Zip Code		Trans	acti	ion II	D : Pl	R22476	270	69411		
	MINNETRISTA	MN		55364-3201		Amount	t of	Eacl	h Rec	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						,		-15-		384.6	0	
	Name of Employer (for Individual) Optum Services, Inc	Occi VP	•	ion (for Individual)		Memo Item								
	Receipt For:	Aggregate	Yea	r-to-Date ▼										
	Primary General Other (specify) ▼		,	4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial OBRIEN, DENNIS, , ,) or Full O	Organ	nization Name		Date of	Re	eceip	t					
	Mailing Address 61 LOUGHLIN AVE					^M 10	/		31 D	/ Y	20	23	Y	
	City	State		Zip Code		Trans	acti	ion I	D : P	R22476	6273	69411		
	COS COB	СТ		06807-2621		Amount	t of	Eacl	h Reo	ceipt th	is P	eriod		
	FEC ID number of contributing federal political committee.	С						y		y		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Regi	•	ion (for Individual) EO		М	emo	b Iter	m					
	Respiret For:			r-to-Date ▼										
	Primary General	riggrogato	Tou			P/R Dec	lucti	ion (\$102	30 Bi-14	look	44		
	Other (specify)		Ţ	4230.60		/R Dec	lucu		φ132.	50 DI-W	VEEN	(y)		
s	UBTOTAL of Receipts This Page (optional)			•••••				,		,	1	159.2	0	
т	OTAL This Period (last page this line number on	ly)			-			,		-				

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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11
	y information copied from such Reports and State			erson for the purpose of soliciting contributions
	for commercial purposes, other than using the na	ime and a	aaress of any political committe	e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)
/	Full Name of Individual (Last, First, Middle Initial)	`	•	- ,
۹.	CRONN, CHRISTOPHER, , ,		-	Date of Receipt
	Mailing Address 1122 COLORADO STREET SUITE 2399			M M / D D / Y Y Y Y 10 31 2023
	City	State	Zip Code	Transaction ID : PR2270522969411
	AUSTIN	ТХ	78701-2132	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		115.38
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir	Memo Item
	Descipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	nggrogato	1269.18	P/R Deduction (\$57.69 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initial) FRASCINO, MJ, , ,	or Full Or	rganization Name	Date of Receipt
	Mailing Address 4575 SOUTH ATLANTIC AVENU # 6311	E		10 / Y Y Y Y 10 31 2023
	City	State	Zip Code	Transaction ID : PR2402316569411
	PONCE INLET	FL	32127-7096	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Comm	Memo Item
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)
).	Full Name of Individual (Last, First, Middle Initial) JACOBS, DONALD, , ,	or Full Or	rganization Name	Date of Receipt
	Mailing Address 19495 VINE RIDGE ROAD			10 31 2023
	City	State	Zip Code	Transaction ID : PR2402317369411
	EXCELSIOR	MN	55331-9173	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) roj Mgr II	Memo Item
	Receipt For:		Year-to-Date V	
	Primary General Other (specify)		220.00	P/R Deduction (\$10.00 Bi-Weekly)
S	JBTOTAL of Receipts This Page (optional)			163.38
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial) KEPLEYCARRIER, ANGELA, , , Mailing Address 3219 PENINSULA DRIVE City) or Full O	Zip Code	Date of Receipt 10 / 31 / 2023 Transaction ID : PR2402317769411
	JAMESTOWN	NC	27282-8717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Gen Mgmt Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial) MCGRATH, STACY, , , Mailing Address 5801 CHOWEN AVE S) or Full O	Zip Code	Date of Receipt
	EDINA	MN	55410-2759	Transaction ID : PR2402318569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		40.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Process	Memo Item
	Receipt For: // Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 440.00	P/R Deduction (\$20.00 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial) MORRISONDAVIS, ANDREA, , ,) or Full O	rganization Name	Date of Receipt
	Mailing Address 2 LAKESHIRE COURT			10 / D D / Y Y Y Y 2023
	City OWINGS MILLS	State MD	Zip Code 21117-1246	Transaction ID : PR2402318969411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		20.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) : Mgt Cons CInt Svc	Memo Item
	Receipt For: // Primary General Other (specify)	Aggregate	Year-to-Date ▼ 220.00	P/R Deduction (\$10.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	100.00
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initia ROSSI, DAVID, , , Mailing Address 510 BUFFALO TOM DRIVE	l) or Full C	rganization Name	Date of Receipt
	City GREENSBORO	State NC	Zip Code 27455-8344	10 31 2023 Transaction ID : PR2402319669411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Exe	upation (for Individual) c Dir Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia HIGA, JOY, , , Mailing Address 2208 ELM AVENUE	l) or Full C	rganization Name	Date of Receipt
	City MANHATTAN BEACH	State CA	Zip Code 90266-2809	10 31 2023 Transaction ID : PR2402446269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Chi	upation (for Individual) ef Compl Off & SVP Reg Affs	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial ALEXANDER, CORY, , ,	l) or Full C	rganization Name	Date of Receipt
	Mailing Address 6412 HIGHLAND DRIVE	State	Zip Code	10 31 2023 Transaction ID : PR2405428869411
	CHEVY CHASE	MD	20815-6608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	EVF	upation (for Individual) P, Senior Advisor	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	797.28
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	for commercial purposes, other than using the n												
	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (Unit	edHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia WEE, KATHLYN, , ,	l) or Full O	Organiz	zation Name		Date of	f Re	ceint					
~ .	Mailing Address 5045 OVERLOOK ROAD NW				\neg				P	/ Y	Y Y	Ý	
						10	Ľ	3′		Ľ	2023	3	
	City WASHINGTON	State DC	Z	Zip Code 20016-1911						R24085			
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	Name of Employer (for Individual)	Осси	upatio	n (for Individual)	_	M	emc	b Item					
	United HealthCare Services Inc	Hlth	n Plan	CEO		_							
	Receipt For:	Aggregate	Year-	to-Date ▼									
	Other (specify) V			4230.60	F	P/R Dec	lucti	ion (\$1	92.	.30 Bi-W	/eekly)		
			-7										
В.	Full Name of Individual (Last, First, Middle Initia BALTHAZOR, PAUL, , ,	l) or Full O	Drganiz	zation Name		Date of	f Re	eceipt					
	Mailing Address 2002 SUGARWOOD DRIVE					M M	/	D		/ Y	Y	۲ – ۱	
	City	State	- 1-	Zip Code	_	10		3'			2023		
	ORONO	MN		55356-9339	\vdash					R24371 ceipt thi			
	FEC ID number of contributing	C				_			-			34.60	
	federal political committee.	С	_			<u> </u>	-	- J.	_		36	94.00	,
	Name of Employer (for Individual)			n (for Individual)		Μ	emc	b Item					
	Optum Services, Inc Receipt For:			nent COO									
	Primary General	Aggregate	Year-	to-Date ▼					_				
	Other (specify) V		4	4230.60	F	P/R Ded	ucti	on (\$1	92.	.30 Bi-W	eekly)		
				- New Mere	-								
C.	Full Name of Individual (Last, First, Middle Initia COSGRIFF, JOHN, , ,	i) or Full O	vrganiz	zation Name		Date of	f Re	eceipt					
	Mailing Address 1875 HUNTER LANE					M M	/	D		/ Y	Y		
	City	State	7	Zip Code	_	10 Trans	act	3 [.] ion ID		PR24371	2023 21669	1.1	
	MENDOTA HEIGHTS	MN		55118-4110						ceipt thi			
	FEC ID number of contributing	С					-		-			34.60	
	federal political committee.	U				<u> </u>	-	9	_	y	50	, , .00	
	Name of Employer (for Individual)			n (for Individual)		М	emo	o Item					
	United HealthCare Services Inc Receipt For:		Unit C	-									
	Primary General	Aggregate	Year-	to-Date ▼					00	00 5: 11			
	Other (specify)		-	4230.60		-/R Dec	ucti	ion (\$1	92	.30 Bi-W	/eekly)		
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				etailed Summary Page	X	11a		11	b	11c	12		
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				t be sold or used by any pess of any political committee									
\setminus name of coi	MMITTEE (In Full)												
	alth Group Incorpora	ated PAC (Uni	tedHealth Group PA	AC)								
A. EDELSON,		Initial) or Full C	Drgan	ization Name		Date of	Re	ecei	pt				
	^S 4600 DREXEL AVENUE					^M 10	1	ľ	31	/ Y	2023]
City		State		Zip Code		Trans	acti	ion	ID : F	PR2437	127169	411	
EDINA		MN		55424-1132	A	Amount	of	Ead	ch Re	ceipt th	nis Perio	bd	
FEC ID numbe federal political	r of contributing committee.	С						-	_	- 19-	38	4.60	
	oyer (for Individual) are Services Inc		•	on (for Individual) I CEO		Me	emo	o Ite	m				
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Primary Other (sp	General becify) ▼		-	4230.60	P.	/R Ded	ucti	ion	(\$192	.30 Bi-V	Veekly)		
Full Name of In B. RAINEY, PE	ndividual (Last, First, Middle TER, , ,	Initial) or Full C	Drgan	ization Name		Date of	Re	ecei	pt				
Mailing Address	8 8850 COUNTY ROAD 26					м м 10	1		31	/ Y	2023	Y	1
City		State		Zip Code		Trans	acti	ion	ID : P	R2437	1275694	411	
MINNETRISTA		MN		55359-9445	A	Amount	of	Ead	ch Re	ceipt th	nis Perio	bd	
FEC ID numbe federal political	r of contributing committee.	С						- -	_	- 49-	38	4.60	
	oyer (for Individual) are Services Inc			on (for Individual) up CFO		Me	emo	o Ite	₽m				
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Other (sp	General General		,	4230.60	P	/R Ded	uctio	on ((\$192.	.30 Bi-V	Veekly)		
	ndividual (Last, First, Middle STEPHEN, , ,	Initial) or Full C	Drgan	ization Name		Date of	Re	ecei	pt				
	5300 SHERRILL AVENUE					^M 10	1	ľ	31	/ Y	2023]
City	-	State		Zip Code							265769		
CHEVY CHAS	E	MD		20815-3720	/	Amount	of	Ead	ch Re	ceipt th	nis Perio	bd	
FEC ID numbe federal political	r of contributing committee.	С				_	_	y		,	38	4.60	
Name of Emplo	oyer (for Individual)	Occ	upati	on (for Individual)		M	emo	o Ite	m				
United HealthC	are Services Inc		•	tegy & Partnerships									
Receipt For:		Aggregate	Year	-to-Date 🔻									
Other (sp	General becify)		-j	4230.60	P	/R Ded	lucti	ion	(\$192	.30 Bi-V	Veekly)		
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia LANGER, DONALD, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 5110 OAK RAMBLING DRIVE			10 / D D / Y Y Y Y 10 31 2023
	City KATY	State TX	Zip Code 77494-1971	Transaction ID : PR2445015469411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia SIEGEL, DAVID, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 264 LAKEWOOD DRIVE			10 31 2023
	City BLOOMFIELD HILLS	State MI	Zip Code 48304-3531	Transaction ID : PR2445017169411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) d Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 294.84	P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia MCMAHON, DIRK, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 60 WILDHURST ROAD			10 / D D / Y Y Y Y 10 31 2023
	City EXCELSIOR	State MN	Zip Code 55331-8461	Transaction ID : PR2491457069411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sident UHG & COO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		····· ►	797.28
т	OTAL This Period (last page this line number or	nly)	►	

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			Detailed Summary Page		11a		11b	11c	12	<u> </u>
	y information copied from such Reports and Stater for commercial purposes, other than using the nan									
	NAME OF COMMITTEE (In Full)		aross of any pointeal contribute	0 10 50				Sin Suc		
\rangle	UnitedHealth Group Incorporated F	PAC (L	InitedHealth Group P	AC)						
Α.	Full Name of Individual (Last, First, Middle Initial) NATHAN, DONALD, , ,	or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 1643 SPRING CREEK DRIVE				м м 10	1	D D D 31	/ Y	y y 2023	Y
	5	State	Zip Code		Trans	sacti	ion ID :	PR2491	45736941	1
	SARASOTA	FL	34239-5046		Amoun	t of	Each R	eceipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	0					-		384	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Senior Advisor		М	lemo	ltem			
	Receipt For:	gregate	lear-to-Date ▼							
	Primary General Other (specify) ▼		4230.60] P	/R Dec	ducti	on (\$192	2.30 Bi-V	Veekly)	
B.	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 3917 TERRY PLACE				м м 10	/	D D D 31	/ Y	2023	Y
	5	State	Zip Code		Trans	sacti	on ID :	PR2540	17536941	1
	ALEXANDRIA	VA	22304-1737	/	Amoun	t of	Each R	eceipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	0					-		384	60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Govt Affs		М	lemo	tem			
	Receipt For: Ag Primary General Other (specify) ▼	ggregate	/ear-to-Date ▼ 4230.60	P	/R Dec	ductio	on (\$192	2.30 Bi-V	Veekly)	
C.	Full Name of Individual (Last, First, Middle Initial) PURDY, PATRICIA, , ,	or Full Or	ganization Name		Date o	f Re	eceipt			
	Mailing Address 3615 THORNAPPLE STREET				^M 10		D D D 31	L	2023	
	City Strength CHEVY CHASE	State MD	Zip Code 20815-4113						3006694	
			20013-4113	/	Amoun	t of	Each R	eceipt th	nis Perioc	
	FEC ID number of contributing federal political committee.	0					,		384	60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Strategy		M	lemc	tem			
	Receipt For: Ag	ggregate	/ear-to-Date ▼							
	Primary General Other (specify)		4230.60] P	/R Deo	ducti	ion (\$192	2.30 Bi-\	Veekly)	
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	Primary General			1 F	P/R Ded	uctio	on (\$38.4	6 Bi-We	eekl	v)	
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— В.	Full Name of Individual (Last, First, Middle Initial KIDAMBI, NARASIMHAN, , ,) or Full Or	ganization Name		Date of	Re	ceipt				
	Mailing Address 18477 85TH AVE N				10 ^M	1	D D D 31	/ Y		23 23	Ŷ
	City	State	Zip Code		Trans	acti	on ID : P	R25529	9638	69411	
	MAPLE GROVE	MN	55311-1663		Amount	of	Each Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-	-7-		40.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dir Bus Anlys		Me	emo	Item				
	Receipt For:	Aggregate `	/ear-to-Date ▼								
	Primary General Other (specify) ▼		440.00] F	P/R Ded	uctio	on (\$20.0	0 Bi-We	eekly	/)	
_	Full Name of Individual (Last, First, Middle Initial) or Full Or	ganization Name								
C.	LOVELADY, JOHN, , , Mailing Address 5378 BUENA VISTA DR				Date of	Ке	•				
	Maning Address 5576 BOLINA VISTA DR				10 ^M	 '	31	/ Y		23	T
	City	State	Zip Code		Trans	acti	ion ID : P	R2552	9642	269411	
	FRISCO	TX	75034-2253		Amount	of	Each Re	ceipt th	is P	eriod	
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	Name of Employer (for Individual)	Occu	pation (for Individual)		M	emo	Item				
	Optum Services, Inc	SVP	Bus Ops								
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NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incor	porated PAC (I	JnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, M MORRIS, MICHAEL, , ,	iddle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 2624 N HARTLAND C	COURT			м м 10	/	D D D 31	/ Y	y 2023	Y
City	State	Zip Code		Trans	acti	ion ID : P	R25529	6506941	1
CHICAGO	IL	60614-4955	A	Mount	of	Each Re	ceipt th	is Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Acct Mgmt Natl Acct		Me	emo	Item			
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Full Name of Individual (Last, First, M POTTER, DONALD, , ,	iddle Initial) or Full O	rganization Name		Date of	Re	ceipt			
Mailing Address 116 FULLER LANE				^M 10	/	D D D 31	/ Y	y 2023	Y
City	State	Zip Code				on ID : P			
WINNETKA	IL	60093-4213	A	Mount	of	Each Re	ceipt th	is Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) CInt Svc Acct Mgt		Me	emo	Item			
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C. SAMSEL, KRISTINE, , , Mailing Address 91 WAVERLY RD				Date of	Re	D □ D	/ Y	Y Y	Y
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Sen Mgmt		M	emo	tem			
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/ UnitedH	ealth Group Incorpor	ated PAC (UnitedHealth Group PA	AC)							
Full Name of A. TINKER, A	f Individual (Last, First, Middle ANN, , ,	Initial) or Full O	rganization Name		Date of	f Re	eceipt				
Mailing Addre	^{ess} 137 AMOHI WAY				10 ^M	/	31) / Y	ү 20)23	Y
City		State	Zip Code		Trans	act	ion ID :	PR2552	9668	69411	
LOUDON		TN	37774-3009		Amount	t of	Each R	Receipt th	nis Pe	eriod	
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<u>∕</u> ∪	nitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	C)														
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ZERAFA, DANIEL, , ,							Date of Receipt										
Ma	iling Address 61234 ADMIRAL DRIVE		M M / D D / Y Y Y Y 10 31 2023															
City		State	Zip Code		Trans	acti	ion	ID :	PR2553	4757694	411							
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	me of Employer (for Individual) tum Services, Inc	Occu VP I	upation (for Individual) T		Memo Item													
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Ма	iling Address 1005 BLAKEFIELD DRIVE		M M / D D / Y Y Y Y 10 31 2023															
City		State	Zip Code		Trans	acti	ion	ID :	PR2554	0133694	1 11							
BR	ENTWOOD	TN	37027-8479	/	Amount of Each Receipt this Period													
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	Name of Individual (Last, First, Middle Initial)) or Full O	rganization Name		Date of	Re	ecei	ipt										
Ма	iling Address 5116 NORTH TIOGA WAY			Date of Receipt														
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۹.	Full Name of Individual (Last, First, Middle Initial CLUTE, DANIEL, , ,) or Full O)rgai	nization Name		Date	of R	ec	eipt										
	Mailing Address 7756 N 85TH STREET		10 31 2023																
	City	State		Zip Code	- 1	_		tic			25600	2023 6446941	1						
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	Name of Employer (for Individual) Optum Services, Inc	Occu Med		ion (for Individual)		Memo Item													
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3.	Full Name of Individual (Last, First, Middle Initial COY, THOMAS, , ,	Date of Receipt																	
	Mailing Address 6970 SUZANNE COURT		10 31 2023																
	City	State		Zip Code		Transaction ID : PR2560064							1						
	SCHENECTADY	NY		12303-5285		Amount of Each Receipt this Period													
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	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) Mgmt			Mem	0	ltem										
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).	Full Name of Individual (Last, First, Middle Initial GAZELEY, PAULA, , ,) or Full O	rga	nization Name		Date	of R	ec	eipt										
	Mailing Address 36 MAYFAIR ROAD	1				Date of Receipt 10 31 2023													
	City WYNANTSKILL	State NY		Zip Code 12198-8018	Transaction ID : PR2560														
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	federal political committee.	S (-									28.00								
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$\overline{)}$	NAME OF COMMITTEE (In Full)																	
\rangle	UnitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)													
A.	Full Name of Individual (Last, First, Middle Initia GIANCURSIO, DONALD, , ,	l) or Full O)rgai	nization Name		Date	of R	lec	ceipt				16 ontribution committee. 2023 1969411 Period 384.60 ekly) 2023 16 2023 16 2023 176.93 176.93 ekly) 2023 176.93 176.93 <tr< td=""><td></td></tr<>					
	Mailing Address 72 MIDNIGHT RIDGE DR					10 / D D / Y Y Y Y 2023												
	City LAS VEGAS	State NV		Zip Code 89135-1680														
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	Name of Employer (for Individual) Health Plan of Nevada		•	tion (for Individual) n CEO		N	/lem	10	Item									
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в.	Full Name of Individual (Last, First, Middle Initia LOBERG, ANGELA, , ,	l) or Full O)rgai	nization Name		Date	of R	lec	ceipt									
	Mailing Address 2837 EAST PARK PLACE					^м 10	Л	/	31		/ Y	ү 20	Period	Y				
	City MILWAUKEE	State WI		Zip Code 53211-3845		Transaction ID : PR2560065569411 Amount of Each Receipt this Period												
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 946.13	F	P/R Deduction (\$138.47 Bi-Weekly)												
с.	Full Name of Individual (Last, First, Middle Initia MILICH, DAVID, , ,	l) or Full O	rga	nization Name		Date	of R	lec	eipt									
	Mailing Address 2702 BIRCHMERE COURT	-				[™] 10	Λ	/	31		/ Y			Y				
	City KATY	State TX		Zip Code 77450-1303					-									
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	NAME OF COMMITTEE (In Full)				contin	outions	nom	Suci				
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)								
A.	Full Name of Individual (Last, First, Middle Initial VAIL, DENISE, , ,) or Full O	Organization Name	Date of Receipt								
	Mailing Address 35 CLEVELAND AVENUE			10 31 2023								
	City SAYVILLE	State NY	Zip Code 11782-1322			tion ID Each						
	FEC ID number of contributing federal political committee.	С				-		,		28.0	0	
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B.	Full Name of Individual (Last, First, Middle Initial DICKMAN, KRISTA, , ,) or Full O	organization Name	Date	of R	eceipt						
	Mailing Address 2533 ONYX DRIVE			M 1	0	31	D /	Y	202	23 [°]	Y	
	City	State MN	Zip Code			ion ID						
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	Primary General Other (specify) ▼		308.00	P/R D	educt	ion (\$14	4.00 B	i-We	ekly))		
С.	Full Name of Individual (Last, First, Middle Initial NOEL, TIMOTHY, , ,) or Full O	Organization Name	Date	of R	eceipt						
	Mailing Address 4316 FREMONT AVENUE SOU			1	0	3		Y	202	23 [°]	Y	
	City MINNEAPOLIS	State MN	Zip Code 55409-1721			tion ID Each						
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Α.	Full Name of Individual (Last, First, Middle Initi WULF, ROBERT, , ,	al) or Full C	Drgai	nization Name		Date of	Re	ceipt							
	Mailing Address 622 N 11TH ST					10 / D D / Y Y Y Y 10 31 2023									
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в.	Full Name of Individual (Last, First, Middle Initi OBRIEN, PATRICK, , ,	al) or Full C	Drgai	nization Name		Date of	Re	ceipt							
	Mailing Address 33 BARRINGTON DRIVE		10 / 31 / 2023 Transaction ID : PR2560821469411												
	City	State		Zip Code		Trans	acti	on ID :	. PI	R25608	214	6941 1			
	BEDFORD	NH		03110-5601	Amount of Each Receipt this Period										
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	Name of Employer (for Individual) United HealthCare Services Inc		cupa Ops	tion (for Individual)		Me	emo	Item							
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с.	Full Name of Individual (Last, First, Middle Initi LUND, BRIAN, , ,	al) or Full C	Drgai	nization Name		Date of	Re	ceipt							
	Mailing Address 11471 NORTH SHORE DRIVE	I				^M 10	/	D 31		/ Y		23	Y		
	City	State		Zip Code		Trans	acti	ion ID	: P	R25614	1576	6 9 41	1		
	GRANTSBURG	WI		54840-8059	/	Amount	of	Each I	Rec	ceipt th	is P	eriod			
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	United HealthCare Services Inc	Dir	Tax		_										
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Α.	Full Name of Individual (Last, First, Middle Initi WILLSON, JOSH, , ,	al) or Full C	Organization Name		Date of	Re	eceipt						
	Mailing Address 201 ADAMS CT				10 / D D / Y Y Y Y 10 31 2023								
	City	State	Zip Code		Trans	act	ion ID :	PR2564	802	56941 ⁻			
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	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		846.12	F	P/R Ded	lucti	on (\$38	.46 Bi-W	eekl	y)			
			, ,	<u> </u>									
B.	Full Name of Individual (Last, First, Middle Initi CARLSON, CHRISTOPHER, , ,	al) or Full C	Organization Name		Date of	Re	eceipt						
	Mailing Address 10618 WEST RIVER ROAD				10 ^M	/	31	/ Y	20)23	Y		
	City	State	Zip Code		Trans	acti	ion ID :	PR25648	3026	6 941 1			
	BROOKLYN PARK	MN 55443-1233 Amount of Each Receipt this Pe											
	FEC ID number of contributing federal political committee.	ů.				19							
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Prd		M	emo	tem						
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		2115.30	F	P/R Ded	ucti	on (\$96	.15 Bi-We	eekl	y)			
с.	Full Name of Individual (Last, First, Middle Initi HANSEN, PAUL, , ,	al) or Full C	Organization Name		Date of	Re	eceipt						
	Mailing Address 4960 SHADY ISLAND CIRCLE	:			^M 10	/	31) / Y)23 [°]	Y		
	City	State MN	Zip Code					PR2564			1		
	MOUND		55364-9218	_	Amount	t of	Each R	leceipt th	is F	Period			
	FEC ID number of contributing federal political committee.	С			<u> </u>		9	, <u>,</u>		400.0	00		
	Name of Employer (for Individual)	Occ	upation (for Individual)		Μ	emo	b Item						
	United HealthCare Services Inc	Bus	Segment CFO										
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify)		4194.00		P/R Dec	luct	ion (\$20	0.00 Bi-V	Vee	kly)			
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c		•	 			, . , .		-	669.2	2		

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				or each category of the Detailed Summary Page	X 11a 13	11b 14	11c 15	12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n												
$\left\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (Uni	tedHealth Group PA	C)								
A .	Full Name of Individual (Last, First, Middle Initia GOODWIN, MARYELLEN, , , Mailing Address 3216 PLAYERS VIEW CIRCLE	l) or Full C	Drgar	nization Name	Date of Receipt								
	City LONGWOOD	State FL		Zip Code 32779-3154	Transa	ction ID : PF		029694 1					
	FEC ID number of contributing federal political committee.	С					-	28	.00				
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) SIs Acct Mgmt	Mer	mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 308.00	P/R Dedu	ction (\$14.00) Bi-We	ekly)					
в.	Full Name of Individual (Last, First, Middle Initia MARDEN, PAUL, , , Mailing Address 9 VAN MULEN STREET	l) or Full C	Drgan	nization Name	Date of I	Receipt		ÝÝ	Y				
	City MAHWAH	State NJ		Zip Code 07430-2977	10 Transa	31 ction ID : PF of Each Rec		2023 033694 1	1				
	FEC ID number of contributing federal political committee.	С				384	.60						
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) n CEO	Mer	mo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4230.60	P/R Dedu	ction (\$192.3	i0 Bi-W	eekly)					
C.	Full Name of Individual (Last, First, Middle Initia MOQUIST, DARREN, , ,	l) or Full C	Drgar	nization Name	Date of I	Receipt							
	Mailing Address 5313 MINNEHAHA BLVD	State		Zip Code	10	/ 31 ction ID : Pf	/ Y	2023					
	EDINA	MN		55424-1406		of Each Rec							
	FEC ID number of contributing federal political committee.	С				9	5	384	.60				
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Natl	l Reg	ion (for Individual) Inl Pres	Mei	mo Item							
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4230.60	P/R Dedu	ction (\$192.3	30 Bi-W	/eekly)					
s	UBTOTAL of Receipts This Page (optional)			▶		9	9	797.	20				
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay n addre	ot be sold or used by any pe ess of any political committee	rson fo to soli	r the purpose of soliciting contributions cit contributions from such committee.							
\setminus	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)								
Α.	BELLMAN, MARK, , ,												
	Mailing Address 9120 BRANCH HOLLOW DR	State		Zip Code	- [10 31 2023 Transaction ID : PR2564803569411							
	DALLAS	ТΧ		75243-7510		mount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				28.00							
	Name of Employer (for Individual) United HealthCare Services Inc		upat RVF	ion (for Individual)		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 308.00	P/f	R Deduction (\$14.00 Bi-Weekly)							
В.	Full Name of Individual (Last, First, Middle Initia CARTER, WILLIAM, , ,	l) or Full C	Drgai	nization Name	D	ate of Receipt							
	Mailing Address 1363 CHIPPENDALE RD	1		1		10 / Y Y Y Y 10 31 2023							
	City HOUSTON	State TX		Zip Code 77018-5257		Transaction ID : PR2565448769411 mount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				76.92							
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) an CEO		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 846.12	P/F	R Deduction (\$38.46 Bi-Weekly)							
C.	Full Name of Individual (Last, First, Middle Initia KUNST, THOMAS, , ,	l) or Full C	Orgai	nization Name	D	ate of Receipt							
	Mailing Address 4872 103RD STREET				44	10 / Y Y Y Y 10 31 2023							
	City PLEASANT PRAIRIE	State WI		Zip Code 53158-6516		Transaction ID : PR2566302169411 mount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				153.84							
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 1692.24	P/I	R Deduction (\$76.92 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			•		258.76							
т	OTAL This Period (last page this line number on	lly)		•••••									

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		Detailed Summary Page				11a		-	11b 14		11c	-	12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r					for the		Irpo	ose of				ntributi	ons	
\setminus	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia STEARNS, MATTHEW, , ,	l) or Full O	Orgai	nization Name		Date	of R	lec	ceipt						
	Mailing Address 5118 FAIRGLEN LANE				10 D D / Y Y Y Y 2023										
	City CHEVY CHASE	State MD		Zip Code 20815-6517					-		R25717 ceipt th	-			
	FEC ID number of contributing federal political committee.	С						-	,		- -	_	384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ssistant to the OCEO		ľ	/lem	10	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4230.60	F	P/R De	duc	tio	on (\$19)2.:	30 Bi-W	/eek	dy)		
B.	Full Name of Individual (Last, First, Middle Initia PARRILLO, CHRISTOPHER, , ,	l) or Full O	Orgai	nization Name		Date	of R	lec	ceipt						
	Mailing Address 12 WOODSUM DRIVE			Zip Code		^м 10	VI	/	D 31		/ Y	ү 20	23 23	Y	
	City NEWBURY	Transaction ID : PR2571778269411 Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С				[]		4	,		-1	_	154.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) k Contrctng		ľ	/lem	10	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1694.00	P	P/R De	duct	tio	n (\$77	.00) Bi-We	ekly	/)		
с.	Full Name of Individual (Last, First, Middle Initia HINTON, DUSTIN, , ,	l) or Full O	Orgai	nization Name		Date	of R	lec	ceipt						
	Mailing Address W132N6475 MARACH RD			-		^M 10		/	D 31		/ Y		23	Ŷ	
	City MENOMONEE FALLS	State WI		Zip Code 53051-6085							R25719 ceipt th				
	FEC ID number of contributing federal political committee.	С				<u> </u>		,	,		y	_	384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO			Nem	10	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4230.60	F	P/R De	educ	tio	on (\$19	92.3	30 Bi-W	√eek	dy)		
s	UBTOTAL of Receipts This Page (optional)			••••••					,	1	,		923.2	0	
т	OTAL This Period (last page this line number or	nly)						_	,		7				

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IIEM				or each category of the Detailed Summary Page	×	11a 13	1 ⁻	1b 4	11c 15	12			
	ormation copied from such Reports and Stat commercial purposes, other than using the n												
\	NE OF COMMITTEE (In Full) hitedHealth Group Incorporated	I PAC (Un	itedHealth Group PA	C)								
A. G	Name of Individual (Last, First, Middle Initia RAY, BRIAN, , , ing Address 6098 CLOPTON DRIVE	l) or Full C)rga	nization Name	Date of Receipt								
City GR	EENSBORO	State NC		Zip Code 27455-8373				n ID : P ach Re					
	D number of contributing ral political committee.	С							-9	7	79.60		
Unit	ne of Employer (for Individual) ed HealthCare Services Inc eipt For: Primary General Other (specify) ▼	VP	Ntw	tion (for Individual) k Pricing ur-to-Date ▼ 840.80	- - P/		emo It	tem 1 (\$39.8	0 Bi-We	eekly)			
B . <u>R</u> C	Name of Individual (Last, First, Middle Initia DBINSON, MARCUS, , , ing Address 590 SPENDER TRACE	I) or Full C	Drga	nization Name		ate of	Rece	D D	/ Y	Y			
FEC	NWOODY D number of contributing tral political committee.	State GA	_	Zip Code 30350-5018				31 1 ID : P ach Re		is Peri	411		
Nam	ne of Employer (for Individual) ed HealthCare Services Inc		•	tion (for Individual) P & Chief Cnsmr/Grwth	i	Me	emo It	tem			4		
Reco	eipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 308.00	P/I	R Dedu	uction	(\$14.0	0 Bi-We	eekly)			
C. _JA	Name of Individual (Last, First, Middle Initial CQUET, SHAUN, , ,	l) or Full C	Orga	nization Name		ate of	Rece	eipt					
Mail City	ing Address 61040 E SHALE ROAD	State		Zip Code	_ [10 ^M		31 n ID : P	/ Y	2023			
-	ACLE	AZ		85623-7481	A			ach Re					
	D number of contributing political committee.	С					,		y	2	28.00		
Opti	ne of Employer (for Individual) um Services, Inc		•	tion (for Individual) Mgmt		Me	emo li	tem					
	eipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 308.00	P/	R Ded	uction	n (\$14.0	0 Bi-W	eekly)			
SUBT	OTAL of Receipts This Page (optional)			•			. ,		y	13	5.60		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
	y information copied from such Reports and State for commercial purposes, other than using the na											
\backslash	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)								
Α.	Full Name of Individual (Last, First, Middle Initial CARLSON, KEVIN, , ,) or Full C	Organization Name	Date of Receipt								
	Mailing Address 4511 BROWNDALE AVENUE											
	City	State	Zip Code	Transaction ID : PR2572590069411								
	EDINA	MN	55424-1142	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		392.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼	_								
	Primary General Other (specify) ▼		4212.15	P/R Deduction (\$196.00 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle Initial BECK, JOANNE, , ,) or Full C	Organization Name	Date of Receipt								
	Mailing Address 117 GLORIA LANE			10 31 2023								
	City CADIZ	State KY	Zip Code 42211-8824	Transaction ID : PR2572590369411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.08								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial OBRIEN, CHRISTINE, , ,) or Full C	Organization Name	Date of Receipt								
	Mailing Address 931 FRENCH ST			10 31 2023								
	City NEW ORLEANS	State LA	Zip Code 70124-3806	Transaction ID : PR2572590669411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		28.00								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)								
s	UBTOTAL of Receipts This Page (optional)			448.08								
Т	OTAL This Period (last page this line number onl	y)										

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				Summary Page		11a 13	\square	11 14		11c		12 16	17		
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	IAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorporated	I PAC (I	JnitedHe	ealth Group PA	AC)										
A	ull Name of Individual (Last, First, Middle Initial MILLER, KIMBERLEY, , ,) or Full O	rganization	Name		Date of	Re	cei	pt						
_	Aailing Address 16 CELONOVA PLACE					10 ^M	/	L	31	/ Y	ү 20	_			
	City FOOTHILL RANCH	State CA	Zip Co 92610	de D-1942	A					R25725 ceipt th					
	EC ID number of contributing ederal political committee.	С						- y -		-1-	_	28.00			
ι	lame of Employer (for Individual) Inited HealthCare Services Inc		upation (for Jnderwriting	,		Me	emo) Ite	əm						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	308.00	P	/R Ded	uctio	on ((\$14.0	0 Bi-We	ekly	<i>י</i>)			
В	ull Name of Individual (Last, First, Middle Initial WIFFLER, THOMAS, , ,) or Full O	rganization	Name		Date of	Re	cei	pt						
N	Aailing Address 3680 GRANDE BAY COURT					^M 10	/		31	/ Y	202	23 Y			
	Dity MELBOURNE BEACH	State FL	Zip Co 32951	de -3155	<i>F</i>	Transaction ID : PR2572992769411 Amount of Each Receipt this Period									
	EC ID number of contributing ederal political committee.	С				_		- J -		-9	_	384.60)		
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Unit CEO	Individual)		Me	emo	lte	əm						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date	4230.60	P	'R Dedu	uctio	on ((\$192.:	30 Bi-W	/eekl	ly)			
	ull Name of Individual (Last, First, Middle Initial BENSON, MICHAEL, , ,) or Full O	rganization	Name		Date of	Re	cei	pt						
Ν	Aailing Address 2206 EAGLE VALLEY LN					^M 10	/		31	/ Y	202	23			
	City WAUSAU	State WI	Zip Co 54403		<i>F</i>			-		R2573					
	EC ID number of contributing ederal political committee.	С						y		y	_	28.84			
ι	lame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Dir SIs Ops	,		Me	∋mo) Ite	em						
ŀ	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date	317.24	P	/R Ded	ucti	on	(\$14.4	2 Bi-We	eekly	()			
SU	BTOTAL of Receipts This Page (optional)				.			y		g	_	441.44			
то	TAL This Period (last page this line number on	ly)		••••••				-		-					

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name and a ed PAC (iial) or Full C State MN C Occ VP Aggregate	UnitedHealth Grou Drganization Name Zip Code 55345-6148 Cupation (for Individual) Prd Year-to-Date ▼	Date of Receipt Date of Receipt Date of Receipt Transaction ID : PR2574973169411 Amount of Each Receipt this Period Memo Item
iial) or Full C	Drganization Name Zip Code 55345-6148 cupation (for Individual) Prd 2 Year-to-Date ▼	Date of Receipt this Period One of Each Receipt this Period One of Memo Item
iial) or Full C	Drganization Name Zip Code 55345-6148 cupation (for Individual) Prd 2 Year-to-Date ▼	Date of Receipt this Period One of Each Receipt this Period One of Memo Item
State MN C Occ VP Aggregate	Zip Code 55345-6148	M M / JD / Y Y Y Y 10 31 2023 Transaction ID : PR2574973169411 Amount of Each Receipt this Period 90.90 Memo Item
MN C Occ VP Aggregate	55345-6148 supation (for Individual) Prd • Year-to-Date ▼	10 31 2023 Transaction ID : PR2574973169411 Amount of Each Receipt this Period 90.90 90.90 90.90
MN C Occ VP Aggregate	55345-6148 supation (for Individual) Prd • Year-to-Date ▼	Amount of Each Receipt this Period 90.90 Memo Item
C Occ VP Aggregate	cupation (for Individual) Prd • Year-to-Date ▼	90.90
Occ VP Aggregate	Prd Prd Vear-to-Date ▼	Memo Item
VP Aggregate	Prd Prd Vear-to-Date ▼	
ial) or Full C	Drganization Name	Date of Receipt
		10 31 2023
State	Zip Code	Transaction ID : PR2574979469411
NV	89143-5432	Amount of Each Receipt this Period
С		28.00
	, ,	Memo Item
Aggregate	Year-to-Date V	
	, 308.0	.00 P/R Deduction (\$14.00 Bi-Weekly)
ial) or Full C	Drganization Name	Date of Receipt
		10 31 2023
State	Zip Code	Transaction ID : PR2574979669411
	32259-9215	Amount of Each Receipt this Period
С		77.00
	, , , , , , , , , , , , , , , , , , ,	Memo Item
	•	
	847.0	.00 P/R Deduction (\$38.50 Bi-Weekly)
	State NV C Aggregate ial) or Full C State FL C SVR Aggregate	NV 89143-5432 C Occupation (for Individual) VP Gen Mgmt Aggregate Year-to-Date ▼ 308, ial) or Full Organization Name 308, State FL Zip Code 32259-9215 C Occupation (for Individual) SVP Ops Aggregate Year-to-Date ▼

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TILWIZED RECEIFTS		Detailed Summary Page	X 11a	11b	11c	12	17					
Any information copied from such Re or for commercial purposes, other that			erson for the p	ourpose of so	oliciting of	contribut	ions					
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Inc	orporated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First WOHNOUTKA, CHRISTOPHE	. ,	rganization Name	Date of	Receipt								
Mailing Address 17597 HIBISCUS	AVE		M M 10	10 31 2023								
City LAKEVILLE	State MN	Zip Code 55044-3906		of Each Rec			1					
FEC ID number of contributing federal political committee.	С				-	76.9	92					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Tax	Mei	mo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Dedu	uction (\$38.46	3 Bi-Wee	⊧kly)						
Full Name of Individual (Last, First CIANFROCCO, HEATHER, ,		rganization Name	Date of	Receipt								
Mailing Address 913 CHAMPLAIN	PLACE		M M 10	/ D D 31	/ Y	y 2023	Y					
City GIBSONIA	State PA	Zip Code 15044-8079		ction ID : PF of Each Rec			1					
FEC ID number of contributing federal political committee.	C				- -	384.6	60					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) sident, Optum	Mei	mo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Dedu	ction (\$192.3	30 Bi-We	ekly)						
Full Name of Individual (Last, First C. BURNETT, JAMIE, , ,	, Middle Initial) or Full C	rganization Name	Date of	Receipt								
Mailing Address 4816 PENN AVEN	IUE SOUTH		M M 10	/ D D 31		y 2023	Y					
City MINNEAPOLIS	State MN	Zip Code 55419-5259		of Each Rec			1					
FEC ID number of contributing federal political committee.	C				,	78.0	00					
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Fech Infrast Engineering	Me	mo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 858.00	P/R Dedu	uction (\$39.00) Bi-Wee	∍kly)						
SUBTOTAL of Receipts This Page (optional)					539.5	52					
TOTAL This Period (last page this li	. ,											

FEC Schedule A (Form 3X) Rev. 06/2016

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (l	JnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Midd A. STRAIT, DENISE, , , Mailing Address 4362 SPORTSMAN CLU		rganization Name	Date of Receipt							
City	State	Zip Code	10 31 2023 Transaction ID : PR2574989369411							
JOHNSTOWN	ОН	43031-9461	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		28.06							
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.66	P/R Deduction (\$14.03 Bi-Weekly)							
Full Name of Individual (Last, First, Midd LANG, HEATHER, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 1210 RIVER TERRACE			10 / D D / Y Y Y Y 10 31 2023							
City BLOOMINGTON	State MN	Zip Code 55431-4230	Transaction ID : PR2574991469411 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 846.12	P/R Deduction (\$38.46 Bi-Weekly)							
Full Name of Individual (Last, First, Midd NEWKIRK, MEGHAN, , ,	le Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 10162 BEAVER CIR			10 / D D / Y Y Y Y 10 31 2023							
City CYPRESS	State CA	Zip Code 90630-4113	Transaction ID : PR2575008769411 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Growth Strat	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	al)	•	133.06							
TOTAL This Period (last page this line nur	nber only)									

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Station for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia SJOBLAD, BETHANY, , , Mailing Address 100 2ND STREET NE #510	l) or Full O	Organization Name	Date of Receipt
	City MINNEAPOLIS	State MN	Zip Code 55413-2541	Transaction ID : PR2575009169411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia FLOWER, MARTIN, , , Mailing Address N54W20825 CARTERS CROSS	Organization Name	Date of Receipt	
	City MENOMONEE FALLS	State WI	Zip Code 53051-6281	10 31 2023 Transaction ID : PR2575011669411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.76
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Acct Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 338,36	P/R Deduction (\$15.38 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia FORKER, JUDITH, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 5109 WEST 56TH STREET	State	Zip Code	10 / 31 2023 Transaction ID : PR2575013469411
	EDINA	MN	55436-2427	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		434.00
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) People Team	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4123.00	P/R Deduction (\$217.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	849.36
т	OTAL This Period (last page this line number on	ly)	•••••	

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				for each category of the Detailed Summary Page	×	11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements ma ame and a	ay r 1ddr	not be sold or used by any pe ess of any political committee	erson for to sol	or the purpose of soliciting contributions icit contributions from such committee.							
\backslash	NAME OF COMMITTEE (In Full)			_									
	UnitedHealth Group Incorporated	PAC (Un	itedHealth Group PA	AC)								
Α.	Full Name of Individual (Last, First, Middle Initia KEMMER, HEIDI, , ,)rga	nization Name		Date of Receipt							
	Mailing Address 2211 WEST ROCKROSE PLAC	E		Zip Code		10 31 2023 Transaction ID : PR2575021369411							
	CHANDLER	AZ		85248-4208	A	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С	_			28.28							
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) alth Plan Operations		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 311.08	P	/R Deduction (\$14.14 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initia MADDOX, JEFFREY, , ,	l) or Full C)rga	nization Name		Date of Receipt							
	Mailing Address 7810 HANOVER ST					10 / D D / Y Y Y Y 10 31 2023							
	City DALLAS	State TX		Zip Code 75225-8220		Transaction ID : PR2575039569411							
	FEC ID number of contributing federal political committee.	С				384.60							
	Name of Employer (for Individual) United HealthCare Services Inc			tion (for Individual) an CEO		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4230,60	P/	/R Deduction (\$192.30 Bi-Weekly)							
С.	Full Name of Individual (Last, First, Middle Initia HEATH, SEAN, , ,	l) or Full C)rga	nization Name		Date of Receipt							
	Mailing Address 1292 CASTLE CT					10 / D D / Y Y Y Y 10 31 2023							
	City GOLDEN VALLEY	State MN		Zip Code 55427-4453	A	Transaction ID : PR2575048769411							
	FEC ID number of contributing federal political committee.	С	_			28.08							
	Name of Employer (for Individual) Optum Services, Inc	Occ Dir (•	tion (for Individual) npli		Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 308.88	P	/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			•••••		440.96							
т	OTAL This Period (last page this line number or	ıly)		•••••									

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initial FITZPATRICK, JOSEPH, , , Mailing Address 3936 CAMPELLO CURVE	l) or Full O	rganization Name	Date of Receipt
	City CHASKA	State MN	Zip Code 55318-4639	Transaction ID : PR2575053769411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP I	upation (for Individual) Bus Dvlp	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial LINDSAY, VIVIAN, , , Mailing Address 14930 SW 39 ST	rganization Name	Date of Receipt	
	City DAVIE FEC ID number of contributing federal political committee.	State FL	Zip Code 33331-2767	10 31 2023 Transaction ID : PR2575054969411 Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
c.	Full Name of Individual (Last, First, Middle Initial CLACKO, MARY ANN, , , Mailing Address 6358 COTEAU TRAIL	l) or Full O	rganization Name	Date of Receipt
	City EDEN PRAIRIE	State MN	Zip Code 55344-5205	10 31 2023 Transaction ID : PR2575057969411
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 807.66	P/R Deduction (\$57.69 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•••••	884.58
т	OTAL This Period (last page this line number on	ly)	>	

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	17		
			ny not be sold or used by any p		for the		pose of	soliciting	con	ntribut	ions		
\	COMMITTEE (In Full)	ine name and a	ddress of any political committee	θ 10 SC	NICIT COI	IIIID	outions fi	IOM SUCP	ı cor	nmitte	.		
\	, ,	ated PAC (I	JnitedHealth Group P/	AC)									
Full Name o A. ALLEN, N	f Individual (Last, First, Middle IARK, , ,	Initial) or Full O	rganization Name		Date of	Re	eceipt						
	^{ress} 11359 ENTREVAUX DRIV	Έ			M M / D D / Y Y Y Y 10 31 2023								
City EDEN PRAI	IRIE	State MN	Zip Code 55347-2862		Transaction ID : PR2575060269411 Amount of Each Receipt this Period								
	nber of contributing cal committee.	С		153.84									
Optum Services, Inc M			upation (for Individual) VP		M	emc	tem						
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 1692.24] F	P/R Ded	lucti	on (\$76.	.92 Bi-We	eekly	()			
	f Individual (Last, First, Middle ULYSSES, , ,	rganization Name		Date of	Re	eceipt							
	ess 8232 GUNNAR DRIVE	1		10 / Y Y Y Y 2023									
City FULTON		State MD	Zip Code 20759-2218					PR25750 eceipt th					
	ber of contributing cal committee.	С			60.00								
United Healt	nployer (for Individual) hCare Services Inc		upation (for Individual) Health Equity		Memo Item								
Receipt For: Primar Other		Aggregate	Year-to-Date ▼ 660.00	P/R Deduction (\$30.00 Bi-Weekly)									
Full Name o	f Individual (Last, First, Middle , CHRISTOPHER, , ,	Initial) or Full O	rganization Name		Date of	Re	eceipt						
	ress 214 PRINCE STREET				^M 10	/	31	JL	20	1. Alt 1.			
City ALEXANDR	RIA	State VA	Zip Code 22314-3314					PR25750			1		
	ber of contributing cal committee.	С					, .	,	_	384.6	60		
Optum Servi	-		upation (for Individual) Group Gen Counsel		M	emo	tem						
Receipt For: Primar Other		Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)										
SUBTOTAL of	f Receipts This Page (optional)			<u> </u>						598.4	4		
TOTAL This P	Period (last page this line numb	per only)		•				, ,					

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
	y information copied from such Reports and Stat for commercial purposes, other than using the n										
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	.C)							
Α.	Full Name of Individual (Last, First, Middle Initial VERCHICK, TAMI, , , Mailing Address 9916 DUSTY WINDS AVE) or Full O	organization Name	Date of Receipt							
	City LAS VEGAS	State NV	Zip Code 89117-5986	Transaction ID : PR2575068969411 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		76.92							
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Occupation (for Individual) Memo Item Director Technology									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)							
в.	Full Name of Individual (Last, First, Middle Initial ISMERT, JENNY, , ,	organization Name	Date of Receipt								
	Mailing Address 8494 E HAWAII LN City DENVER FEC ID number of contributing federal political committee.	State CO	Zip Code 80231-2732	10 31 2023 Transaction ID : PR2575070069411 Amount of Each Receipt this Period 76.92							
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	VP	upation (for Individual) Planning & Strategy	Memo Item							
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)							
c.	Full Name of Individual (Last, First, Middle Initial ENLOW, MARGARET, , , Mailing Address 196 SOMERSLY PL) or Full O	organization Name	Date of Receipt							
	City	State	Zip Code	10 31 2023 Transaction ID : PR2575071069411							
	EEXINGTON FEC ID number of contributing	КҮ	40515-5717	Amount of Each Receipt this Period							
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	Occi	upation (for Individual) Ntwk Contrctng	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)		••••••	181.92							
т	OTAL This Period (last page this line number on	ly)	•								

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	.C)
Α.	Full Name of Individual (Last, First, Middle Initia NICHOLS, SANDRA, , , Mailing Address 16900 CROWN BRIDGE DRIVE		rganization Name	Date of Receipt
	City DELRAY BEACH	State FL	Zip Code 33446-2407	Transaction ID : PR2575074569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc	SVF	upation (for Individual) ? CMO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia BECK, RALPH, , ,	-	rganization Name	Date of Receipt
	Mailing Address W155 N5314 SHARPTAIL COUL City MENOMONEE FALLS	RT State WI	Zip Code 53051-6771	M M / D J Y
	FEC ID number of contributing federal political committee.	28.08		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia BURNAM, DEBRA, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 377 CALABRIA BEACH ST	State	Zip Code	10 31 2023 Transaction ID : PR2575076269411
	HENDERSON	NV	89015-2430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Dir (upation (for Individual) Clin Ops	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		▶	440.76
т	OTAL This Period (last page this line number on	ıly)		

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			Use separate schedule(s)		(check only one)							
	TEMIZED RECEIPTS		for each category of the Detailed Summary Page		X 11a		1b	11c		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n				on for the	purpo	se of s	soliciting	g con	tributi	ons	
	NAME OF COMMITTEE (In Full)		······								-	
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group	PAC	;)							
A.	Full Name of Individual (Last, First, Middle Initial ONEILL, AUDREY, , ,	l) or Full O	organization Name	Date of Receipt								
	Mailing Address 71 CHESTNUT RIDGE RD			10 31 2023								
	City State QUEENSBURY NY FEC ID number of contributing federal political committee.							PR2575 eceipt th				
								-		38.4	6	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt	M	emo It	tem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.06		P/R Deduction (\$19.23 Bi-Weekly)							
B.	Full Name of Individual (Last, First, Middle Initial VIESTA, RICHARD, , ,	organization Name		Date of	Rece	eipt						
	Mailing Address 1 COMPASS COURT				10	1	D D 31	/ Y	202	23 [°]	Y	
	City	State	Zip Code					PR2575				
	OYSTER BAY	NY	11771-1602		Amount	of Ea	ach Re	eceipt th	nis Pe	eriod		
	FEC ID number of contributing federal political committee.								396.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Actuary	M	emo li	tem						
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify) ▼		, 4196.46		P/R Deduction (\$198.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial CHAMPION, PHEBE, , ,	l) or Full O	Organization Name		Date of	Rece	eipt					
	Mailing Address 127 TAPATIO ST				10	1	D D D 31	/ Y	202	23	Ŷ	
	City HENDERSON	State NV	Zip Code 89074-1934		Trans Amount			PR2575 eceipt th				
	FEC ID number of contributing federal political committee.	С				.,		, j		50.0	0	
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Cust Service		M	emo li	tem					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 550.00					n (\$25.0	00 Bi-W	eekly	7)		
	UBTOTAL of Receipts This Page (optional)					, j , j		, ,		484.40	6	

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			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n			erson for the purpose of soliciting contributions						
$\overline{)}$	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporated		UnitedHealth Group P	AC)						
	Full Name of Individual (Last, First, Middle Initia HAYDEN, KARI, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 6109 BANEY COURT			10 31 Y Y Y Y Y 2023						
		State	Zip Code	Transaction ID : PR2575110369411						
	MINNETONKA	MN	55345-6301	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		76.92						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Strategy	Memo Item						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		846.12	P/R Deduction (\$38.46 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Initia MADDIGAN, DANIEL, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 845 FAITH COURT	10 / Y Y Y Y 10 31 2023								
	City	State	Zip Code	Transaction ID : PR2575114869411						
	LONGMONT	со	80501-4712	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		28.08						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Product	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)						
C.	Full Name of Individual (Last, First, Middle Initia DOERFLER, JAMES, , ,	l) or Full O	rganization Name	Date of Receipt						
	Mailing Address 9163 WASSERMANN CT	1-		10 / Y Y Y Y 2023						
	City VICTORIA	State MN	Zip Code 55386-4592	Transaction ID : PR2575131569411						
			JJJUU-4JJZ	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		38.46						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ir Tax	Memo Item						
		Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		423.06	P/R Deduction (\$19.23 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			143.46						
т	OTAL This Period (last page this line number on	ıly)								

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			Detailed Summary Page		11a 13		1 [.]	1b	_	1c	12			
	information copied from such Reports and State or commercial purposes, other than using the na				or the		rpo	se of		citing				
	IAME OF COMMITTEE (In Full)		any pointed committee				Jul			5001	Johnnik			
	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group P	AC)										
	ull Name of Individual (Last, First, Middle Initial) HUNT, ZOE, , ,	or Full O	rganization Name	1	Date of	f Re	ece	eipt						
N	Nailing Address 4030 SERANGO COURT				10 31 2023									
	City WEST LINN	State OR	Zip Code 97068-2840								3626941 s Period			
	EC ID number of contributing ederal political committee.	С			28.00									
ι	Jame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Med Clin Ops		Μ	emo	o It	tem						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.00	P	P/R Deduction (\$14.00 Bi-Weekly)									
B	ull Name of Individual (Last, First, Middle Initial)	or Full O	(Date of Receipt										
_	Mailing Address 9664 LAFORET DRIVE						10 / D D / Y Y Y Y 2023							
	City EDEN PRAIRIE	State MN	Zip Code 55347-3538								3636941 s Period			
	EC ID number of contributing ederal political committee.	C								-	28.	08		
	Name of Employer (for Individual) Jnited HealthCare Services Inc		ccupation (for Individual) Memo Item					tem						
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P	P/R Deduction (\$0.00 Bi-Weekly)									
	ull Name of Individual (Last, First, Middle Initial) DEWALL, PATRICK, , ,	or Full O	rganization Name		Date of	f Re	ece	eipt						
_	Aailing Address 7662 RIDGEVIEW WAY	1			10 31 2023									
	City CHANHASSEN	State MN	Zip Code 55317-4507								4536941 s Period			
	EC ID number of contributing ederal political committee.	С					y			<u>y</u>	76.	92		
C	Jame of Employer (for Individual) Dptum Services, Inc Receipt For:	Depu	upation (for Individual) uty Gen Counsel Mgr		М	emo	o li	tem						
Г	Primary General Other (specify)	Aggregate	P/R Deduction (\$38.46 Bi-Weekly)											
SU	BTOTAL of Receipts This Page (optional)			▶			,			,	133.	00		
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			Detailed Summary Page		< 11a		11b	11c	12				
A.	information applied from such Daries in	Otatamarita			13	<u> </u>	14	15	16		17		
	y information copied from such Reports and for commercial purposes, other than using the												
$\left \right\rangle$	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group P/	AC)									
Α.	Full Name of Individual (Last, First, Middle I MCGANN, JEAN, , ,	nitial) or Full C	Organization Name		Date of	Re	eceipt						
	Mailing Address 4 VILLAGE ROAD				10 31 Y Y Y Y Y 2023								
	City FLORHAM PARK	State NJ	Zip Code 07932-2415	_	Transaction ID : PR2575146969411								
			01002 2410		Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			28.08								
	Name of Employer (for Individual)		upation (for Individual)		M	emc	Item						
	United HealthCare Services Inc	VP	Acct Mgmt SB KA										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼										
	Other (specify) ▼		308.88	'	P/R Deduction (\$14.04 Bi-Weekly)								
в.	Full Name of Individual (Last, First, Middle I PETERSOHN, PATRICK, , ,		Date of Receipt										
	Mailing Address 16413 BIRCH STREET		м м 10	/	D D D 31	/ Y	2023						
	City	State	Zip Code		Trans	acti	ion ID : I	PR25751	48369	411			
	OVERLAND PARK	KS	66085-7842		Amount	t of	Each R	eceipt th	is Peri	od			
	FEC ID number of contributing federal political committee.								38	84.60)		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Reg VP of SIs		Memo Item								
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		, 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
— c.	Full Name of Individual (Last, First, Middle I THOMAS, DIANE, , ,	nitial) or Full C	Organization Name		Date of Receipt								
	Mailing Address 2701 KING JAMES AVE				10 31 2023								
	City	State IL	Zip Code 60174-7827		Trans	act	ion ID :	PR2575	156469	411			
	SAINT CHARLES		60174-7827	_	Amount	t of	Each R	eceipt th	is Perio	od			
	FEC ID number of contributing federal political committee.	С			Ľ.	_	, .		15	53.84	1		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Pres		Memo Item								
	Receipt For:	1		_									
	Primary General	Aggregate	Year-to-Date ▼				(M7 0	00 D' M	1 - 1 - 1				
	Other (specify)		1692.24	P/R Deduction (\$76.92 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			<u> </u>			,		56	6.52	2		
Т	OTAL This Period (last page this line numbe	r only)	•••••••	•				-		- 10	.		

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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IIEMIZED R	ECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for commercial	purposes, other than using	d Statements mather name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.								
	MMITTEE (In Full) alth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)								
A. RAZVI, NIGI		·	rganization Name	Date of Receipt								
City	^S 1015 S CLINTON AVENUE	State	Zip Code	10 31 2023 Transaction ID : PR2575168669411								
OAK PARK		IL	60304-1823	_ Amount of Each Receipt this Period								
FEC ID numbe federal political	r of contributing committee.	C		28.46								
Name of Emplo	oyer (for Individual) s, Inc		upation (for Individual) /Ied Dir	Memo Item								
Receipt For: Primary Other (sp	General General	Aggregate	Year-to-Date ▼ 313.06	P/R Deduction (\$14.23 Bi-Weekly)								
	ndividual (Last, First, Middle	Date of Receipt										
Mailing Address	^S 7638 RIDGEVIEW WAY			10 31 2023								
City CHANHASSEN	١	State MN	Zip Code 55317-4507	Transaction ID : PR2575170169411 Amount of Each Receipt this Period								
FEC ID numbe federal political	or of contributing committee.	C		192.30								
	oyer (for Individual) are Services Inc		upation (for Individual) Tax	Memo Item								
Receipt For: Primary Other (sp	General General ⊖	Aggregate	Year-to-Date ▼ 2115.30	P/R Deduction (\$96.15 Bi-Weekly)								
	ndividual (Last, First, Middle FEPHANIE, , ,	Initial) or Full O	rganization Name	Date of Receipt								
	s 179 HILTON LANE	1-		10 / D D / Y Y Y Y Y 2023								
City SWANSEA		State MA	Zip Code 02777-3809	Transaction ID : PR2575191369411 Amount of Each Receipt this Period								
FEC ID numbe federal political	r of contributing committee.	С										
Name of Emplo	oyer (for Individual) s, Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary Other (sp	General Gecify)	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)								
SUBTOTAL of R	eceipts This Page (optional)		····· •	248.84								
TOTAL This Peri	od (last page this line numb	er only)	•									

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PAGE 60 OF

TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12									
Any information and 1.1			13 14 15 16 17									
or for commercial purposes, other than	using the name and a	ay not be sold or used by any p address of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Inco	rporated PAC (UnitedHealth Group P	AC)									
Full Name of Individual (Last, First, DEMARIS, PETER, , ,		Organization Name	Date of Receipt									
Mailing Address 2301 OLIVER AVE			10 31 / Y Y Y Y 2023									
	State MN	Zip Code	Transaction ID : PR2575191869411									
MINNEAPOLIS		55405-2448	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg eComm	Memo Item									
Receipt For:		Year-to-Date ▼										
Primary General Other (specify) ▼	P/R Deduction (\$192.30 Bi-Weekly)											
Full Name of Individual (Last, First, MUELLER, CYNTHIA, , ,	Middle Initial) or Full C	Organization Name	Date of Receipt									
Mailing Address 380 4TH AVE SOUT	 H		10 31 2023									
City	State	Zip Code	Transaction ID : PR2575192269411									
NAPLES	FL	34102-6383	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		28.08									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clms	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)									
Full Name of Individual (Last, First,	Middle Initial) or Full C	Organization Name										
CONDON, CRAIG, , ,			Date of Receipt									
Mailing Address 268 OAK LANDING			10 / D D / Y Y Y Y Y 10 31 2023									
	State MD	Zip Code	Transaction ID : PR2575203169411									
SEVERNA PARK		21146-3116	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		384.60									
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
United HealthCare Services Inc		Unit CEO	_									
Receipt For:	Aggregate	Year-to-Date V										
Primary General		4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
Other (specify)		F/R Deduction (\$192.30 Di-Weekiy)										
SUBTOTAL of Receipts This Page (or	tional)		797.28									
TOTAL This Period (last page this line	e number only)											

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial REDMOND, GRETA, , , Mailing Address 350 N MAIN STREET #444	l) or Full O	rganization Name	Date of Receipt
	City STILLWATER	State MN	Zip Code 55082-6758	Transaction ID : PR2575211369411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		474.00
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	SVF	upation (for Individual) P Underwriting Year-to-Date ▼ 4048.20	P/R Deduction (\$237.00 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial STORDAHL, PAUL, , , Mailing Address 7001 W 175TH AVENUE	l) or Full O	rganization Name	Date of Receipt
	City EDEN PRAIRIE	State MN	Zip Code 55346-2161	Transaction ID : PR2575213069411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief Actuary	192.30 Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4038.30	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial MARTIN, PETER, , , Mailing Address 7091 HIGHOVER DRIVE	l) or Full O	rganization Name	Date of Receipt
	City CHANHASSEN	State MN	Zip Code 55317-7572	10 31 2023 Transaction ID : PR2575213669411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer (for Individual) Optum Services, Inc Receipt For:		upation (for Individual) Bus Group Fin Leader	Memo Item
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	696.30
т	OTAL This Period (last page this line number on	ly)		

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

FOR LINE NUMBER:

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			Detailed Summary Page		11a 13		11b 14		1c 15	12	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	f soli	citing	contribu	tions
	NAME OF COMMITTEE (In Full)		, p								
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	AC)							
Α.	Full Name of Individual (Last, First, Middle Initia MEYERHOFER, JEFFREY, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 6624 IROQUOIS TRAIL				^M 10	/	D 31		Y	y y 2023	Y
	City EDINA	State MN	Zip Code 55439-1065							1466941	1
	FEC ID number of contributing federal political committee.	С			Amoun	C OT		rece	ipt this	s Period 115.	
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		M	emc	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.18] P	P/R Ded	lucti	on (\$57	7.69 I	Bi-We	ekly)	
в.	Full Name of Individual (Last, First, Middle Initia WILSON, ADAM, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 336 SALEM CHURCH ROAD				^M 10	1	D 31		Y	2023	Y
	City SUNFISH LAKE	State MN	Zip Code 55118-4719							1866941 s Period	1
	FEC ID number of contributing federal political committee.	С								115.	38
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		M	emc	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.18	P	/R Ded	ucti	on (\$57	7.69 E	Bi-Wee	ekly)	
С.	Full Name of Individual (Last, First, Middle Initia GOODMAN, CYNTHIA, , ,	al) or Full Or	rganization Name		Date of	Re	eceipt				
	Mailing Address 3717 BUCKEYE DRIVE				^M 10	1	31		Y	2023 [°]	Y
	City MCKINNEY	State TX	Zip Code 75071-8453				-			2016941 s Period	1
	FEC ID number of contributing federal political committee.	С					J		j	28.	84
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) A VP SIs		Μ	emo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 317.24] F	P/R Dec	lucti	ion (\$14	4.42	Bi-We	ekly)	
	UBTOTAL of Receipts This Page (optional)			- i			, ,		9	259.	60
T	OTAL This Period (last page this line number or	nıy)	······)	•	_		-		-		

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 63 OF

		Detailed Summary Page	X 11a		1b	11c	12	
Any information applied from and	h Donorto and Statements	w not be cold or used by error	13		4	15	16	17 ione
Any information copied from such or for commercial purposes, othe								
NAME OF COMMITTEE (In F	ull)							
✓ UnitedHealth Group	Incorporated PAC (I	UnitedHealth Group P	AC)					
Full Name of Individual (Last, SHORS, MATTHEW, , ,	First, Middle Initial) or Full O	rganization Name	Date of	f Rece	eipt			
Mailing Address 4649 EWING	AVENUE SOUTH		10 ^M	/	D D D 31	/ Y	2023	Y
City	State	Zip Code	Trans	sactio	n ID : P	R25752	2236941	1
MINNEAPOLIS	MN	55410-1745	Amoun	t of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	^g C					-7	384.6	60
Name of Employer (for Individ United HealthCare Services Ind		upation (for Individual) Deputy Gen Counsel	М	emo l	tem			
Receipt For:		Year-to-Date ▼						
Primary Genera Other (specify) ▼		4230.60	P/R Dec	ductior	า (\$192.	.30 Bi-W	/eekly)	
Full Name of Individual (Last, SANTORO, MICHAEL, ,		rganization Name	Date o	f Rece	eipt			
Mailing Address 18 OLD FIRE	ROAD		M M 10	/	^D 31	/ Y	y y 2023	Y
City	State	Zip Code					2266941 [.]	
TRUMBULL	СТ	06611-1431	Amoun	t of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	g C			-		-	384.6	50
Name of Employer (for Individ United HealthCare Services Ind		upation (for Individual) Ops	M	emo l	tem			
Receipt For: Primary Generation Other (specify) ▼		Year-to-Date ▼ 4230.60	P/R Ded	luction	n (\$192.	30 Bi-W	/eekly)	
Full Name of Individual (Last, C. GRUNDHOEFER, BRY	First, Middle Initial) or Full O AN	rganization Name	Date o	f Becc	aint			
Mailing Address 317 SIDNEY SUITE 400 P	BAKER STREET SOUTH				D □ D 31	/ Y	2023	Y
City	State	Zip Code	Trans	sactio	n ID : F	R25752	23276941	1
KERRVILLE	TX	78028-6150	Amoun	t of Ea	ach Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	g C			. ,		y	384.0	00
Name of Employer (for Individ Optum Services, Inc		upation (for Individual)) Med Grp Non Physn	M	lemo l	ltem			
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		4224.00	P/R Dec	ductior	n (\$192	.00 Bi-W	/eekly)	
SUBTOTAL of Receipts This Pa	age (optional)			,		9	1153.2	20
TOTAL This Period (last page t	his line number only))				-,-		

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TEWIZED RECEIPTS		Detailed Summary Page	[X	11a		11	b	11c	12	2	
				13		14		15	16	-	17
Any information copied from such Reports and or for commercial purposes, other than using the											
NAME OF COMMITTEE (In Full)											
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	AC)								
Full Name of Individual (Last, First, Middle I HOGAN, SCOTT, , ,	nitial) or Full C	rganization Name	[Date of	Re	ecei	pt				
Mailing Address 8289 GLENCOE DRIVE				^M 10	/		31	/ Y	2023		
City LAKE TOMAHAWK	State WI	Zip Code 54539-9245				-		R2575			
		34339-9243	A	mount	t of	Ea	ch Re	ceipt th	nis Peri	iod	
FEC ID number of contributing federal political committee.	С					-		-y	100	00.00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Unit CEO		Me	emo	o Ite	əm				
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		2000.00	P	'R Ded	lucti	ion	(\$100).00 Bi-	Weekly	y)	
Full Name of Individual (Last, First, Middle I B. SHUEY, JOANNE, , ,	nitial) or Full C	rganization Name		Date of	Re	ecei	pt				
Mailing Address 2694 WEST CREEK DRIVE				м м 10	/	ľ	31	/ Y	2023		1
City	State	Zip Code		Trans	acti	ion	ID : P	R25752	241669	411	
FRISCO	TX	75033-4759	A	mount	t of	Ea	ch Re	ceipt th	nis Peri	iod	
FEC ID number of contributing federal political committee.	С					-		-9-	2	20.00	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) C SIs RVP KA		Me	emo	o Ite	əm				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	P/	R Ded	uctio	on	(\$10.0	0 Bi-We	eekly)		
Full Name of Individual (Last, First, Middle I C. DIMARTINO, TIMOTHY, , ,	nitial) or Full C	rganization Name		Date of	Re	ecei	pt				
Mailing Address 49605 KEYCOVE ST				^M 10	/		31	/ Y	y 2023		1
City	State	Zip Code		Trans	act	ion	ID : F	R2575	248169	9411	
CHESTERFIELD	MI	48047-2361	A	mount	t of	Ea	ch Re	ceipt th	nis Peri	iod	
FEC ID number of contributing federal political committee.	С					y		y	7	76.92	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt		M	emc	o Ite	em				
Receipt For: Primary General Other (specify)		Year-to-Date ▼ 846.12	P	/R Ded	lucti	ion	(\$38.4	6 Bi-W	eekly)		
SUBTOTAL of Receipts This Page (optional)	<u> </u>	b	.						109	96.92	
TOTAL This Period (last page this line numbe		r				,		7		-	

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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	MIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
or f	information copied from such Reports and Sta or commercial purposes, other than using the n					
	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	C)	
A .	Full Name of Individual (Last, First, Middle Initia BRANT, PAUL, , ,	l) or Full O	Drga	nization Name	Date of Receipt	
-	Aailing Address 17 ROCKY BROOK ROAD	Otata		Zin Oode	10 / D D / Y Y Y 10 31 2023	
	City WILTON	State CT		Zip Code 06897-1919	Transaction ID : PR257525026941 Amount of Each Receipt this Period	1
	EC ID number of contributing ederal political committee.	С			76.5	92
	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) VP SIs Acct Mgt	Memo Item	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)	
	Full Name of Individual (Last, First, Middle Initia KUETER, DANIEL, , ,	l) or Full O	Drga	nization Name	Date of Receipt	
_	Nailing Address 1500 WINGATE DRIVE				10 / D D / Y Y Y 2023	Y
	City DELAWARE	State OH		Zip Code 43015-9200	Transaction ID : PR257525586941 Amount of Each Receipt this Period	1
	EC ID number of contributing ederal political committee.	С			384.6	60
l	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) gment CEO	Memo Item	
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)	
	ull Name of Individual (Last, First, Middle Initia BACHMANN, ANITA, , ,	l) or Full O	Drga	nization Name	Date of Receipt	
_	Aailing Address 815 NORTHERN SHORES POI	1			10 / D D / Y Y Y 10 31 2023	
	City GREENSBORO	State NC		Zip Code 27455-3459	Amount of Each Receipt this Period	1
	EC ID number of contributing ederal political committee.	С			384.6	60
I	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) an CEO	Memo Item	
F	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)	
SU	BTOTAL of Receipts This Page (optional)			•••••	846.1	2
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Use separate schedule(s) for each category of the Detailed Summary Page

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			Detailed Summary Page		11a		11t	р –	11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose		oliciting	g contrib	utions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)				_			
A.	Full Name of Individual (Last, First, Middle Initial) BROOMFIELD, ROBERT, , ,) or Full Or	rganization Name		Date of	f Re	eceip	ot			
	Mailing Address 12501 WEST 156TH STREET				10 ^M	/	D	31	/ Y	2023	Y
	City OVERLAND PARK	State KS	Zip Code 66221-2662							2604694 iis Perio	
	FEC ID number of contributing federal political committee.	С					1				.30
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1015.30]	P/R Dec	lucti	ion (\$46.1	5 Bi-W	eekly)	
в.	Full Name of Individual (Last, First, Middle Initial) ZARN, MARY, , ,) or Full Or	rganization Name		Date of	f Re	eceip	ot			
	Mailing Address 11192 BLUESTEM LANE				^M 10	/	D	31	/ Y	y y 2023	Ý
	City EDEN PRAIRIE	State MN	Zip Code 55347-4731							2 691694 iis Perio	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		- 1	170	.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO		М	emo	o Ite	m			
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1852.30	J	P/R Ded	luctio	on (\$157.	.50 Bi-V	/eekly)	
C.	Full Name of Individual (Last, First, Middle Initial) ZAFFIRIS, NICHOLAS, , ,) or Full Or	rganization Name		Date of	f Re	eceip	ot			
	Mailing Address 1241 LAUREL CT	04-04-	Zin Oode		10 ^M		L	31	ΙL	2023	_
	City MARCO ISLAND	State FL	Zip Code 34145-2351				-			2706694 iis Perio	
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		,	28	.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	o Ite	em			
	Receipt For: // Primary General Other (specify)	Aggregate `	Year-to-Date ▼ 308.88] '	P/R Dec	ducti	ion ((\$14.()4 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)			•			7			290	.38
т	OTAL This Period (last page this line number onl	y)		•	[.		-		- - -		R ² .

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

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				Detailed Summary Page		X	11a 13		11b 14	'	11c 15		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (I	Ur	nitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial HAMBLIN, JILLIAN, , ,) or Full O	Drga	anization Name		D	ate of	f Re	eceip	ot				
	Mailing Address 3103 BEACON GROVE ST					I	10 ^M	/	D	31	/ Y	ү 20)23	Y
	City SPRING	State TX		Zip Code 77389-4348					-		PR25752 eceipt th			
	FEC ID number of contributing federal political committee.	С				ļ			-	_		_	76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	ation (for Individual) n Mgmt			М	emo	o Iter	m				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 846.12		P/	R Dec	lucti	ion (S	\$38.	46 Bi-W	eekly	/)	
в.	Full Name of Individual (Last, First, Middle Initial MUELLER, STEVEN, , ,) or Full O	Drga	anization Name		D	ate of	f Re	eceip	ot				
	Mailing Address 6895 LAKE HARRISON CIRCLE			1		l	^M 10	1	D	31	/ Y		23	Y
	City CHANHASSEN	State MN		Zip Code 55317-4589							PR25752 eceipt th			
	FEC ID number of contributing federal political committee.	С				ļ			-	_		_	76.9	2
	Name of Employer (for Individual) Optum Services, Inc	Occ VP		ation (for Individual) s		ļ	М	emo	o Iter	m				
	Receipt For:	Aggregate	Ye	ar-to-Date ▼ 846.12		P/I	R Ded	lucti	ion (\$	\$38. [,]	46 Bi-We	ekly	()	
с.	Full Name of Individual (Last, First, Middle Initial HEWITT, SCOTT, , ,) or Full O	Drga	anization Name		D	ate of	f Re	eceip	ot				
	Mailing Address 1443 RAYMOND AVE	1		1		l	^M 10	1	D	31	/ Y		23	Y
	City SAINT PAUL	State MN		Zip Code 55108-1430		A					PR2575			<u> </u>
	FEC ID number of contributing federal political committee.	С				ļ			y	_		_	153.8	4
	Name of Employer (for Individual) Optum Services, Inc		•	ation (for Individual) /k Prgms			М	emo	o Itei	m				
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 1692.24		P/	R Dec	ducti	ion (\$76.	.92 Bi-W	eekly	y)	
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\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initia WEBER, ERIN, , ,	l) or Full O	rganization Name		Date	of F	Rec	ceipt				
	Mailing Address 1791 RESTHAVEN LANE				[™] 10		/	D D D 31	/	ү ү 2	2023	Y
	City MOUND	State MN	Zip Code 55364-1308					on ID : Each R				1
	FEC ID number of contributing federal political committee.	С			Ē		_	y			416.0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Gen Counsel			Mer	mo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4160.00		P/R D	edu	ctio	on (\$208	8.00 Bi	Wee	kly)	
B.	Full Name of Individual (Last, First, Middle Initia PEEL, CHAD, , ,	l) or Full O	rganization Name		Date	of F	Rec	ceipt				
	Mailing Address 7185 GUNFLINT TRAIL	1-			[™] 10		/	D D D 31	1		023	Y
	City CHANHASSEN	State MN	Zip Code 55317-4743					on ID : Each R				1
	FEC ID number of contributing federal political committee.	С			Ē			,	- 7		153.8	34
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) HIthcare Econ		Ц	Mer	mo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1692.24	F	P/R De	eduo	ctio	on (\$76.	.92 Bi-V	Veekl	iy)	
C.	Full Name of Individual (Last, First, Middle Initia WHITE, WAYNE, , ,	l) or Full O	rganization Name		Date	of F	Rec	ceipt				
	Mailing Address 8727 W BUCKHORN TRL				[™] 10)	/	D 31	зL	20	023	
	City PEORIA	State AZ	Zip Code 85383-4852	-				on ID : Each R	-			1
	FEC ID number of contributing federal political committee.	С						,	, ,		384.0	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Cust Svs			Mer	mo	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60		P/R D	edu	ictic	on (\$192	2.30 Bi	-Wee	⊧kly)	
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\backslash	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorporated	`	· .	PAC)								
Α.	Full Name of Individual (Last, First, Middle Initial) HUYSMAN, JAMES, , ,) or Full Oi	rganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 411 NORTH NEW RIVER DRIVE # 904	E			^M 10	/		31	/ Y	Y 2023	3	
	City	State	Zip Code		Trans	sacti	ion	ו ID : ו	PR2575	342669	9411	
	FORT LAUDERDALE	FL	33301-3179		Amoun	t of	Ea	ach Re	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С					-		-		19.24	4
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		М	lemo	o Ite	em				
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	Primary General			_ .	²/R ∩≏′	Jucti	jon	(<u>\$9</u> 6	2 Bi-We	eklv)		
	Other (specify) ▼		211.64	_	Del			,ψ υ .Ο	, ,,			
	Full Name of Individual (Last, First, Middle Initial) IMDIEKE, PATRICK, , ,) or Full Oi	rganization Name		Date o	f Re	ecei	ipt				
	Mailing Address 15900 WHITE PINE DRIVE				10 ^M	'		D D 31	/ Y	y 2023		
	City	State	Zip Code		Trans	acti	ion	ID : I	PR2575	347969	9411	
	WAYZATA	MN	55391-2125		Amoun	t of	Ea	ach Re	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		-			:	28.08	3
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Bus Anlys Cnslt		M	lemo	o Ite	em				
		Aggregate	Year-to-Date V									
	Primary General		308.88	T F	ን/R Dec	Juctio	ion	(\$14.0	04 Bi-W	eekly)		
	Other (specify) v											
C.	Full Name of Individual (Last, First, Middle Initial) TELESKY, MICHAEL, , ,) or Full Oi	rganization Name		Date o	f Re	ece	ipt				
	Mailing Address 2602 PENNINGTON PLACE				10 ^M	/		31	/ Y	Ý 2023		
	City	State	Zip Code		Trans	sact	tion	ו ID :	PR2575	350969	9411	
	VALPARAISO	IN	46383-9163		Amoun	t of	Ea	ach Re	eceipt th	nis Peri	iod	
	FEC ID number of contributing federal political committee.	С			Ē.		,		,		78.00)
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs		N	lemc	o It	em				
	Respiret For:	Aaareaate `	Year-to-Date ▼									
	Primary General			_ ,	2/R Der	ducti	ion	(\$39	00 Bi-W	eekly)		
	Other (specify)		858.00	_ '	.,			(ψυυ.		Soldy)		
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TEMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and SI or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle Init A. PHILLIPS, CHRISTINE, , ,	ial) or Full C	Drganization Name	Date of Receipt
Mailing Address 63 HERITAGE TRAIL			10 / Y Y Y Y 2023
City SUFFIELD	State CT	Zip Code 06078-2376	Transaction ID : PR2575354069411
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		supation (for Individual) Regl Affs	Memo Item
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle Init B. <u>GUSTIN, TODD, , ,</u>	ial) or Full C	Drganization Name	Date of Receipt
Mailing Address 5717 AYRSHIRE BLVD			10 ^D ^D ^D ²⁰²³
City EDINA	State MN	Zip Code 55436-2059	Transaction ID : PR2575357769411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		393.80
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) P Gen Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4211.82	P/R Deduction (\$196.90 Bi-Weekly)
Full Name of Individual (Last, First, Middle Init C. NIELSEN, MICHELE, , ,	ial) or Full C	Drganization Name	Date of Receipt
Mailing Address 101 W 11TH STREET			10 / D D / Y Y Y Y 2023
City SHIP BOTTOM	State NJ	Zip Code 08008-6303	Transaction ID : PR2575361769411
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) k Regn Pres	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		•	498.80
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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page		11a 13	-	11b		11c	12 16	17
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)							
Full Name of Individual (Last, First, Mic ACOOK, JORDANA, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 46 PALMETTO COVE	COURT			M M 10	/	D 3		/ Y	y y 2023	Y
City BLUFFTON	State SC	Zip Code 29910-9580							3 716694 1 is Perioc	
FEC ID number of contributing federal political committee.	С							-	230	76
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Mktg		M	emc	tem				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2538.36	Р	/R Ded	ucti	ion (\$1	15.	38 Bi-W	/eekly)	
Full Name of Individual (Last, First, Mid PIETROSIMONE, RALPH A, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 44 ROSES FARM ROA	\D			м м 10	/	D 3		/ Y	2023	Ŷ
City EAST HAVEN	State CT	Zip Code 06512-4665							7386941 is Perioc	
FEC ID number of contributing federal political committee.	C							-	19	04
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgm Mgr		M	emc	b Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 209.44	P/	/R Ded	ucti	on (\$9	.52	Bi-Wee	ekly)	
Full Name of Individual (Last, First, Mic C. CIAVARELLA, TRACY, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	eceipt				
Mailing Address 20 LORRAINE DRIVE				^M 10	1	D 3	1		2023	
City BEACON FALLS	State CT	Zip Code 06403-1256				-			3779694	
FEC ID number of contributing federal political committee.	С				. 01	J		J	28	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		M	emo	o Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.88] P	/R Ded	lucti	ion (\$1	14.0	4 Bi-We	eekly)	
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SCHEDULE A (FEC Form 3X)

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			for each category of the	X 11a 11b 11c 12
			Detailed Summary Page	
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ſ	IAME OF COMMITTEE (In Full)			
\rangle	UnitedHealth Group Incorporated	d PAC (U	InitedHealth Group PA	C)
	ull Name of Individual (Last, First, Middle Initia FENLON, STEVEN, , ,	l) or Full Org	ganization Name	Date of Receipt
Ν	Nailing Address 4925 DREW AVE S			10 31 / Y Y Y Y 10 31 2023
	Dity	State	Zip Code	Transaction ID : PR2575392069411
_	MINNEAPOLIS	MN	55410-1743	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		18.32
	lame of Employer (for Individual) Jnited HealthCare Services Inc		pation (for Individual) Ity Gen Counsel	Memo Item
_	Receipt For:		/ear-to-Date ▼	-
	Primary General Other (specify) ▼		201.52	P/R Deduction (\$9.16 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia BRATTEBO, CRAIG, , ,	l) or Full Or	ganization Name	Date of Receipt
Ν	Nailing Address 10202 HARMONY CIRCLE			10 31 2023
Ċ	Dity	State	Zip Code	Transaction ID : PR2575397269411
_	EDEN PRAIRIE	MN	55347-5019	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		384.60
	Name of Employer (for Individual) Dptum Services, Inc		pation (for Individual) Ity Gen Counsel	Memo Item
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia	l) or Full Or	ganization Name	Date of Receipt
Ν	Aailing Address 3715 HUNTINGTON AVE			10 31 2023
	City	State	Zip Code	Transaction ID : PR2575400369411
_	ST LOUIS PARK	MN	55416-4917	Amount of Each Receipt this Period
	EC ID number of contributing ederal political committee.	С		76.92
Ī	Jame of Employer (for Individual)	Осси	pation (for Individual)	Memo Item
	Dptum Services, Inc		echnology	_
F	Receipt For:	Aggregate Y	/ear-to-Date ▼	
	Other (specify)		846.12	P/R Deduction (\$38.46 Bi-Weekly)

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			Detailed Summary Faye		13		14		15		16	17
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	DF COMMITTEE (In Full)											
✓ Unite	dHealth Group Incorporat	ted PAC (I	JnitedHealth Group P/	AC)								
A. ANDE	ne of Individual (Last, First, Middle Ir RSON, BRADLEY, , ,	nitial) or Full O	rganization Name	1	Date of	Re	eceip	ot				
	Address 4613 W 56TH ST				^M 10	/	D	д 31	/ Y	Y 202	23 23	Y
City		State	Zip Code		Transa	acti	ion	ID : P	R25754	40526	6941 1	
EDINA		MN	55424-1558	/	Amount	of	Eac	h Re	ceipt th	is Pe	eriod	
	number of contributing political committee.	С					-				76.9	2
	f Employer (for Individual) lealthCare Services Inc		upation (for Individual) Strategy		Me	emo	b Ite	m				
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	imary General her (specify) ▼		846.12] P	P/R Ded	ucti	ion (\$38.4	6 Bi-W	eekly)	')	
	ne of Individual (Last, First, Middle Ir ATESAN, CHANDRAMOULEES		rganization Name		Date of	Re	eceip	ot				
Mailing	Address 17698 62ND COURT NORTH	4			M M 10	/	D	31	/ Y	202	23	Y
City		State	Zip Code		Transa	acti	ion I	D : P	R25754	4101 €	69411	
MAPLE	GROVE	MN	55311-4619		Amount							
	number of contributing political committee.	C					-	_		;	384.6	0
	f Employer (for Individual) Services, Inc		upation (for Individual) Seg CIO		Me	emo	b Ite	m				
	For: imary General her (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P.	P/R Deduction (\$192.30 Bi-Weekly)							
	ne of Individual (Last, First, Middle Ir ER, ALLISON, , ,	hitial) or Full O	rganization Name		Date of	Re	eceir	ot				
	Address 11671 45TH PLACE NE				^M 10	/		31	/ Y	202		Y
City		State	Zip Code		Trans	act	ion	ID : P	PR2575	41816	69411	1
SAINT	MICHAEL	MN	55376-4536	/	Amount	of	Eac	h Re	ceipt th	nis Pe	eriod	
	number of contributing political committee.	С					9	_			192.3	0
Name o	f Employer (for Individual)	Occi	upation (for Individual)	_	Me	əmc	o Ite	m				
	Services, Inc		nfo Security									
Receipt	For:	Angregate	Year-to-Date ▼									
	imary General her (specify)		2115.30] P	P/R Ded	ucti	ion (\$96.1	5 Bi-W	eekly	')	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	AC)
Full Name of Individual (Last, First, Mic A. _GOTHARD, CAROL, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 16492 BROOKLANE B	OULEVARD		10 / Y Y Y Y 10 31 2023
City	State	Zip Code	Transaction ID : PR2575419169411
NORTHVILLE	MI	48168-8417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.36
Name of Employer (for Individual) United HealthCare Services Inc	Occ Dir	upation (for Individual) Fin	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		839.96	P/R Deduction (\$38.18 Bi-Weekly)
Full Name of Individual (Last, First, Mic B. ARMSTRONG, LORI, , ,	Idle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 808 CAREN DRIVE			M M / D D / Y Y Y Y 10 31 2023
City	State	Zip Code	Transaction ID : PR2575427969411
ELDERSBURG	MD	21784-8569	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) VP Acct Mgmt	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 330.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name of Individual (Last, First, Mic C. OHARA, KARIN, , ,	Idle Initial) or Full C	organization Name	Date of Receipt
Mailing Address 1431 HENRY COURT			10 / Y Y Y Y 10 31 2023
City	State	Zip Code	Transaction ID : PR2575428769411
CHANHASSEN	MN	55317-2200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		392.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Grp Controller	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		4212.15	P/R Deduction (\$196.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optio	nal)		498.36
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	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) MURLEY, MARY, , ,	or Full Or	ganization Name		Date	of	Re	ece	ipt					
	Mailing Address 2775 COUNTRYSIDE DRIVE WE	EST			[™] 1(/	l	31		/ Y	y 202	23 23	Y
	City	State	Zip Code		Tra	nsa	acti	ion	ID :	PR	R25754	44366	69411	
	ORONO	MN	55356-9675	_	Amo	unt	of	Ea	tch R	lec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						-		_	-		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment CEO			Me	mo	o It	em					
	Receipt For:		Year-to-Date ▼											
	Primary General Other (specify) ▼		4230.60] F	P/R C	edu	uctio	on	(\$19)2.3	80 Bi-W	Veekl	y)	
	Full Name of Individual (Last, First, Middle Initial) SPILKER, TIMOTHY, , ,	or Full Or	ganization Name		Date	of	Re	ece	ipt					
	Mailing Address 32 FITCH LANE				[™]		/	ľ	31		/ Y	y 202	23 23	Y
	City	State	Zip Code		Tra	nsa	acti	ion	ID :	PR	25754	4636	69411	
	NEW CANAAN	СТ	06840-5051	_	Amo	unt	of	Ea	ich R	lec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С						,	_	_	-	;	384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment CEO		Memo Item									
	Receipt For: A Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4230.60] F	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) RUNICE, PAUL, , ,	or Full Or	ganization Name		Date	of	Re	ece	ipt					
	Mailing Address 4622 BRUCE AVENUE				M 1		/	ľ	31		/ Y	202	23	Y
	City	State	Zip Code		Tra	nsa	acti	ior	ו ID :	PF	R25754	45156	69411	
	EDINA	MN	55424-1123	_	Amo	unt	of	Ea	ich R	lec	eipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С			Ē			y	_	_	9	;	369.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) reasury			Me	emo	o It	em					
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	Primary General Other (specify)		4059.00] F	9/R [)edu	ucti	ion	(\$18	34.5	50 Bi-V	Veekl	ly)	
s	UBTOTAL of Receipts This Page (optional)			•	С			7	_	-	9	1'	138.2	0
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		Detailed Summary Faye	13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
VinitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)
Full Name of Individual (Last, First, Middle PEGG , JACK, , ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 4917 KAMA LANE NE			10 / Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2575456069411
ALBERTVILLE	MN	55301-3536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Underwriting	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	-
Primary General Other (specify) ▼		308.88	P/R Deduction (\$14.04 Bi-Weekly)
Full Name of Individual (Last, First, Middle GLATT, CHRISTOPHER, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 631 GOODRICH AVE			10 / Y Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2575464969411
SAINT PAUL	MN	55105-3522	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		38.46
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aviation Corp Pilots	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify) ▼		423.06	P/R Deduction (\$19.23 Bi-Weekly)
Full Name of Individual (Last, First, Middle C. PHINNEY, ASHLEY, , ,	Initial) or Full C	organization Name	Date of Receipt
Mailing Address 5 GATEHOUSE ROAD		1	10 / D D / Y Y Y Y 10 31 / 2023
City	State CT	Zip Code	Transaction ID : PR2575468469411
GRANBY		06035-1922	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Director Technology	Memo Item
Receipt For:		Year-to-Date ▼	-
Primary General	Ayyreyate		D/D Deduction (\$44.04 Di Mastella)
Other (specify)		308.88	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).			94.62
TOTAL This Period (last page this line number	er only)	•••••	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12	
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NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middle Ini A. SADUSKE, NANETTE, , ,	tial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 4276 NICOLET DRIVE				^M 10	/	31	/ Y	y y 2023	Y
CREENRAY	State WI	Zip Code						47026941	1
GREEN BAY		54311-9798	A	mount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_		7		76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli	[Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		846.12	P/I	R Dedi	uctio	on (\$38	.46 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle Ini B. HENSEL, KRISTA, , ,	tial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 2211 HOMEWOOD DRIVE				^M ^M 10	/	31	/ Y	y y 2023	Y
City	State	Zip Code						48266941	1
ANCHORAGE	KY	40223-1326	A	mount	of	Each F	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					7		384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		4230.60	P/F	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name of Individual (Last, First, Middle Ini C. BARTHEL, THOMAS, , ,	tial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 20525 HARTFORD WAY	1			^M 10	/	31	/ Y	2023	Y
City LAKEVILLE	State MN	Zip Code 55044-4452						48436941	1
		00044-4402	A	mount	of	Each F	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С					9		28.	08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ir Software Engineering		Me	emo	Item			
Receipt For:	1	Year-to-Date ▼							
Primary General	99. 094.0		D/	R Ded	ucti	on (\$14	.04 Bi-W	(eekly)	
Other (specify)		308.88				υ (ψ14	.0-10-00		
SUBTOTAL of Receipts This Page (optional)		••••••				,		489.	60
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NAN	IE OF COMMITTEE (In Full)												
/ Ur	itedHealth Group Incorporate	ed PAC	(UnitedHealth Group P	AC)									
M	Name of Individual (Last, First, Middle Ini ACLAUCHLAN, DANIEL, , ,	tial) or Full	Organization Name	Date of Receipt									
	ing Address 730 WYNDALE RD												
City	IKINTOWN	State PA	Zip Code 19046-1552	Transaction ID : PR2575492769									
			10040 1002	Amount of Each Receipt this Peri	lod								
	ID number of contributing ral political committee.	С			28.08								
	e of Employer (for Individual) ed HealthCare Services Inc		cupation (for Individual) P Gen Mgmt	Memo Item									
Rec	eipt For:	Aggregat	e Year-to-Date ▼										
	Primary General Other (specify) ▼		308.88	P/R Deduction (\$14.04 Bi-Weekly)									
	Name of Individual (Last, First, Middle Ini SLEDAHL, MATTHEW, , ,	tial) or Full	Organization Name	Date of Receipt									
Mail	ng Address 15598 MICHELE LANE			10 31 2023									
City		State	Zip Code	Transaction ID : PR2575499269	411								
EDE	IN PRAIRIE	MN	55346-2548	Amount of Each Receipt this Peri	iod								
	ID number of contributing ral political committee.	С		38	34.60								
	ne of Employer (for Individual) ed HealthCare Services Inc		ccupation (for Individual) VP Network	Memo Item									
Rec	eipt For:	Aggregat	e Year-to-Date ▼										
	Primary General Other (specify) ▼		4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
	Name of Individual (Last, First, Middle Ini	tial) or Full	Organization Name	Date of Receipt									
Mail	ing Address 122 WILLOW CREEK LANE			10 31 2023									
City		State	Zip Code	Transaction ID : PR2575507769	9411								
WIL	LOW SPRINGS	IL	60480-1274	Amount of Each Receipt this Peri	iod								
	ID number of contributing ral political committee.	С			28.08								
Nam	e of Employer (for Individual)	Oc	cupation (for Individual)	Memo Item									
	ed HealthCare Services Inc	GF	P Reg Market Growth Dir										
Rec	eipt For:	Aggregat	e Year-to-Date 🔻										
	Primary General Other (specify)		308.88	P/R Deduction (\$14.04 Bi-Weekly)									

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

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			Detailed Summary Page		11a 13		11b 14	\mid	11c 15	12	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose o		liciting	contribu	itions			
$\overline{\}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia MUNSON, RICHARD, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 4707 HAZELTINE LANE				^M 10	1	31		/ Y	y y 2023	Ŷ			
	City EAGAN	State MN	Zip Code 55123-2172							124694				
	FEC ID number of contributing federal political committee.	С								is Perioc 192	.30			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Compli		M	emc	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.30] P	P/R Ded	lucti	ion (\$96	6.15	Bi-We	ekly)				
B.	Full Name of Individual (Last, First, Middle Initia HUNTER, ROBERT, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 5420 COUNTRYSIDE ROAD				^M 10	/	D 31		/ Y	2023	Y			
	City EDINA	State MN	Zip Code 55436-2524							283694 1 is Period				
	FEC ID number of contributing federal political committee.	С							-y	384	.60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ? Prd		M	emc	o Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia HERNANDEZ, MAYRENE, , ,	ll) or Full Or	rganization Name		Date of	Re	eceipt							
	Mailing Address 850 SW 189TH AVENUE				^M 10	/	D 31	1		2023	_			
	City PEMBROKE PINES	State FL	Zip Code 33029-6047				-			5292694 is Period				
	FEC ID number of contributing federal political committee.	С					1		J		.92			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ed Dir		M	emo	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼ 846.12]	P/R Ded	lucti	ion (\$3	8.46	6 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)						9		y	653	82			
Т	OTAL This Period (last page this line number or	ıly)					-		-					

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (UnitedHealth Group PA	.C)
Full Name of Individual (Last, First, Middle Ir A. HOLOVNIA, KRISTEN, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 4610 LAKEVIEW DRIVE	01.1		10 / D D / Y Y Y Y 10 31 2023
City EDINA	State MN	Zip Code 55424-1518	Transaction ID : PR2575533069411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Deputy Gen Counsel	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir B. HAMLIN, THOMAS, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 2800 NEWMAN			10 31 2023
City HOUSTON	State TX	Zip Code 77098-1408	Transaction ID : PR2575536269411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		76.92
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Behvrl Med Dir	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 846.12	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle Ir C. SULLIVAN, EILEEN, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 9675 WATERWAY PASSAG	BE DRIVE		10 / J / Y Y Y Y 10 31 2023
City WINTER GARDEN	State FL	Zip Code 34787-4957	Transaction ID : PR2575537269411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Assc Gen Counsel	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)			489.60
TOTAL This Period (last page this line number			

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

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An	y information copied from such Reports and Stat	ements ma	ay n	ot be sold or used by any pe	erson	13 for the	 pur	14 pose	of s	15 soliciting	contrib	utions			
	for commercial purposes, other than using the n														
\setminus	NAME OF COMMITTEE (In Full)	י האם ו	1.1~~ '	Haddlacks Oreco DA											
	UnitedHealth Group Incorporated	,		•	(U)										
Α.	Full Name of Individual (Last, First, Middle Initial HAUF, NADINE, , ,	l) or Full O	rgar	nization Name		Date of	Re	Ceint							
. 1.	Mailing Address 1008 WIMBERLY COURT				\neg				D	/ Y	Y Y	Y			
				7:		10		3	31	Ľ	2023				
	City ALLEN	State TX		Zip Code 75013-1195							5388694				
	FEC ID number of contributing		-			Amount	. 01	∟acn	і не	ceipt th	is Perio				
	federal political committee.	С	_					-9-	_	y		.00			
	Name of Employer (for Individual)	Occi	upat	ion (for Individual)	-	Me	emo	lterr	n						
	United HealthCare Services Inc	VP (Gen	Mgmt											
	Receipt For: Primary General	Aggregate	Yea	r-to-Date V											
	Other (specify) V		-	220.00	F	P/R Ded	ucti	on (\$	10.0	0 Bi-We	eekly)				
	Full Name of Individual (Last, First, Middle Initial		Iraa	nization Name	_										
B.	SUN, TONY, , ,		nyar			Date of	Re	eceipt							
	Mailing Address 8408 ENSLEY PLACE					^M 10	/		р 31	/ Y	2023	Y			
	City	State		Zip Code							402694				
		KS	_	66206-1402		Amount	: of	Each	n Re	ceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С	_								76	5.92			
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) I Dir/CMO		Memo Item									
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼											
	Other (specify) V		,	, 846.12	P	/R Ded	uctio	on (\$:	38.4	6 Bi-We	ekly)				
_	Full Name of Individual (Last, First, Middle Initial) or Full O	rgar	nization Name		_									
C.	WENTZIEN, MICHAEL, , ,				_	Date of	Re	· ·							
	Mailing Address 6350 SUMMIT CIRCLE		_			^M 10	'		31	/ Y	2023	Y			
	CHANHASSEN	State		Zip Code							5408694				
	CHANHASSEN	MN	_	55317-9138		Amount	of	Each	n Re	ceipt th	is Perio	d			
	FEC ID number of contributing federal political committee.	С					-	y		,	198	.00			
	Name of Employer (for Individual)	Occu	upat	ion (for Individual)	-	M	emc	b Item	n						
	United HealthCare Services Inc		•	CEO											
	Receipt For: Primary General	Aggregate	Yea	r-to-Date 🔻											
	Other (specify)		-	2093.04	F	P/R Ded	lucti	ion (\$	99.0	00 Bi-We	eekly)				
s	UBTOTAL of Receipts This Page (optional)										294	.92			
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/ I	NAME OF COMMITTEE (In Full)										
/	UnitedHealth Group Incorporat	```	•	AC)							
۲ A	Full Name of Individual (Last, First, Middle Ir ZMUDA, JENNIFER, , ,	nitial) or Full C	Organization Name		Date of	f Re	ceipt				
١	Mailing Address 656 SUMMIT AVE				^M 10	/	D 31	D /	Y	y 2023	Y
	City SAINT PAUL	State MN	Zip Code 55105-3435				i on ID : Each F				
	FEC ID number of contributing ederal political committee.	С								400.	_
(Name of Employer (for Individual) Dptum Services, Inc		upation (for Individual) Seg CIO		М	emc	ltem				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4200.00] F	P/R Dec	lucti	on (\$20)0.00 E	3i-We	ekly)	
	Full Name of Individual (Last, First, Middle Ir STEINBRECHER, HOLLY, , ,	nitial) or Full C	Organization Name		Date of	f Re	ceipt				
1	Mailing Address 1800 N FIELD ST APT 4211				^M 10	1	D 31		Y	2023	Y
	City	State	Zip Code		Trans	acti	on ID :	PR25	7554	456941	1
-	DALLAS	TX	75202-2782		Amoun	t of	Each F	Receip	t this	Period	l
	FEC ID number of contributing ederal political committee.	С								384.	60
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Bus Dev		Μ	emc	ltem				
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60] P	P/R Deduction (\$192.30 Bi-Weekly)						
	Full Name of Individual (Last, First, Middle Ir BALCK, AMY, , ,	nitial) or Full C	Organization Name		Date of	f Re	ceipt				
ľ	Mailing Address N3681 VINE RD				^M 10	1	D 31		Y	y y 2023	Ŷ
	City FREEDOM	State WI	Zip Code 54913-6928		Trans	act	ion ID :	: PR25	7554	84694	11
-		VVI	04910-0920		Amoun	t of	Each F	Receip	t this	Period	
	FEC ID number of contributing ederal political committee.	С					,			28.	.00
1	Name of Employer (for Individual)	Occ	upation (for Individual)		М	emo	ltem				
_	United HealthCare Services Inc	KA	Dir Acct Mgmt								
F	Receipt For:	Aggregate	Year-to-Date V								
	Other (specify)		308.00] F	P/R Dec	lucti	on (\$14	4.00 Bi	-Wee	ekly)	
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		Detailed Summary Page								
Any information copied from such Reports	and Statements ma	l ay not be sold or used by any p	13 14 15 16 17 erson for the purpose of soliciting contributions							
or for commercial purposes, other than usin			e to solicit contributions from such committee.							
/ UnitedHealth Group Incorpo	`	•	4C)							
Full Name of Individual (Last, First, Mide A. CARLSON, ROBERT, , ,	dle Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 695 FOUNTAINHEAD V	VAY		M = M / D = D / Y = Y = Y = Y							
City	State	Zip Code	10 31 2023 Transaction ID : PR2575573769411							
NAPLES	FL	34103-2736	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		434.00							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Exe Search & Mkt Intlgnc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3906.00	P/R Deduction (\$217.00 Bi-Weekly)							
Full Name of Individual (Last, First, Mide BANSAL, SACHIN, , ,	l dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 3920 BLACK OAKS LAN	NEN		10 31 / Y Y Y Y 2023							
City PLYMOUTH	State MN	Zip Code 55446-2609	Transaction ID : PR2575579469411 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		833.32							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Group Fin Leader	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 833.32	P/R Deduction (\$416.66 Bi-Weekly)							
Full Name of Individual (Last, First, Mide C. MILLER, MAXIMILLIAN, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 5328 CHOWEN AVENU	1		10 / D D / Y Y Y Y 10 31 / 2023							
City MINNEAPOLIS	State MN	Zip Code 55410-2122	Transaction ID : PR2575579569411							
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period							
Name of Employer (for Individual) United HealthCare Services Inc	Occ M A	upation (for Individual) VP	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)							
SUBTOTAL of Receipts This Page (option	ıal)		1344.24							
TOTAL This Period (last page this line nu	mber only)	•••••								

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				Detailed Summary Page		13		14	ŀ		15	16	17		
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\backslash	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	(C)										
A.	Full Name of Individual (Last, First, Middle Initia	l) or Full O	rgan	nization Name	(Date of	Re	ece	ipt						
	Mailing Address 2069 CIRCLE DRIVE	1			10 31 / Y Y Y Y 2023										
		State WI		Zip Code		Trans	acti	ior	ID :	PF	R25755	8596941	1		
	KRONENWETTER			54455-9062	_ /	Amount	of	Ea	ach F	lec	eipt th	s Period			
	FEC ID number of contributing federal political committee.	С			28.08										
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt		M	emo	b It	em						
	Receipt For:	Aggregate	Yea	r-to-Date ▼		1									
	Primary General Other (specify) ▼		-	308.88	P	/R Ded	ucti	on	(\$14	.04	l Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initia FINCH, ANNE, , ,	l) or Full O	rgan	nization Name		Date of	Re	ece	ipt						
	Mailing Address 208 STATION CIR NO					^M 10	/	ſ	31)	/ Y	y y 2023	Y		
	City	State		Zip Code		Trans	acti	ior	ID :	PR	25755	8666941	1		
	HUDSON	WI		54016-9555	A	Amount	of	Ea	ach F	lec	eipt th	s Period			
	FEC ID number of contributing federal political committee.	С				76.92									
	Name of Employer (for Individual) Optum Services, Inc	Occi VP		M	emo	b It	em								
	Receipt For:	Aggregate	Yea	r-to-Date ▼	-										
	Primary General Other (specify) ▼		,	846.12	P	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initia SOLLER, BRIAN, , ,	l) or Full O	rgan	ization Name		Date of	Re	ece	ipt						
	Mailing Address 1120 S 2ND STREET UNIT 614					^M 10	/	ſ	31		/ Y	2023 Y	Y		
	City	State		Zip Code		Trans	acti	ioi	ו ID :	PF	R25755	8676941	1		
	MINNEAPOLIS	MN		55415-1375	/	Amount	of	Ea	ach R	lec	eipt th	s Period			
	FEC ID number of contributing federal political committee.	С						,			9	384.	60		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) CIO		M	emo	o It	em						
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4230.60	P	/R Ded	lucti	ion	(\$19)2.3	30 Bi-W	/eekly)			
s	UBTOTAL of Receipts This Page (optional)			•				,	-	-	9	489.	60		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PAC	C)
Α.	Full Name of Individual (Last, First, Middle Initial GISCH, SHAWNA, , , Mailing Address 320 PRESERVE COURT) or Full C	Zip Code	Date of Receipt 10 / 31 / 2023 Transaction ID : PR2575592169411
	CHANHASSEN	MN	55317-8717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Bus	cupation (for Individual) s Unit CEO	Memo Item
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial MILLER, MICHAEL, , ,) or Full C	Drganization Name	Date of Receipt
	Mailing Address 656 OCEAN AVENUE 1016 City REVERE	State	Zip Code 02151-6201	10 31 2023 Transaction ID : PR2575595669411
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Business Development Exe	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial IVERSON, LISA, , ,) or Full C	Drganization Name	Date of Receipt
	Mailing Address 1330 EDGCUMBE RD			10 / D D / Y Y Y Y 10 31 2023
	City SAINT PAUL	State MN	Zip Code 55116-1780	Transaction ID : PR2575603269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Strat Initiv	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		▶	1153.80
т	OTAL This Period (last page this line number on	ly)	•	

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

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			Detailed Summary Page		11a 13	-	11b 14	-	11c 15	12	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose c		liciting	contrib	utions
\setminus	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P/	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) GOODMAN, BENJAMIN, , ,) or Full Or	ganization Name	[Date of	f Re	eceipt				
	Mailing Address 13828 EVERGREEN COURT				^M 10	/	D 31		/ Y	2023	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R25756	6038694	11
	APPLE VALLEY	MN	55124-9257	A	Amount	t of	Each	Rec	ceipt th	is Perio	tt
	FEC ID number of contributing federal political committee.	С					-		7	384	.60
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment CFO		M	emo	tem				
	Dessint Fam	Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼	<u> </u>	4230.60	P.	/R Ded	lucti	on (\$1	92.:	30 Bi-W	/eekly)	
в.	Full Name of Individual (Last, First, Middle Initial) KING, SARAH, , ,) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 247 MONTIBELLO DRIVE				^M 10	1	D 34		/ Y	y 2023	Ŷ
	City	State	Zip Code		Trans	acti	ion ID	: Pl	R25756	128694 ⁻	11
	MOORESVILLE	NC	28117-9139	A	Amount	t of	Each	Rec	ceipt th	is Perio	t
	FEC ID number of contributing federal political committee.	С					-		-9	192	.30
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Segment CEO		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4038.30	P	/R Ded	uctio	on (\$1	92.3	30 Bi-W	/eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) WAULTERS, SCOTT, , ,) or Full Or	ganization Name	[Date of	f Re	eceipt				
	Mailing Address 3344 SHOAL WAY				10 ^M	/	3.	1		2023 Y	_
	City POWELL	State OH	Zip Code 43065-0501	-						6221694	
			+5005-0501		Amount	t of	Each	Rec	ceipt th	is Perio	t
	FEC ID number of contributing federal political committee.	С					 J	_	y	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		М	emc	b Item				
		Aggregate `	Year-to-Date ▼								
	Primary General Other (specify)	-	4230.60	P	/R Dec	lucti	ion (\$1	92.	30 Bi-W	Veekly)	
s	UBTOTAL of Receipts This Page (optional)		••••••	.			9		y	961	.50
т	OTAL This Period (last page this line number onl	y)	•••••				-		Ŧ		

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (UnitedHealth Group PA	NC)
Full Name of Individual (Last, First, Middle In THOMPSON, BRIAN, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 17829 63RD AVE N	State	Zip Code	10 31 2023 Transaction ID : PR2575634669411
MAPLE GROVE	MN	55311-4650	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P UHC CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle In WILSON, STEPHEN, , ,		Organization Name	Date of Receipt
Mailing Address 2420 DURHAM MANOR DR			10 / D D / Y Y Y Y 2023
City FRANKLIN	State TN	Zip Code 37064-5266	Transaction ID : PR2575636169411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		384.00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4224.00	P/R Deduction (\$192.00 Bi-Weekly)
Full Name of Individual (Last, First, Middle In CLARK, TERRENCE, , ,	nitial) or Full C	Organization Name	Date of Receipt
Mailing Address 8 COOPER AVENUE			10 / D D / Y Y Y Y 2023
City EDINA	State MN	Zip Code 55436-1315	Transaction ID : PR2575636969411
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P, Chief Cust Mktg Officer	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	,		1153.20
TOTAL This Period (last page this line numbe	r only)	· · · · · · · · · · · · · · · · · · ·	

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				for each category of the Detailed Summary Page		X 11a 13	11b	11c	12 16	17						
	y information copied from such Reports and Stat for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Un	itedHealth Group PA	C)											
Α.	Full Name of Individual (Last, First, Middle Initial CABANILLAS, MARIA, , ,) or Full O)rga	nization Name		Date of	Receipt									
	Mailing Address 2411 WORDSWORTH ST			7.0.		^M 10	/ D 3		2023	_						
	City HOUSTON	State TX		Zip Code 77030-1833				: PR2575 Receipt th		-						
	FEC ID number of contributing federal political committee.	С					- 75	F	384	.60						
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) an CEO		Me	emo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)											
в.	Full Name of Individual (Last, First, Middle Initial COLLINS, NEIL, , ,) or Full O)rga	nization Name		Date of Receipt										
	Mailing Address 8465 MISSION HILLS LANE				10 31 2023											
	City CHANHASSEN	State MN		Zip Code 55317-7712	_	Transaction ID : PR2575637669411 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					- 49-		28	.00						
	Name of Employer (for Individual) United HealthCare Services Inc	Occ VP		tion (for Individual) S		Me	emo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 308.00		P/R Dedu	uction (\$1	4.00 Bi-W	eekly)							
c.	Full Name of Individual (Last, First, Middle Initial HAYHURST, JENNY, , ,) or Full O)rga	nization Name		Date of	Receipt									
	Mailing Address 23A MOUNT HYGEIA ROAD					10 ^M	3		2023 Y							
	City FOSTER	State RI		Zip Code 02825-1434				: PR2575 Receipt th								
	FEC ID number of contributing federal political committee.	С			28.00											
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) k Contrctng		Me	emo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)											
s	UBTOTAL of Receipts This Page (optional)							. ,	440	.60						
т	OTAL This Period (last page this line number on	ly)		•	i	<u> </u>										

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		for each category of the		11a		11b		11c	12	
		Detailed Summary Page		13		14		15	16	17
Any information copied from such Reports and or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle MULLIGAN, DANIEL , , ,	Initial) or Full C	Organization Name	D	ate of	Ree	ceip	ot			
Mailing Address 28 WHETTEN ROAD				10 ^M	/	D	31	/ Y	ү ү 2023	Y
City	State CT	Zip Code		Transa	acti	on l	ID : P	R25756	65686941	1
WEST HARTFORD		06117-2856	A	mount	of I	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					,		-9	416.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Segment Gen Counsel	10	Me	emo	Ite	m			
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify) ▼		4160.00	P/I	R Dedi	uctio	on (\$208.	00 Bi-V	/eekly)	
Full Name of Individual (Last, First, Middle B. KANE, HEATHER, , ,	Initial) or Full C	Organization Name	D	ate of	Ree	ceip	ot			
Mailing Address 7624 N MOUNTAIN VIEW	PASS			м м 10	/	D	д 31	/ Y	y y 2023	Y
City	State	Zip Code		Transa	actio	on I	ID : P	R25756	5746941	1
PARADISE VALLEY	AZ	85253-2844	A	mount	of I	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					,		-9-	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) n Plan CEO		Me	emo	Ite	m			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/F	R Dedu	uctic	on (S	\$192.	30 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle C. WARSHAW, ROBERT, , ,	Initial) or Full C	Organization Name	D	ate of	Ree	ceip	ot			
Mailing Address 94 CARLSON DRIVE				^M 10	/	D	31 D	/ Y	2023 Y	Y
City	State	Zip Code		Trans	acti	ion	ID : P	R2575	66556941	1
PORTLAND	СТ	06480-1699	A	mount	of I	Eac	h Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C			_		y		y	28.	08
Name of Employer (for Individual) United HealthCare Services Inc	Occ VP	upation (for Individual) Ops		Me	emo	lte	m			
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify)		308.88	P/	R Ded	uctio	on ((\$14.0	4 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional)						9		9	828.	68
TOTAL This Period (last page this line numb	er only)	•••••				,				

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		Detailed Summary Page	X 11a 11b 11c 12						
			1:		14		15	16	17
Any information copied from such Reports or for commercial purposes, other than usi									
NAME OF COMMITTEE (In Full)									
VinitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)						
Full Name of Individual (Last, First, Mid EVERETT, RICARDO, , ,	dle Initial) or Full C	rganization Name	Dat	te of F	Receip	pt			
Mailing Address 10507 WALPOLE LAN	E			10 ^M	/ D	31	/ Y	y 2023	Y
City	State	Zip Code	Tr	ransac	tion	ID : PI	R25756	6766941	1
AUSTIN	ТХ	78739-1554	Am	ount o	of Ead	ch Rec	eipt th	is Period	
FEC ID number of contributing federal political committee.	С				-		-gr-	28.	08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Ntwk Prgms		Merr	no Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼	_						
Primary General Other (specify) ▼		308.88	P/R	Deduc	tion ((\$14.04	4 Bi-We	ekly)	
Full Name of Individual (Last, First, Mid B. ALLEN, CARL, , ,	dle Initial) or Full C	rganization Name	Dat	te of F	Receip	pt			
Mailing Address 8675 AZURE SKY DRIV	/E			10 ^M	/ D	31	/ Y	2023	Y
City	State	Zip Code	Tr	ansac	tion	ID : PF	R25756	6936941	1
LAS VEGAS	NV	89129-2227	Am	ount o	of Ead	ch Rec	eipt th	is Period	
FEC ID number of contributing federal political committee.	С				-		-9	78.	00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Dir/CMO		Merr	no Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		858.00	P/R	Deduc	tion ((\$39.00) Bi-We	ekly)	
Full Name of Individual (Last, First, Mid C. BOGATYRENKO, VICTORIA, ,	dle Initial) or Full C	rganization Name	Dat	te of F	Receip	pt			
Mailing Address 98 FIVE MILE RIVER F	ROAD			10 ^M	/ D	31	/ Y	2023 Y	Y
City	State CT	Zip Code						6754694 ⁻	
DARIEN		06820-6234	Am	ount o	of Ead	ch Rec	eipt th	is Period	
FEC ID number of contributing federal political committee.	С				y		y	115.	18
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng		Men	no Ite	em			
Receipt For:			_						
Primary General	Aggregate	Year-to-Date ▼		Dodu	otion 4	(¢F7 F)			
Other (specify)		1266.98	P/R		200N ((407.5	9 Bi-We	eckiy)	
SUBTOTAL of Receipts This Page (option	nal)	•			y		y	221.	26
TOTAL This Period (last page this line nu	mber only)	••••••			-		-		

FEC Schedule A (Form 3X) Rev. 06/2016

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

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				Detailed Summary Page		11a		-	11b	11c	;	12 16	17
	information copied from such Reports and Stat or commercial purposes, other than using the na					for the		rpc	ose of s	solicit		contribu	tions
	AME OF COMMITTEE (In Full)												
∕ ı	JnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	AC)								
	ull Name of Individual (Last, First, Middle Initial MITCHELL, JILL, , ,) or Full O	Drgar	nization Name		Date c	f Re	ece	eipt				
N	lailing Address 11499 ASHLEY COURT					[™] 10	/	/	D D 31	/	Y	y y 2023	Y
		State		Zip Code		Tran	sact	tio	n ID : F	PR25	7567	7836941	1
-	NVER GROVE HEIGHTS	MN		55077-5251		Amour	it of	E	ach Re	eceipt	this	Period	
	EC ID number of contributing ederal political committee.	С						,			_	396.	
	ame of Employer (for Individual) nited HealthCare Services Inc		•	ion (for Individual) es Ntwk Mgmt		N	lemo	οI	ltem				
R		Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		-	4196.46] P	P/R De	ducti	tior	n (\$198	.00 B	i-We	eekly)	
	ull Name of Individual (Last, First, Middle Initial SIMONSON, KELLY, , ,) or Full O	Drgar	nization Name		Date c	of Re	ece	eipt				
N	lailing Address 10982 SANCTUARY COVE COL	JRT				^M 10	/	′	D D D 31	/	Y	2023	Y
	ity	State		Zip Code								236941	1
	AS VEGAS	NV		89135-9126		Amour	it of	E	ach Re	eceipt	this	Period	
	EC ID number of contributing ederal political committee.	С	_					-,				92.	30
	lame of Employer (for Individual) lealth Plan of Nevada		•	ion (for Individual) Mgmt		N	lemo	οI	ltem				
R	eceipt For:	Aggregate	Yea	r-to-Date ▼									
	Primary General Other (specify)		,	1015.30] P	/R Deo	ducti	ior	า (\$46.1	5 Bi-	Wee	ekly)	
F C.	ull Name of Individual (Last, First, Middle Initial STIDMAN, CHRISTOPHER, , ,) or Full O	Orgar	nization Name		Date c	of Re	ece	eipt				
N	lailing Address 6504 CHEROKEE TRAIL					[™] 10	/	′	31	/	Y	2023 Y	Y
	ity	State		Zip Code		Tran	sact	tio	n ID : F	PR25	7568	3386941	1
_	EDINA	MN		55439-1109	'	Amour	t of	E	ach Re	eceipt	this	Period	
	EC ID number of contributing ederal political committee.	С	_				_	,			_	384.	60
	ame of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) n Mgmt		N	lemo	0	ltem				
R	eceipt For:	Aggregate	Yea	r-to-Date ▼									
	Other (specify)		7	4230.60] F	P/R De	duct	tio	n (\$192	.30 E	i-W€	eekly)	
SU	BTOTAL of Receipts This Page (optional)				•			,		,		872.9	90
то	TAL This Period (last page this line number on	y)						,			_		

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	-	Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
> UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P	4C)								
Full Name of Individual (Last, First, Mic A. OCHIPINTI, JOSEPH, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 26 SOUTH STREET UNIT 1 RIGHT			M M / D D / Y Y Y Y 10 31 2023								
City ANNAPOLIS	State MD	Zip Code 21401-2652	Transaction ID : PR2575685769411 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		384.60								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
Full Name of Individual (Last, First, Mic KALBACHER, JEAN, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 4952 EAST DARTMOL			10 / Y Y Y Y 2023								
City	State AZ	Zip Code	Transaction ID : PR2575688369411								
MESA	AZ	85205-6458	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		176.92								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO	Memo Item								
Receipt For:	Aggregate	Year-to-Date V									
Primary General Other (specify) ▼		1946.12	P/R Deduction (\$88.46 Bi-Weekly)								
Full Name of Individual (Last, First, Mic C. KOENIG, TIMOTHY, , ,	Idle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 509 ORLANDO AVE	1		10 / D D / Y Y Y Y 2023								
City ORELAND	State PA	Zip Code 19075-1223	Transaction ID : PR2575702269411 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C		400.00								
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4200.00	P/R Deduction (\$200.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optio	nal)		961.52								
TOTAL This Period (last page this line n	umber only)										

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				Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1								
	y information copied from such Reports and Stat for commercial purposes, other than using the n					for the		rpo	ose of s	solio	citing	contribut	
$\overline{)}$	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial THIERY, LINDA, , ,	l) or Full O	rgar	ization Name		Date o	of Re	ec	eipt				
	Mailing Address 999 LABEAUX AVE NE					^M 10	/	′	D D D 31	/	Y	y y 2023	Y
	City HANOVER	State MN		Zip Code 55341-9292								0786941 s Period	1
	FEC ID number of contributing federal political committee.	С						_			-g	457.8	36
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Group Fin Leader		N	lemo	0	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4084.11	P	P/R De	duct	tio	n (\$228	3.93	Bi-W	eekly)	
B.	Full Name of Individual (Last, First, Middle Initial VOLLRATH, MICHELLE, , ,	l) or Full O	rgar	ization Name		Date o	of Re	ec	eipt				
	Mailing Address 7647 MARKER ROAD	1-				[™] 10	/	′	D D D 31	1	Y	y y 2023	Y
	City SAN DIEGO	State CA		Zip Code 92130-5616								1986941 s Period	1
	FEC ID number of contributing federal political committee.	С						_			-y	115.:	38
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) ? CInt Mgmt		N	lemo	0	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1269.18	P	/R De	ducti	ior	n (\$57.6	69 E	Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial CAIN, STEVE, , ,	l) or Full O	rgar	ization Name		Date o	of Re	ec	eipt				
	Mailing Address 4 COUNTRYSIDE CT					^M 10	J.	′	^D 31	/	Y	2023 Y	
	City DANVILLE	State CA		Zip Code 94506-1126								2436941 s Period	1
	FEC ID number of contributing federal political committee.	С						,			9	230.	76
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) n CEO		N	lem	0	ltem				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 2538.36	F	P/R De	duct	tio	ın (\$115	5.38	8 Bi-W	eekly)	
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	for commercial purposes, other than using the na												
$\overline{\ }$	NAME OF COMMITTEE (In Full)							_					
\sum	UnitedHealth Group Incorporated	`		ıp PA	(C)								
	Full Name of Individual (Last, First, Middle Initial) MCKEE, PATRICK, , ,) or Full Or	rganization Name			Date o	f Re	эсе	ipt				
	Mailing Address 6500 TRANQUIL RIVER LANE					10	1		31	/ Y	202	23	Ŷ
	City WAUSAU	State WI	Zip Code 54401-3302		-			-		PR2575			
			<u> </u>		_	Amoun	nt of	Ea	ach R	eceipt th	nıs Pe	riod	_
	FEC ID number of contributing federal political committee.	С					_	-		-		38.4	6
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt			N	lemo	o It	em				
	Receipt For:	Aggregate `	Year-to-Date ▼										
	Primary General Other (specify) ▼	-	423.0)6	F	P/R De	ducti	ion	(\$19.	23 Bi-W	(eekly))	
	Full Name of Individual (Last, First, Middle Initial) HELLAND, ROBYN, , ,) or Full Oi	rganization Name			Date o	f Re	эсе	ipt				
	Mailing Address 9089 PARTRIDGE RD					10 ^M		_	31	/ Y	202	3	ŕ
	City	State	Zip Code	_		Trans	acti	ion	1 D : I	PR2575	73386	9411	
	MINNETRISTA	MN	55375-4513		_	Amoun	nt of	Ea	ach R	eceipt th	his Pe	riod	
	FEC ID number of contributing federal political committee.	С						7		- 45-		28.0	В
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Care Advo			N	lemo	o It	em				
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		308.8	88	F	VR Dec	ducti	ion	(\$14.	04 Bi-W	eekly)		
С.	Full Name of Individual (Last, First, Middle Initial) GROSKLAGS, JEFFREY, , ,	or Full Or	rganization Name			Date o	f Re	эсе	ipt				
	Mailing Address 3233 TIMBERWOLF CIRCLE					10 ^M	/		D D 31	/ Y	202		Ý
	City PRIOR LAKE	State MN	Zip Code 55372-3272		-					PR2575			
	EEC ID number of contributing		00012 0212		\neg	Amoun	t of	Ē٤	ach R	eceipt th	nis Pe	riod	_
	FEC ID number of contributing federal political committee.	С				Ļ	_	y			1	192.3	0
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Group CFO			N	lemo	o It	tem				
		Aggregate	Year-to-Date ▼										
	Other (specify)		2115.3	30	F	P/R De	ducti	tion	(\$96.	.15 Bi-W	/eekly))	
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or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ime and a	lddre	ess of any political committee	to so	licit c	ontril	bu	itions	3 fro	om suci	1 comm	ittee	
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)									
A.	Full Name of Individual (Last, First, Middle Initial) WINKEY, TRAVIS, , ,	or Full Or	rgar	ization Name		Date	of Re	ec	eipt					
	Mailing Address 310 FERNDALE RD W					[™] 10	VI /	/	D 3	D 81	/ Y	2023		1
	City WAYZATA	State MN		Zip Code 55391-1511								735869 4 nis Peric		_
	FEC ID number of contributing federal political committee.	С						-	-			500	0.00	
	Name of Employer (for Individual) Optum Services, Inc			ion (for Individual) sident		ſ	/lem	0	Item	I				
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 5000.00	P	/R De	duct	tio	n (\$5	500	0.00 Bi-	Weekly)	
B.	Full Name of Individual (Last, First, Middle Initial) MURRAY, THOMAS, , ,	or Full Or	rgar	ization Name		Date	of Re	ec	eipt					
	Mailing Address 10 CIRCLE WEST					[™] 10	VI /	/	D 3	р 31	/ Y	2023	Y]
	City EDINA	State MN		Zip Code 55436-1313								7365694 nis Peric		
	FEC ID number of contributing federal political committee.	С						_	-		- 45-	38	4.60	
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) gment COO		ľ	/lem	0	Item					
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4230.60	P	/R De	duct	tio	n (\$1	192.	.30 Bi-V	√eekly)		
с.	Full Name of Individual (Last, First, Middle Initial) LEWIS, ELIZABETH, , ,	or Full Or	rgar	ization Name		Date	of Re	ec	eipt					
	Mailing Address 675 PLEASANT VIEW ROAD	1				[™] 10	VI /	/	D 3	^D	/ Y	2023	Y]
	City CHANHASSEN	State MN		Zip Code 55317-9509								7374694 nis Peric		
	FEC ID number of contributing federal political committee.	С						,	,			31	6.00	
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Occu VP A	•	ion (for Individual) ary			Vlem	10	Item	I				
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 3356.46	F	9/R De	educt	tio	on (\$´	158	.00 Bi-V	Veekly)		
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	ay not be sold or used by any ddress of any political commit	y any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.										
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group	PAC)										
A.	Full Name of Individual (Last, First, Middle Initial CESARETTI, GINA, , ,	l) or Full O	rganization Name		Date	of Re	eceipt	t						
	Mailing Address 5020 CIRCLE DOWN				^M 10	л /		31	/ Y	ү 20)23	Y		
	City GOLDEN VALLEY	State MN	Zip Code 55416-1304						R25757 eipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		- J -		-y=-		384.6	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Compli/Sr Dep Gen Cnsl		N	/lemo	o Iten	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	- F	P/R De	duct	tion (\$	\$192.3	30 Bi-W	/eek	ly)			
B.	Full Name of Individual (Last, First, Middle Initial STRICKLAND, JULIE, , ,	l) or Full O	rganization Name		Date	of Re	eceipt	t						
	Mailing Address 3207 SUNNYWOOD DRIVE				[™] 10	/		31	/ Y		23 23	Y		
	City FULLERTON	State CA	Zip Code 92835-1858						R25757 eipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		-		-y=-	_	28.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Mktg Bus Dev		N	/lemo	o Iten	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.00	F	9/R De	duct	ion (\$	\$14.00) Bi-We	ekly	()			
с.	Full Name of Individual (Last, First, Middle Initial PORTZ, THOMAS, , ,	l) or Full O	rganization Name		Date	of Re	eceipt	t						
	Mailing Address 2119 SHERIDAN HILLS RD	1			[™] 10			31	/ Y	20	23 [°]			
	City WAYZATA	State MN	Zip Code 55391-2327						R25757 eipt th					
	FEC ID number of contributing federal political committee.	С			<u> </u>		y		y		400.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PFP&A		1	/lem	o Iten	n						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4200.00		P/R De	duct	tion (\$	\$200.(00 Bi-V	Veek	dy)			
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			13 14 15 16 17 erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorp	orated PAC (UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, Mide PROBST, PETER, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 1927 SAUNDERS AVE	NUE		10 / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2575744669411									
SAINT PAUL	MN	55116-2016	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		200.00									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Clin Affordability	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		2200.00	P/R Deduction (\$100.00 Bi-Weekly)									
Full Name of Individual (Last, First, Mide PINERSKI , JENNIFER, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 7501 HART LN			10 / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2575752869411									
AUSTIN	ТХ	78731-2237	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mide FULTON, RYAN, , ,	dle Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 805 LANEWOOD LANE	NORTH		10 / D D / Y Y Y Y 10 31 2023									
	State MN	Zip Code	Transaction ID : PR2575756969411									
PLYMOUTH		55447-4347	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
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	y information copied from such Reports and Stat for commercial purposes, other than using the n				or the		pose o								
\	NAME OF COMMITTEE (In Full)		,												
\rangle	UnitedHealth Group Incorporated	I PAC (L	InitedHealth Group PA	AC)											
A.	Full Name of Individual (Last, First, Middle Initia EKLO, BENJAMIN, , ,) or Full Or	ganization Name	[Date of	Re	eceipt								
	Mailing Address 3942 CAMPELLO CURVE				^M 10	1	31		/ Y	y y 2023	Y				
	City CHASKA	State MN	Zip Code 55318-4639	_						618694					
	FEC ID number of contributing federal political committee.	C		/	Amount of Each Receipt this Period 384.60										
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Segment CFO	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ 4230.60	P	/R Ded	lucti	on (\$1	92.:	30 Bi-W	/eekly)					
в.	Full Name of Individual (Last, First, Middle Initia HOWARTH, CRAIG, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 1820 NAPOLI DRIVE		-		^M 10	1	D 31		/ Y	2023	Y				
	City APEX	State NC	Zip Code 27502-9659		Transaction ID : PR2575762469411 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		-15-	76	5.92				
	Name of Employer (for Individual) Optum Services, Inc	Occu VP I	pation (for Individual) T		M	emc) Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	/ear-to-Date ▼ , 846.12	P	/R Ded	ucti	on (\$38	8.46	6 Bi-We	ekly)					
с.	Full Name of Individual (Last, First, Middle Initia NEESE, LARRY, , ,) or Full Or	ganization Name		Date of	Re	eceipt								
	Mailing Address 309 DUNLEIGH COURT				^M 10	1	D 31		/ Y	2023 Y	Y				
	City MADISON	State MS	Zip Code 39110-6806				-			7661694					
	FEC ID number of contributing federal political committee.	C			mount	10	⊨acn	кес	seipt th	is Perio 30	d).76				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) r Acct Exe Acct Opt Out Mk	Memo Item											
	Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 338.36	P	P/R Ded	lucti	ion (\$1	5.3	8 Bi-We	eekly)	kly)				
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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	(UnitedHealth Group P/	AC)
A. Full Name of Individual (Last, First, Middle Initial PAIK, JESSICA, , , Mailing Address 18 BUTTONWOOD LANE EAST	State	Zip Code	Date of Receipt 10 / 31 / 2023 Transaction ID : PR2575783169411
FEC ID number of contributing federal political committee.	C	07760-1010	Amount of Each Receipt this Period
Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Bus	cupation (for Individual) s Unit CEO e Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial MADDUX, SUSAN, , , Mailing Address 16426 FARMERS MILL LANE City	l) or Full O	Organization Name	Date of Receipt 10 / 31 / 2023 Transaction ID : PR2575783869411
CHESTERFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		63005-4549	Amount of Each Receipt this Period 398.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4193.04	P/R Deduction (\$199.00 Bi-Weekly)
C. Full Name of Individual (Last, First, Middle Initial SUAREZ, MARIO, , , Mailing Address 21294 SMOKEHOUSE CT	l) or Full O	Organization Name	Date of Receipt
City ASHBURN FEC ID number of contributing federal political committee.	State VA	Zip Code 20147-5316	Transaction ID : PR2575787369411 Amount of Each Receipt this Period 76.92
Name of Employer (for Individual) Optum Services, Inc	VP F	cupation (for Individual) Product e Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
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	NAME OF COMMITTEE (In Full)																	
$\Big\rangle$	UnitedHealth Group Incorporated	d PAC (I	Un	itedHealth Group PA	AC)													
Α.	Full Name of Individual (Last, First, Middle Initia BERGDOLL, JENNIFER, , ,	al) or Full O	rgar	nization Name		Date of Receipt												
	Mailing Address 230 HARRIS PEAK ST																	
	City	State		Zip Code		Trans	sacti	io	n ID : F	R2575	7937	76941 ⁻	1					
	LAS VEGAS	NV		89138-6351	Amount of Each Receipt this Period													
	FEC ID number of contributing federal political committee.	С			76.92													
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) ble Team		М	emc	5 I	tem									
	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		-	846.12	'	P/R Dec	ducti	ior	า (\$38.4	6 Bi-W	'eekl	y)						
B.	Full Name of Individual (Last, First, Middle Initia MAURER, CARRIE, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 10204 NEWPORT PATH					10 ^M	/	I	D D 31	/ Y)23	Y					
	City	State		Zip Code		Trans	acti	io	n ID : P	R2575	7981	69411						
	WOODBURY	MN		55129-4428		Amoun	t of	Е	ach Re	ceipt tl	nis P	Period						
	FEC ID number of contributing federal political committee.	С				400.00 Memo Item												
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) gment CMO														
	Receipt For:	Aggregate	Yea	r-to-Date ▼														
	Primary General Other (specify) ▼		4200.00						P/R Deduction (\$200.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia SANKEN, SARA, , ,	al) or Full O	rgar	nization Name		Date o	f Re	ece	eipt									
	Mailing Address 3018 ASPEN LAKE DRIVE	-				10 ^M	/	l	D D D 31	/ Y)23 [°]	Y					
	City	State		Zip Code		Trans	sact	io	n ID : F	R2575	798	56941	1					
	BLAINE	MN		55449-7517	_	Amoun	t of	E	ach Re	ceipt tl	nis P	Period						
	FEC ID number of contributing federal political committee.	С				Ē		,		9	_	28.0)8					
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) ble Team		Μ	emo	o I	ltem									
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	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose d		oliciting	con	tributi	ons		
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (I	JnitedHeal	th Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia WIX, LACOSTA, , ,	al) or Full O	rganization Nar	ne		Date of Receipt									
	Mailing Address 402 JULIA STREET APARTMENT 403					10 / D D / Y Y Y Y 10 31 2023									
	City NEW ORLEANS	State LA	Zip Code 70130-36		Transaction ID : PR2575800069411 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indi ssc Gen Couns	,	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	846.12	Р	/R Ded	ucti	on (\$3	8.4	6 Bi-We	ekly)			
в.	Full Name of Individual (Last, First, Middle Initia GALIAN, SANDRA, , ,	al) or Full O	rganization Nar	ne		Date of	Re	eceipt							
	Mailing Address 120 SEQUAMS LANE WEST					10 ^M	/	D 3		/ Y	y 202	23	Y		
	City WEST ISLIP	State NY	Zip Code 11795-45	49						R25758 ceipt th					
	FEC ID number of contributing federal political committee.	С				76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Ind Ntwk Prgms		Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	846.12	P/R Deduction (\$38.46 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia RUSSELL, LAURIE, , ,	al) or Full O	rganization Nar		Date of	Re	eceipt								
	Mailing Address 3108 SONIA DRIVE					^M 10	/	D 3		/ Y	202	23	Y		
	City LAS VEGAS	State NV	Zip Code 89107-32	46				-		R25758					
	FEC ID number of contributing federal political committee.	С						y .				78.0	0		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indi Govt Affs	vidual)		M	emo	b Item							
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Any information	copied from such Reports and	Statements ma	ay not be sold or used by any p	erson fo	13 or the	purr	14 Dose of	15 soliciting	16 contribut	l 17 tions				
or for commercia	al purposes, other than using th		ddress of any political committee											
\mathbf{A}	OMMITTEE (In Full)													
/	· · ·	`	UnitedHealth Group PA	4C)										
Full Name of A. LATINO, D.	Individual (Last, First, Middle In AYNA, , ,	nitial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Addre	^{SS} 41 BROOK CROSSING EXT	ENSION			^M 10	1	31) / Y	y y 2023	Y				
City		State	Zip Code		Trans	acti	on ID :	PR25758	81326941	1				
ELLINGTON		СТ	06029-2247	A	۱mount	of	Each F	Receipt th	nis Period					
FEC ID numb federal politica	per of contributing al committee.	С			126.93									
	bloyer (for Individual) Care Services Inc		upation (for Individual) ef of Staff		Me	emo	ltem							
Receipt For:		I	Year-to-Date ▼	\neg										
Primary Other (s	General specify) ▼		896.13] P.	P/R Deduction (\$88.47 Bi-Weekly)									
	Individual (Last, First, Middle In IAN, STEPHEN, , ,	hitial) or Full O	rganization Name		Date of	Re	ceipt							
	SS 428 8TH ST				^M 10	1	31		2023	Y				
City		State	Zip Code		Transa	acti	on ID :	PR25758	81346941	1				
HUNTINGTO	N BEACH	CA	92648-4629	A	۱mount	of	Each F	Receipt th	nis Period					
FEC ID numb federal politica	per of contributing al committee.	С							76.9	92				
	oloyer (for Individual) Care Services Inc		upation (for Individual) Clin Affordability		Me	emo	Item							
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 846.12	P/	P/R Deduction (\$38.46 Bi-Weekly)									
			7											
C. TAYLOR,	Individual (Last, First, Middle In DUSTIN, , ,	nitial) or Full O	rganization Name	C	Date of	Re	ceipt							
	ss 5430 E BLOOMFIELD RD				10 ^M	/	31	J L	2023					
City SCOTTSDAL	F	State AZ	Zip Code 85254-4202						81816941	1				
		, \2	JJ2J7-72U2	#	Amount	t of	⊢ach F	Receipt th	nis Period					
FEC ID numb federal politica	per of contributing al committee.	С					J		76.9	92				
United Health	bloyer (for Individual) Care Services Inc		upation (for Individual) n Pres Ntwk Mgmt		Me	emo	tem							
Receipt For:		Aggregate	Year-to-Date ▼											
Primary Other (s			846.12] P.	/R Ded	lucti	on (\$38	8.46 Bi-We	eekly)					
SUBTOTAL of I	Receipts This Page (optional)			.					280.	7				
TOTAL This Pe	riod (last page this line number	only)					7	, , , ,						

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)									
	•		Detailed Summary Page	X 11a		11b	11c	12	47				
			y not be sold or used by any p										
\		ame and ac	ddress of any political committee	e to solicit co	ontrib	utions t	rom suc	n committ	ee.				
	· ,		laite di le alth Oraun D										
United Health G	roup incorporated	PAC (L	JnitedHealth Group PA	AC)									
Full Name of Individua MCNATT, RICHAR	l (Last, First, Middle Initial) D, , ,) or Full Or	rganization Name	Date of	of Re	ceipt							
Mailing Address 4945	CANDACRAIG			10	M /	31) / Y	2023	Y				
City		State	Zip Code	Tran	sacti	on ID :	PR2575	82496941	1				
ALPHARETTA		GA	30022-6340	Amour	nt of	Each R	leceipt t	his Period					
FEC ID number of con federal political commit	U U	С		384.60									
Name of Employer (for	,	Occu SVP	ipation (for Individual)		Nemo	Item							
United HealthCare Server Receipt For:													
Primary	General	Aggregate	Year-to-Date ▼		ducti	مم (¢10	0 00 D: 1						
Other (specify)	,		4230.60	P/R De	auctio	on (\$19	2.30 Bi-\	леекіу)					
	I (Last, First, Middle Initial)) or Full Or	rganization Name										
B. SCHMITT, MARIE,				Date of	of Re								
Mailing Address 3045	25TH AVENUE	1		10	VI /	31		2023	Y				
City		State	Zip Code					83006941	1				
SAN FRANCISCO		CA	94132-1541	Amour	nt of	Each R	leceipt t	his Period					
FEC ID number of cor federal political commit	0	С				,	-	76.	92				
Name of Employer (for United HealthCare Serv	,		upation (for Individual) VP CInt Relationship		Nemo	Item							
Receipt For:			Year-to-Date V	_									
Primary	General	Ayyreyale			ductic	n (¢20		lookhy)					
Other (specify)	/		846.12		aucii	JII (\$30.	.46 Bi-W	eekiy)					
Full Name of Individua C. HARPER, JENNI	l (Last, First, Middle Initial)) or Full Or	rganization Name	Date	of Re	ceint							
Mailing Address 8206					M /) / Y	Y Y	Y				
			1	10		31	JL	2023					
City SAINT LOUIS PARK		State MN	Zip Code 55426-1904					83556941	1				
			00420-1904	Amour	nt of	Each R	leceipt t	his Period					
FEC ID number of con federal political commit	U	С			_	y	, j	398.	00				
Name of Employer (for Optum Services, Inc	Individual)		ipation (for Individual) ity Gen Counsel		Memo	Item							
Receipt For:		Aggregate `	Year-to-Date 🔻										
Other (specify)	General		4193.04	P/R De	educti	on (\$19	9.00 Bi-'	Weekly)					
SUBTOTAL of Receipts	This Page (optional)							859.	52				
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FOR LINE NUMBER:

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		Detailed Summary Page		11a 13	-	11b	11c	12	17					
		l ay not be sold or used by any p ddress of any political committed		or the p		oose of	soliciting	g contribu	tions					
NAME OF COMMITTEE (In		,,				- **								
\ \	,	UnitedHealth Group P	AC)											
Full Name of Individual (Last A. JERDE, MARY, , ,	t, First, Middle Initial) or Full O	rganization Name	D	Date of Receipt										
Mailing Address 9324 N AEF	RIE CLIFF			^M 10	/	D D 31	/ Y	y y 2023	Y					
City	State AZ	Zip Code		Transa	acti	ion ID : I	PR25758	83746941	1					
FOUNTAIN HILLS		85268-6358	A	mount	of	Each Re	eceipt th	is Period						
FEC ID number of contributin federal political committee.	C		115.38											
Name of Employer (for Indivi United HealthCare Services In		upation (for Individual) Med Clin Ops	Memo Item											
Receipt For:		Year-to-Date V												
Primary Gene Other (specify) ▼	Pral	1269.18	P/	R Ded	uctio	on (\$57.)	69 Bi-We	ekly)						
Full Name of Individual (Last MANDELL, WILLIAM, , ,	t, First, Middle Initial) or Full O	rganization Name	D	Date of	Re	ceipt								
Mailing Address 720 MISSIO	N HILL WAY			^M 10	1	D D D 31	/ Y	y y 2023	Y					
City	State	Zip Code 80921-2672						33786941						
COLORADO SPRINGS		00321-2072		mount	of	Each Re	eceipt th	iis Period						
FEC ID number of contributin federal political committee.	C		14	_	-		-	28.						
Name of Employer (for Indiv Optum Services, Inc	,	upation (for Individual) Med Dir		Me										
Receipt For:		Year-to-Date 🔻												
Primary Gene Other (specify) ▼		308.88	P/I	P/R Deduction (\$14.04 Bi-Weekly)										
Full Name of Individual (Last C. HARRISON, CHARLE	t, First, Middle Initial) or Full O S, , ,	rganization Name	Date of Receipt											
Mailing Address 10603 MILL	ET SEED HILL			^M 10	/	31	/ Y	y 2023	Y					
City	State	Zip Code				-		84036941						
COLUMBIA	MD	21044-4150	A	mount	of	Each Re	eceipt th	is Period						
FEC ID number of contribution federal political committee.	C					,	5	28.	08					
Name of Employer (for Indivi Optum Services, Inc	idual) Occu Med	upation (for Individual) I Dir		Me	emo	tem								
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		308.88	P/	'R Ded	ucti	on (\$14.	04 Bi-We	eekly)						
SUBTOTAL of Receipts This F	Page (optional)					9	. ,	171.	54					
TOTAL This Period (last page	this line number only)					-	-							

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or	y information copied from such Reports and State for commercial purposes, other than using the na			rson for the purpose of soliciting contributions								
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	.C)								
Α.	Full Name of Individual (Last, First, Middle Initial) BOROCH, BLAIR, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 800 BELFRY DRIVE	State	Zin Code	10 / D / Y Y Y Y 10 31 2023								
	City BLUE BELL	State PA	Zip Code 19422-1210	Transaction ID : PR2575849969411								
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	oggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
	Full Name of Individual (Last, First, Middle Initial) AAFEDT, MATTHEW, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 5104 SKYLINE DRIVE			10 / Y Y Y Y 10 31 2023								
	City EDINA	State MN	Zip Code 55436-1354	Transaction ID : PR2575864169411 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		384.60								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg Bus Dev	Memo Item								
	Receipt For: A Primary General Other (specify) ▼	aggregate	Year-to-Date ▼ 384,60	P/R Deduction (\$192.30 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) COTTINGTON, NYLE BRENT, , ,	or Full O	rganization Name	Date of Receipt								
	Mailing Address 15050 47TH STREET NE			10 / Y Y Y Y 2023								
	City SAINT MICHAEL	State MN	Zip Code 55376-1613	Transaction ID : PR2575865369411								
		С		Amount of Each Receipt this Period 384.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment Controller	Memo Item								
	Receipt For: A Primary General Other (specify)	ggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
s	JBTOTAL of Receipts This Page (optional)		>	1153.80								
т	OTAL This Period (last page this line number only	/)										

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			Detailed Summary Page		13		14		15	16	17			
or for commercial	purposes, other than using		ay not be sold or used by any p ddress of any political committee											
\setminus NAME OF CON	/MITTEE (In Full)													
	alth Group Incorpora	ated PAC (I	JnitedHealth Group PA	AC)										
A. ADAMO, BR		Initial) or Full O	rganization Name	C	Date of Receipt									
	3109 E DESERT LN			1[10 / Y Y Y Y 2023									
City		State AZ	Zip Code		Transa	acti	on ID) : P	R25758	86786941	11			
PHOENIX		AZ	85042-7198	A	mount	of	Each	Re	ceipt th	is Perioc	1			
FEC ID number federal political	0	С					,		-9-	76	.92			
Name of Emplo	yer (for Individual) , Inc		upation (for Individual) Software Engineering		Me	emo	Item							
Receipt For:		Aggregate	Year-to-Date ▼											
Primary Other (sp	General ecify) ▼		846.12	P/	R Dedu	uctio	on (\$3	38.4	6 Bi-We	ekly)				
Full Name of Ir B. PEZHMAN,	ndividual (Last, First, Middle PAYMAN, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt							
Mailing Address	2825 MAPLEWOOD CIRC	LEE			10 / D D / Y Y Y Y 2023									
City		State	Zip Code		Transa	actio	on ID	: P	R25758	8356941	1			
WAYZATA		MN	55391-2633	A	Amount of Each Receipt this Period									
FEC ID number federal political	0	С			384.60 Memo Item									
•	oyer (for Individual) are Services Inc		upation (for Individual) Deputy Gen Counsel											
Receipt For: Primary Other (sp	General ecify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/	P/R Deduction (\$192.30 Bi-Weekly)									
	idividual (Last, First, Middle SON, KRISTIE, , ,	Initial) or Full O	rganization Name	C	ate of	Re	ceipt							
Mailing Address	3 139 BALL GAP ROAD				^M 10	/	D 3	^D 81	/ Y	2023 Y	Ŷ			
City		State NC	Zip Code				-			3909694 ⁻				
ARDEN			28704-8748	A	mount	of	Each	Re	ceipt th	is Perioc	1			
FEC ID number federal political	0	С		15	_		,		y	400	.00			
	yer (for Individual) are Services Inc		upation (for Individual) Ops		Me	emo	ltem	I						
Receipt For:		Aggregate	Year-to-Date V											
Other (sp	General ecify)		4200.00	P/	'R Dedi	uctio	on (\$2	200.	00 Bi-W	/eekly)				
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ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the	(check only one)							
		Detailed Summary Page	X 11a 11b 11c 12							
			13 14 15 16 17 verson for the purpose of soliciting contributions							
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		_								
/ UnitedHealth Group Incorpora	ated PAC (UnitedHealth Group P	4C)							
Full Name of Individual (Last, First, Middle A. SCHMUKER, ERIN, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 2575 TALL TIMBER COUF	RT SE		10 31 2023							
City	State	Zip Code	Transaction ID : PR2575906669411							
GRAND RAPIDS	MI	49546-6787	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		398.00							
Name of Employer (for Individual) UHC International Services Inc		upation (for Individual) P Gen Mgmt	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General		4400.00	P/R Deduction (\$199.00 Bi-Weekly)							
Other (specify) v		4198.23								
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name								
B. ALT, ROBERT, , ,			Date of Receipt							
Mailing Address 813 FERNWOOD ROAD	0	7	10 / D D / Y Y Y Y 2023							
City MOORESTOWN	State NJ	Zip Code 08057-1362	Transaction ID : PR2575907369411							
		00037 1302	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		28.08							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Primary General		200.00	P/R Deduction (\$14.04 Bi-Weekly)							
Other (specify) v		308.88								
Full Name of Individual (Last, First, Middle C. MARGHERIO, MICHAEL, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 6412 JEFFERSON STREE	T		10 31 2023							
City	State	Zip Code	Transaction ID : PR2575916369411							
KANSAS CITY	MO	64113-1542	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		76.92							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) KA VP SIs Acct Mgt	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		846.12	P/R Deduction (\$38.46 Bi-Weekly)							
Other (specify)		040.12	1							
SUBTOTAL of Receipts This Page (optional)			503.00							
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	y information copied from such Reports and State for commercial purposes, other than using the na				for the		rpos	se of	soliciting	g contrib	utions		
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial) CZAJKA, DAVID, , ,	or Full Or	ganization Name		Date c	of Re	ece	ipt					
	Mailing Address 8590 BIG MANGROVE DRIVE				^M 10	/	′	D D 31	/ Y	y y 2023	Y		
	City	State	Zip Code		Tran	sact	tion	1D : I	PR2575	9186694	11		
	FORT MYERS	FL	33908-7694	/	Amour	nt of	Ea	ach Re	eceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С		38.46									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ir People Team		N	lemo	o It	em					
	Receipt For:	Aggregate `	Year-to-Date 🔻										
	Primary General Other (specify) ▼	423.06] P	P/R De	ducti	tion	(\$19.	23 Bi-W	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial) OLSON, TRUDY, , ,	or Full Or	ganization Name		Date o	of Re	ece	ipt					
	Mailing Address 7208 WOODDALE AVE SOUTH				[™] 10	/		D D 31	/ Y	2023	Y		
	City	State	Zip Code		Tran	sact	tion	ID : I	PR2575	9187694	11		
	EDINA	MN	55435-4156	/	Amour	nt of	Ea	ach Re	eceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С			76.92								
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) People Team		Memo Item								
	Receipt For:	Aggregate `	Year-to-Date 🔻										
	Primary General Other (specify) ▼		, 846.12] P	P/R Deduction (\$38.46 Bi-Weekly)								
с.	Full Name of Individual (Last, First, Middle Initial) MCGOLDRICK, CHRISTOPHER, , ,	or Full Or	ganization Name		Date o	of Re	ece	ipt					
	Mailing Address 48 MOUNTAIN TERRACE ROAD)			^M 10	/		^D 31	/ Y	y y 2023	Y		
	City	State	Zip Code		Tran	sact	tior	ו ID :	PR2575	9304694	111		
	WEST HARTFORD	СТ	06107-1533	/	Amour	nt of	Ea	ach Re	eceipt th	nis Perio	d		
	FEC ID number of contributing federal political committee.	С					9		, y	384	4.60		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) P SIs & Bus Dev		N	/lemo	o It	em					
	Receipt For:	Agaregate `	Year-to-Date ▼										
	Primary General Other (specify)		4230.60] F	P/R De	duct	tion	(\$192	2.30 Bi-\	Veekly)			
s	UBTOTAL of Receipts This Page (optional)						y		. ,	499	9.98		
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page		11a		11k		11c	12	· _					
An	y information copied from such Reports and Stat	ements ma	ay not be sold or used by any n	erson f	13 or the	purr	14 pose		15 liciting	contribut	17 ions					
or	for commercial purposes, other than using the na															
\backslash	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	PAC (I	JnitedHealth Group P	AC)												
Α.	Full Name of Individual (Last, First, Middle Initial MATTERA, RICHARD, , ,) or Full O	rganization Name		Date of	Re	eceir	pt								
	Mailing Address 640 LOCUST HILLS DRIVE															
		Ctoto	Zin Codo	4	10 31 2023 Transaction ID : PR2575938469411											
	City WAYZATA	State MN	Zip Code 55391-1973				-			3846941 is Period	<u> </u>					
	FEC ID number of contributing				Anoun	. 01	Lau									
	federal political committee.	С					-		-	384.6	iO					
	Name of Employer (for Individual)	Осси	upation (for Individual)	_	M	emo) Ite	em								
	United HealthCare Services Inc	UHC	G Chief Dev Officer													
		Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		4230.60] P	/R Ded	lucti	on ((\$192.	30 Bi-W	/eekly)						
в.	Full Name of Individual (Last, First, Middle Initial RILEY, FELICITY, , ,) or Full O	rganization Name		Date of	Re	eceip	pt								
	Mailing Address 3330 EDMUND BLVD				^{м м} 10	/	D	31	/ Y	2023	Y					
	City	State	Zip Code		Trans	acti	ion l	ID : P	R25759	4336941						
	MINNEAPOLIS	MN	55406-2348	_ /	Amount	t of	Eac	ch Re	ceipt th	is Period						
	FEC ID number of contributing federal political committee.	С		384.60												
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	upation (for Individual) Tax		M	emo) Ite	em								
		Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		4230.60	P.	/R Ded	uctio	on ((\$192.:	30 Bi-W	/eekly)						
С.	Full Name of Individual (Last, First, Middle Initial DONAHUE, JEANINE, , ,) or Full O	rganization Name		Date of	Re	eceip	pt								
	Mailing Address 164 MORNINGSIDE DRIVE				^M 10	1	L	31		2023 Y						
	City MANDEVILLE	State LA	Zip Code 70448-7571							95926941	4					
	FEC ID number of contributing			′	Amount	OT	Eac	ch Re	ceipt th	is Period	_					
	federal political committee.	С				-	y		y	76.9	2					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Prgms		M	emo	o Ite	em								
		Aggregate	Year-to-Date ▼													
	Other (specify)		846.12] P	/R Ded	lucti	ion ((\$38.4	6 Bi-We	eekly)						
s	UBTOTAL of Receipts This Page (optional)								4	846.1	2					
Т	OTAL This Period (last page this line number on	ly)		•			-		-							

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	λC)
Α.	Full Name of Individual (Last, First, Middle Initia LEMKE, HEATHER, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 4135 TRILLIUM LANE EAST	State	Zip Code	10 / D D / Y Y Y Y 10 / 31 / 2023
	MINNETRISTA	MN	55364-7730	Transaction ID : PR2575965869411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		396.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) People Team	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4206.07	P/R Deduction (\$198.00 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia FRANK, DANIEL, , ,	l) or Full C	Organization Name	Date of Receipt
	Mailing Address 1373 PRAIRIE MEADOW RD			10 ^D ^D ^D ^Y ^Y ^Y ^Y ^Y ^Y ^Y
	City MINNETRISTA	State MN	Zip Code 55359-6701	Transaction ID : PR2575970469411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) ief Clin Off	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia DICELLO, MARK, , ,	l) or Full C	Drganization Name	Date of Receipt
	Mailing Address 619 SAND CRANE CT	1-		10 / D D / Y Y Y Y 2023
	City BRADENTON	State FL	Zip Code 34212-5226	Transaction ID : PR2575977969411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) gn Pres Ntwk Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		····· •	808.60
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SCHEDULE A (FEC Form 3X)

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17			Use separate schedule(s)	(check on	ly or	e)	-		
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a		11b	11c	12	
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	y information copied from such Reports and Station for commercial purposes, other than using the n								
$\overline{)}$	NAME OF COMMITTEE (In Full)								
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initia SIEBERT, GREGORY, , ,	l) or Full O	rganization Name	Date o	f Re	ceipt			
	Mailing Address 46 VIA BELLEZA			10	/	D D D 31	/ Y	y y 2023	Y
	City SAN CLEMENTE	State CA	Zip Code 92673-6910					9 7966941 is Period	1
	FEC ID number of contributing								
	federal political committee.	С			_	y		200.	00
	Name of Employer (for Individual)	Оссі	upation (for Individual)	N	lemo	Item			
	United HealthCare Services Inc	VP I	Ntwk Contrctng						
		Aggregate	Year-to-Date 🔻						
	Primary General		2200.00	P/R De	ducti	on (\$100).00 Bi-V	Veekly)	
	Other (specify) v	L	2200.00						
в.	Full Name of Individual (Last, First, Middle Initia RICHARDS, ALISON, , ,	l) or Full O	rganization Name	Date o	f Re	ceipt			
	Mailing Address 257 WEST GRANTLEY			10	/	31	/ Y	y y 2023	Y
	City	State	Zip Code	Trans	acti	on ID : I	PR25759	8796941	1
	ELMHURST	IL	60126-2237	Amoun	t of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				,	-	384.	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) sion CEO	N	lemo	Item			
	Descript For:	Aggregate	Year-to-Date ▼	-					
	Primary General Other (specify) ▼		4230.60	P/R Dec	ductio	on (\$192	2.30 Bi-W	/eekly)	
С.	Full Name of Individual (Last, First, Middle Initia GOLD, PAMELA, , ,	l) or Full O	rganization Name	Date o	f Re	ceipt			
	Mailing Address 2821 E SWISS OAKS DR			10 ^M		31	/ Y	2023	Y
	City	State	Zip Code	Tran	sact	on ID :	PR25759	98866941	1
	SANDY	UT	84093-6587	Amoun	t of	Each R	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				9	9	28.	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)	N	lemo	Item			
	Poppint For:		KA VP SIs Acct Mgt	-					
	Primary General	Aggregate	Year-to-Date ▼						
	Other (specify)		308.00	P/R De	ducti	on (\$14.	00 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)							612.	60
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	y information copied from such Reports and Stat for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)	anie anu a	duress of any political com	millee		Until	Julions	110111 5			niee			
	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group	p PA	C)									
/	Full Name of Individual (Last, First, Middle Initial	l) or Full O	rganization Name											
Α.	SCHULTZ, STACY, , ,	-			Date	of Re	eceipt							
	Mailing Address 4012 S XERXES AVENUE				M 10	M /	31	D /		y y 2023	Y	1		
	City	State	Zip Code		Trar	nsact	ion ID :	PR25	75990)9694	111			
	MINNEAPOLIS	MN	55410-1146		Amou	nt of	Each F	Receipt	this	Perio	d			
	FEC ID number of contributing federal political committee.	С					-	7		76	6.92			
	Name of Employer (for Individual)	Осси	upation (for Individual)		1 🗆 י	Vemo	b Item							
	United HealthCare Services Inc	Bus	Segment Gen Counsel		_									
		Aggregate	Year-to-Date 🔻											
	Primary General		846.12	,	P/R De	educti	ion (\$38	3.46 Bi-	Weeł	<ly)< td=""><td></td><td></td></ly)<>				
	Other (specify) V													
— •	Full Name of Individual (Last, First, Middle Initial BRIGGS, MARC, , ,	l) or Full O	organization Name		Data	of De	agint							
D.	Mailing Address 13534 TUSCALEE HILL CIR				Date		ceipt				V			
	Maning Address 13534 TUSCALEE HILL CIK				10 31 2023									
	City	State	Zip Code	Trar	sact	ion ID :	PR257	76001	6694	11				
	DRAPER	UT	84020-5653		Amou	nt of	Each F	Receipt	this	Perio	d			
	FEC ID number of contributing federal political committee.	С				-			384	4.60				
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual)		Memo Item									
	Possint For:	Aggregate	Year-to-Date ▼		_									
	Primary General	riggrogato		-	P/R De	ducti	on (\$10	02 30 B	i-Woo					
	Other (specify) v		4230.60	0		Juucu	011 (Φ13	JZ.30 D		, KIY)				
с.	Full Name of Individual (Last, First, Middle Initial SCHOENER, SHAUN, , ,	l) or Full O	organization Name		Date	of Re	eceipt							
	Mailing Address 884 LAS PALOMAS DR				10	M /	31			y y 2023	Y	1		
	City	State	Zip Code		1	_	ion ID	- 1	-	1.0	411			
	LAS VEGAS	NV	89138-5001				Each F							
	FEC ID number of contributing federal political committee.	С					,	,			2.68			
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) KA VP SIs Acct Mgt			Memo	o Item							
	Possint For:		Year-to-Date ▼		1									
	Primary General			P/R De	educt	ion (\$16	6.34 Bi-	Weel	klv)					
Other (specify)			359.48	5						57				
	UBTOTAL of Receipts This Page (optional)						, .		-	494	4.20			

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated	d PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia SONERHOLM, KIMBERLY, , , Mailing Address 12389 FOXTAIL RUN AVENUE		rganization Name	Date of Receipt
	City	State	Zip Code	10 31 2023 Transaction ID : PR2576033269411
	LAS VEGAS	NV	89138-6279	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Health Plan of Nevada		upation (for Individual) Plan CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia HOLZERSPARR, CYNTHIA, , ,	al) or Full C	Prganization Name	Date of Receipt
	Mailing Address 30 BRIDGHAM FARM ROAD			M M / D D / Y Y Y Y 10 31 2023
	City	State	Zip Code	Transaction ID : PR2576034869411
	RUMFORD	RI	02916-1304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initia MOSHER, MATTHEW, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 4201 SUNSET DRIVE #108	-		10 / D D / Y Y Y Y 2023
	City SPRING PARK	State MN	Zip Code 55384-4515	Transaction ID : PR2576038569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Info Tech	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 833.20	P/R Deduction (\$41.66 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			496.00
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\Big\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (UnitedHealth Group PA	.C)
A.	Full Name of Individual (Last, First, Middle Initial BYRNES, CHRISTOPHER, , ,) or Full C	organization Name	Date of Receipt
	Mailing Address 3920 GLENWOOD STREET	Chata	Zie Oode	10 / D D / Y Y Y Y 10 31 2023
	City DULUTH	State MN	Zip Code 55804-1403	Transaction ID : PR2576042869411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial STONE, LAURA, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 1485 COUNTY RD 286			10 31 2023
	City COLLINSVILLE	State TX	Zip Code 76233-2389	Transaction ID : PR2576045169411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial GROENENDAAL, MICHAEL, , ,) or Full C	Organization Name	Date of Receipt
	Mailing Address 620 FOREST AVENUE	1 -		10 / D D / Y Y Y Y 10 31 2023
	City RIVER FOREST	State IL	Zip Code 60305-1710	Transaction ID : PR2576046269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Executive Compensation	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		····· •	489.52
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	y information copied from such Reports and State for commercial purposes, other than using the na				or the		pose of		iting	contribu					
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\sum	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group P	AC)											
A.	Full Name of Individual (Last, First, Middle Initial) NELSON, KRISTA, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 18202 SHAVERS LAKE DRIVE				м м 10	1	D 31		Y	y y 2023	Y				
	City	State	Zip Code		Trans	sacti	ion ID :	: PR2	57604	4796941	1				
	WAYZATA	MN	55391-3338	/	Amoun	t of	Each F	Receip	ot this	s Period					
	FEC ID number of contributing federal political committee.	С					-		,	384.					
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) UHC Operations		М	emo	ttem								
	Receipt For:	Aggregate	Year-to-Date 🔻												
	Primary General Other (specify) ▼		4230.60] P	/R Dec	ducti	on (\$19	92.30	Bi-We	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial) CARTER, JEREMY, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 1081 LAKE SUSAN DR				M M	/	D 31		Y	y y 2023	Y				
	City	State	Zip Code		Trans	acti	on ID :	PR25	57604	4956941	1				
	CHANHASSEN	MN	55317-9337	/	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					-		,	23.	06				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ir Tax		Memo Item										
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 253.66	P	P/R Deduction (\$11.53 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initial) MONICAL, KENT, , ,	or Full Or	ganization Name		Date o	f Re	eceipt								
	Mailing Address 9795 E PIEDRA DRIVE				^M 10	J.	D 31		L	y 2023					
	City SCOTTSDALE	State AZ	Zip Code 85255-9231							5136941	1				
			00200-9201	/	Amoun	t of	Each F	Receip	ot this	s Period					
	FEC ID number of contributing federal political committee.	С					,		,	384.	60				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) cEO		M	emc	tem Item								
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	y information copied from such Reports and Stat for commercial purposes, other than using the na													
\setminus	NAME OF COMMITTEE (In Full)													
$\Big/$	UnitedHealth Group Incorporated	PAC (I	JnitedH	ealth Group PA	NC)									
^	Full Name of Individual (Last, First, Middle Initial HUANG, JAMES, , ,) or Full O	rganization	Name		Data a	F Do	opint						
Α.	Mailing Address 6838 IDLEWOOD WAY				-	Date of		· ·	D (V	V	Y	V	
						10	ľ	31	D /	T	20		T	
	City	State MN	Zip Co			Trans	acti	on ID	: PR2	25760)599(69411		
	EDEN PRAIRIE		5534	16-3519	_	Amoun	t of	Each I	Rece	ipt th	is Pe	əriod		
	FEC ID number of contributing federal political committee.	С								-		76.9	2	
	Name of Employer (for Individual)	Occi	upation (for	Individual)	-	M	emo	Item						
	Optum Services, Inc	VP I	Bus Group	Fin Leader										
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	Primary General			846.12		P/R Dec	lucti	on (\$38	8.46 I	Bi-We	ekly	')		
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	Full Name of Individual (Last, First, Middle Initial) or Full O	rganization	Name										
Β.	REX, JOHN, , ,					Date of	f Re	ceipt						
	Mailing Address 503 HARRINGTON ROAD		Zip Co		10 / D D / Y Y Y Y 2023									
	City WAYZATA	State MN	-			on ID :								
			0009	1-1512	_	Amoun	t of	Each I	Rece	ipt th	is Pe	eriod		
	FEC ID number of contributing federal political committee.	С				Ľ.			_	-		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for G CFO	Individual)		М	emo	Item						
	Receipt For:	Aggregate	Year-to-Da	te 🔻										
	Primary General			4000.60		P/R Ded	uctio	on (\$19	92.30	Bi-W	/eekl	V)		
	Other (specify) v		<u> </u>	4230.60				ζ.						
C.	Full Name of Individual (Last, First, Middle Initial MCEWAN, JOSHUA, , ,) or Full O	rganization	Name		Date of	f Re	ceipt						
	Mailing Address 4916 ALDRICH AVE SOUTH					MM	/	D		Y		Y	Y	
	City	Ctoto	Zin Co		_	10 T rong		31	_	0570	202	1. A		
	City MINNEAPOLIS	State MN	Zip Co 5541	9-5353	-	Amoun		ion ID						
	FEC ID number of contributing					Amoun			nece	ipt in	IS FE	FIIOU	-	
	federal political committee.	C				Ļ.	-	y		9		384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP 1	•	Individual)		M	emc	ltem						
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	Primary General	4230.60				P/R Dec	lucti	on (\$1	92.30) Bi-V	Veek	ly)		
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\backslash	NAME OF COMMITTEE (In Full)																			
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Α.	FREIBERG, BRIAN, , , Mailing Address 9605 LEXINGTON CT				- '	Date of	_													
	Walling Address 9605 LEXINGTON CT				10 / 10 / Y Y Y Y 10 / 31 2023															
		State	Zip Code			Trans	acti	ion	ID : P	R2576	0936694	11								
	WESTON	WI	54476-6730		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	C			153.84															
	Name of Employer (for Individual)	Осси	upation (for Individual)		Me	emo	o Ite	em												
	United HealthCare Services Inc	VP (Cust Strategy																	
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	Other (specify) ▼		1692.24		P	P/R Ded	uctio	ion ((\$264.	42 Bi-V	Veekly)									
В.	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name			Date of	Re	ecei	pt											
	Mailing Address 36218 SE SAINT ANDREWS LAN	E		10								M / D D / Y Y Y Y								
	,	State	Zip Code		Transaction ID : PR2576097369411															
	SNOQUALMIE	WA	98065-9094		Amount of Each Receipt this Period															
	FEC ID number of contributing federal political committee.	0					-		-9	30	0.76									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Memo Item															
		ggregate	Year-to-Date 🔻																	
	Other (specify) ▼		, 338.36		P/R Deduction (\$15.38 Bi-Weekly)															
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name			Date of	Re	ecei	pt											
	Mailing Address 346 COUNTRY CLUB DRIVE					^M 10	/		31	/ Y	2023	Y								
	City : TEQUESTA	State FL	Zip Code 33469-1944								0979694									
			00700 1077			Amount	of	Ead	ch Re	ceipt th	iis Perio	d	_							
	FEC ID number of contributing federal political committee.						_	y	_	y	384	4.60								
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO			M	emo	o Ite	əm											
		ggregate	Year-to-Date 🔻																	
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			Detailed Summary Page	X	11a		11b	11c	12				
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	y information copied from such Reports and S for commercial purposes, other than using the												
\backslash	NAME OF COMMITTEE (In Full)												
$\Big/$	UnitedHealth Group Incorporate	ed PAC (I	UnitedHealth Group PA	AC)									
۹.	Full Name of Individual (Last, First, Middle Ini DAHL, KEVIN, , ,	tial) or Full O	Prganization Name		Date of	Re	ceipt						
	Mailing Address 12500 NW 20TH AVE				^M 10	/	31		Y Y Y 2023	Y			
	City	State	Zip Code		Trans	acti	on ID :	PR257	610026941	1			
	VANCOUVER	WA	98685-2304	A	mount	of	Each F	leceipt 1	this Period	i.			
	FEC ID number of contributing federal political committee.	С					,	1.45	28.	08			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Compli		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) V		308.88	P	/R Ded	uctio	on (\$14	.04 Bi-V	Veekly)				
3.	Full Name of Individual (Last, First, Middle Ini KIEWEL, NATHAN, , ,	tial) or Full O	Prganization Name		Date of	Re	ceipt						
	Mailing Address 1137 PRAIRIE VIEW DR SW				M M 10	/	31		2023	Y			
	City	State	Zip Code		Trans	acti	on ID :	PR2576	611756941	1			
	HUTCHINSON	MN	55350-6725	A	mount	of	Each F	leceipt 1	this Period	i.			
	FEC ID number of contributing federal political committee.	С		28.00									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ncipal Engineer, TLCP		Me	emo	Item						
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		308.00	P/	R Ded	uctio	on (\$14	.00 Bi-V	Veekly)				
с.	Full Name of Individual (Last, First, Middle Ini SANCHEZ, VINCENT, , ,	tial) or Full O	Prganization Name		Date of	Re	ceipt						
	Mailing Address 5025 BRANFORD COURT				^M 10	/	31		2023	Y			
	City DUBLIN	State CA	Zip Code 94568-7241						612696941				
	DOBLIN		94000-7241	A	mount	of	Each F	leceipt	this Period				
	FEC ID number of contributing federal political committee.	С			_		,	,	28.	08			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item						
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	Primary General	33 - 3		L Р	/R Ded	ucti	on (\$14	.04 Bi-V	Veekly)				
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Any information copied from such Reports a	and Statements ma	l ay not be sold or used by any pe	erson f	13 or the	pur	14 pose of	15 soliciting	16 g contribu	l 17 tions					
or for commercial purposes, other than usin														
NAME OF COMMITTEE (In Full)	violated DAC (United Health Oracia DA												
/ UnitedHealth Group Incorpo	brated PAC (United Health Group Pr	4C)											
Full Name of Individual (Last, First, Midd A. LIRETTE, KARL, , ,	lle Initial) or Full C	organization Name	1	Date of	f Re	eceipt								
Mailing Address 9 WEST WOODLAWN E	DRIVE			10 / D D / Y Y Y Y 10 31 2023										
City DESTREHAN	State LA	Zip Code 70047-2535	Transaction ID : PR2576138969411											
FEC ID number of contributing	_		Amount of Each Receipt this Period											
federal political committee.	C				-			76.						
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	emo	o Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify) ▼		846.12	P	/R Ded	lucti	ion (\$38	8.46 Bi-We	ekly)						
Full Name of Individual (Last, First, Midd B. FRIDNER, JOHN, , ,	lle Initial) or Full C	organization Name		Date of	f Re	eceipt								
Mailing Address 782 PENFIELD DR				10 31 2023										
City	State	Zip Code		Trans	acti	ion ID :	PR25761	4756941	1					
CAROL STREAM	IL	60188-4738		Amount	t of	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	С					-11-	4	78.	00					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) NA VP SIs/Gen	Memo Item											
Receipt For:	Aggregate	Year-to-Date ▼												
Other (specify)		, 858.00	P.	/R Ded	ucti	on (\$39	.00 Bi-We	ekly)						
Full Name of Individual (Last, First, Midd C. SCOTT, GARLAND, , ,	lle Initial) or Full C	Prganization Name		Date of	f Re	eceipt								
Mailing Address 111 CASTLE POND DR	IVE			^M 10	/	31		y y 2023	Y					
	State NC	Zip Code 27107						15106941						
		27107	_ /	Amount	t of	Each F	Receipt th	is Period						
FEC ID number of contributing federal political committee.	C					y	y	19.	23					
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		М	emo	o Item								
Receipt For:	Aggregate	Year-to-Date V												
Primary General Other (specify)		403.83	P	P/R Dec	lucti	ion (\$19	9.23 Bi-Wo	eekly)						
SUBTOTAL of Receipts This Page (option	al)	•						174.	15					
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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the				э)		-				
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	y information copied from such Reports and Sta for commercial purposes, other than using the n					ourp				utions	17		
	NAME OF COMMITTEE (In Full)		duress of any political commute	5 10 3				Tom Suc		nice.			
\rangle	UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	AC)									
 A.	Full Name of Individual (Last, First, Middle Initia LENTZ, MICHEL, , ,	l) or Full O	Organization Name		Date of	Rec	ceipt						
	Mailing Address 4004 FOREST GLEN DRIVE				10 ^M	1	31	/ Y	2023	Y			
	City GREENSBURG	State PA	Zip Code 15601-9062						1535694 his Perio				
	FEC ID number of contributing federal political committee.	С							115	5.38			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) cc Dir		Me	emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.18]	P/R Ded	uctio	n (\$57	.69 Bi-W	/eekly)				
B.	Full Name of Individual (Last, First, Middle Initia WARN, ROBERT, , ,	l) or Full O	Organization Name		Date of	Rec	ceipt						
	Mailing Address 2079 AUSTRIAN PINE LN	1-	1		10 / D D / Y Y Y Y 2023								
		State MN	Zip Code 55305-2429						1578694				
	MINNETONKA		55505-2429		Amount	of E	ach R	eceipt t	his Perio	d			
	FEC ID number of contributing federal political committee.	С			Ľ		,		38	3.46			
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) FP&A		Me	emo	ltem						
		Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		423.06		P/R Dedu	uctio	n (\$19.	.23 Bi-W	eekly)				
с.	Full Name of Individual (Last, First, Middle Initia BENSON, JEAN, , ,	l) or Full O	Organization Name		Date of	Rec	eipt						
	Mailing Address 14951 HIGHLAND COURT NE	1 -			^M 10	/	31	JL	2023 Y				
	City PRIOR LAKE	State MN	Zip Code 55372-4109						3109694 his Perio				
	FEC ID number of contributing federal political committee.	С			Ę.		,	, ,	384	1.60			
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n CEO		Me	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60]	P/R Ded	uctic	on (\$19	2.30 Bi-'	Weekly)				
	UBTOTAL of Receipts This Page (optional)			▶ _			7		538	3.44]		
	OTAL This Period (last page this line number on	y)	•••••••	•	land and		7	-		11 A A	_		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Sta for commercial purposes, other than using the r												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC ((UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia PETSCH, JESSE, , ,	al) or Full C	Drganization Name	Date of Receipt									
	Mailing Address 4705 CHOWEN AVE SOUTH	Otata	Zin Oode	10 / D D / Y Y Y Y 10 31 2023									
	City MINNEAPOLIS	State MN	Zip Code 55410-1732	Transaction ID : PR2578705969411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		90.90									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Pharm PA/Appeals	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 318.15	P/R Deduction (\$45.45 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia SAINATO, KRISTIN, , ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 7 CARLTON TER			10 / D D / Y Y Y Y 10 31 2023									
	City STEWART MANOR	State NY	Zip Code 11530-3821	Transaction ID : PR2578715069411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		28.06									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) [.] Clin Qlty	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 308.66	P/R Deduction (\$14.03 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initia COMBSMORGAN, LAURIE, , ,	al) or Full C	Organization Name	Date of Receipt									
	Mailing Address 4334 MOUNT ZION ROAD			10 / D D / Y Y Y Y 10 31 2023									
	City SPRINGFIELD	State TN	Zip Code 37172-7008	Transaction ID : PR2578719869411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		38.40									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Ntwk Contrctng	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 422.40	P/R Deduction (\$19.20 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)		····· •	157.36									
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PAGE 122 OF

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An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements ma name and a	ay not be	e sold or used by any po of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporated	d PAC (l	United	Health Group PA	AC)											
Α.	Full Name of Individual (Last, First, Middle Initia EGELAND, DANIEL, , ,		organizati	ion Name		Date of	Re	eceipt								
	Mailing Address 2659 E LAKE OF THE ISLES P	KWY				^M 10	1		^р 31	/ Y	ү 20)23	Y			
	City MINNEAPOLIS	State MN		Code 5408-1052						R25787 ceipt th						
	FEC ID number of contributing federal political committee.	С					_	- y		-	_	384.6	0			
	Name of Employer (for Individual) Optum Services, Inc		upation(Bus Dev	(for Individual)		M	emo	ltem	ו							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 4230.60	P	P/R Ded	lucti	on (\$	192.:	30 Bi-V	Veek	ly)				
B.	Full Name of Individual (Last, First, Middle Initia DUFFEY, KRISTY, , ,	al) or Full O	organizati	on Name		Date of	Re	eceipt								
	Mailing Address 42095 N 109TH PLACE					10 ^M	/	D	^р 31	/ Y	ү 20	23 23	Y			
	City SCOTTSDALE	State AZ	· · ·	Code 262-3293						R25788 ceipt th						
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	Name of Employer (for Individual) Optum Services, Inc		•	(for Individual) og Officer		M	emo) Item	ו							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 4230.60	P	/R Ded	uctio	on (\$*	192.:	30 Bi-W	/eek	ly)				
c.	Full Name of Individual (Last, First, Middle Initia BUSBEE, NATHANAEL, , ,	al) or Full O	Irganizati	ion Name		Date of	Re	eceipt								
	Mailing Address 122 ROSEWOOD AVE					^M 10		3	31	/ Y	20	23				
	City CATONSVILLE	State MD		Code 228-4938						R2578						
	FEC ID number of contributing federal political committee.	С						y		9	_	76.9	2			
	Name of Employer (for Individual) United HealthCare Services Inc		upation(Bus Proc	(for Individual) ess		М	emc	b Item	ſ							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)											
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		Detailed Summary Page			11a		11	lb	11c	12		
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ightarrow UnitedHealth (Group Incorporated	d PAC (I	JnitedHealth Group PA	AC)								
Full Name of Individu A. ELLIS, DENNIS, ,	al (Last, First, Middle Initia ,	al) or Full O	rganization Name	[Date of	Re	ecei	ipt				
Mailing Address 6001	DRIPPING SPRINGS				^M 10	/	Γ	31	/ Y	y y 2023	Y	
City		State	Zip Code		Trans	acti	ion	ID : F	PR25952	209169411		
FRISCO		TX	75034-4039	A	Amount	t of	Ea	ich Re	ceipt th	nis Period		
FEC ID number of co federal political comm		С					-			32.7		
Name of Employer (for United HealthCare Se	,		upation (for Individual) KA VP SIs Acct Mgt		M	emo	o Ite	em				
Receipt For:			Year-to-Date ▼									
Other (specify)] General ▼		360.36	P	/R Ded	lucti	ion	(\$16.3	38 Bi-We	ekly)		
Full Name of Individu B. HAREWOOD, JU	al (Last, First, Middle Initia NIOR, , ,	al) or Full O	rganization Name		Date of	Re	ecei	ipt				
Mailing Address 158	HAMPTON ROAD				м м 10	/	Г	31	/ Y	2023	Y	
City		State	Zip Code		Trans	acti	ion	ID : P	R25952	231569411	_	
GARDEN CITY		NY	11530-1404	/	Amount	t of	Ea	ich Re	ceipt th	nis Period		
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Name of Employer (feedback United HealthCare Se	,		upation (for Individual) Plan CEO		M	emo	o Ite	em				
Receipt For: Primary Other (specify)] General ▼	Aggregate	Year-to-Date ▼ 4230.60	P	/R Ded	uctio	ion	(\$192	.30 Bi-W	√eekly)		
Full Name of Individu C. BHATNAGAR, U	al (Last, First, Middle Initia IPASANA, , ,	al) or Full O	rganization Name	[Date of	ⁱ Re	ecei	ipt				
	22 HIGHGROVE ROAD	- I			^M 10	1	E	31	/ Y	2023	Y	
City HIGHLAND		State MD	Zip Code 20777-9587							127469411	1	
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rederar politicar comm	mee.					-	y				_	
Name of Employer (for Optum Services, Inc	or Individual)		upation (for Individual) CMO		M	emc	o Ite	em				
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Other (specify)	General		3181.78							Veekly)		
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial LESTER, SHAUNA, , , Mailing Address 20550 PARKVIEW LANE) or Full C	Organization Name	Date of Receipt
	City SHOREWOOD	State MN	Zip Code 55331-4529	Transaction ID : PR2601154769411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	Dir	upation (for Individual) Gen Mgmt	Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial FRIAS, LORRAINE, , , Mailing Address 2116 STANFORD AVENUE) or Full C	Organization Name	Date of Receipt
	City SAINT PAUL	State MN	Zip Code 55105-1219	10 31 2023 Transaction ID : PR2601159069411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	<u> </u>	76.92 Memo Item
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	VP	upation (for Individual) Comm Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial KIMES, CARRIE, , , Mailing Address 1917 SW 27TH STREET) or Full C	Organization Name	Date of Receipt
	City TOPEKA	State KS	Zip Code	10 31 2023 Transaction ID : PR2601162069411
	FEC ID number of contributing federal political committee.	C	66611-1643	Amount of Each Receipt this Period 38.46
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 423.06	P/R Deduction (\$19.23 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	143.46
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia PERERA, SUSAN, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 1201 UNITY AVE N	01-1-	The Octo	10 / D D / Y Y Y Y 10 31 2023
	City GOLDEN VALLEY	State MN	Zip Code 55422-4735	Transaction ID : PR2601168869411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) buty Gen Counsel Mgr	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia ESCHERJR, DELBERT, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 885 SUGAR HILL DRIVE			10 / D D / Y Y Y Y 10 31 2023
	City MANCHESTER	State MO	Zip Code 63021-6665	Transaction ID : PR2601171069411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.06
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Med Dir	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 308.66	P/R Deduction (\$14.03 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia HUDSON, JEFFREY, , ,	l) or Full O	Drganization Name	Date of Receipt
	Mailing Address 1536 BREWSTER DRIVE	1.0.1		10 / D D / Y Y Y Y 10 31 2023
	City CARROLLTON	State TX	Zip Code 75010-6444	Transaction ID : PR2605703069411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.00
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Health Plan Operations	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 308.00	P/R Deduction (\$14.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			132.98
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) MCBEATH, ROBERT, , ,) or Full Oi	Organ	ization Name		Da	ate of	Re	ecei	ipt					
	Mailing Address 2537 RED ARROW DRIVE					N	10 ^M	/		31	/	Y	2023		1
	City	State		Zip Code		٦	Trans	acti	ion	ID :	PR2	26057	08969	411	
	LAS VEGAS	NV		89135-1628	_	An	nount	of	Ea	ch R	ece	ipt thi	s Peri	od	
	FEC ID number of contributing federal political committee.	С							,			-9-	38	34.60	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Chief Med Off		C	Me	emo	o Ite	em					
	Bossint For:	Aggregate	-												
	Primary General Other (specify) ▼	33. 534.0	-	3269.10	'	P/R	R Ded	uctio	on	(\$192	2.30) Bi-W	/eekly)	I	
B.	Full Name of Individual (Last, First, Middle Initial) PATTEN, JASON, , ,) or Full O	Organ	ization Name		Da	ate of	Re	ecei	ipt					
	Mailing Address 7384 NARCISSUS LANE N					N	10	/	Г	31	1	Y	2023		1
	City	State		Zip Code									11969		
	MAPLE GROVE	MN		55311-1596		An	nount	of	Ea	ch R	ece	ipt thi	s Peri	od	
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	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ovation			Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4200.00	F	P/R	Dedu	uctio	on	(\$200	0.00	Bi-W	eekly)		
C.	Full Name of Individual (Last, First, Middle Initial) ANDERSONHUTCHINS, LEIGH, , ,) or Full Oi	Organ	ization Name		Da	ate of	Re	ecei	ipt					
	Mailing Address 16786 RAINY VALE AVE					L	10 ^M	/	L	31	J.	L	2023]
	City RIVERSIDE	State CA		Zip Code 92503-6535									17869		
				52000-0000		An	nount	of	Ea	ch R	ece	ipt thi	s Peri	od	
	FEC ID number of contributing federal political committee.	С				Ļ		_	<u>y</u>			y	7	76.92	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) d Grp Non Physn			Me	emo	o Ite	em					
		Aggregate	Year	-to-Date ▼											
	Primary General Other (specify)		-	846.12		P/F	R Ded	uctio	ion	(\$38.	.46	Bi-We	ekly)		
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	AME OF COMMITTEE (In Full) InitedHealth Group Incorporated	d PAC ((Uni	itedHealth Group PA	C)										
A	II Name of Individual (Last, First, Middle Initia DAVIS, KELLY, , ,	al) or Full C	Drgar	nization Name	Dat	te of F	Recei	pt							
Ma Cit	ailing Address 2285 N POWHATAN ST	State		Zip Code		10 ^M		31		2023					
	RLINGTON	VA		22205-2113						7 34269 4 is Perio					
	C ID number of contributing deral political committee.	С					- J -		- 1	384	4.60				
	ame of Employer (for Individual) hited HealthCare Services Inc		cupat Corr	ion (for Individual) nm		Mem	no Ite	€							
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	e Yea	r-to-Date ▼ 4038.30	P/R	Deduc	ction	(\$192.	30 Bi-V	√eekly)					
	II Name of Individual (Last, First, Middle Initia EIGHPITSTICK, EMILY, , ,	al) or Full C	Orgar	nization Name	Dat	te of F	Recei	pt							
	ailing Address 70 SNOW CREEK LN			1	M	10 ^M	/	31	/ Y	2023	Y				
	ty EAVENWORTH	State WA		Zip Code 98826-7802		Transaction ID : PR2605735269411 Amount of Each Receipt this Period									
	EC ID number of contributing deral political committee.	С			76.92										
	ame of Employer (for Individual) otum Services, Inc		•	tion (for Individual) k Contrctng	Memo Item										
Re	eceipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 846.12	P/R	Deduc	tion ((\$38.4	6 Bi-We	ekly)					
	II Name of Individual (Last, First, Middle Initia PETERSON, ERIC, , ,	al) or Full C	Drgar	nization Name	Dat	te of F	Recei	pt							
	ailing Address 7757 BECK LN				4 L	10 ^M	1.	31	/ Y	2023	_				
Cit Zl	ty IONSVILLE	State IN		Zip Code 46077-9060						7 50469 4 is Perio					
	EC ID number of contributing deral political committee.	С					y		,		6.92				
Op	ame of Employer (for Individual) otum Services, Inc		cupat Mktg	ion (for Individual)		Men	no Ite	∍m							
Re	eceipt For: Primary General Other (specify)	Aggregate	e Yea	r-to-Date ▼ 846.12	P/R	Deduc	ction	(\$38.4	6 Bi-W	eekly)					
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			Detailed Summary Page		11a 13	\vdash	11b 14	┝	11c 15		12 16	17		
	y information copied from such Reports and State for commercial purposes, other than using the na								soliciting	, con	tributi	ons		
$\overline{\langle}$	NAME OF COMMITTEE (In Full)			0 .00				5 11	511 5001					
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initial) SONSTEGARD, NATHAN, , ,) or Full Or	ganization Name		Date o	f Re	eceipt							
	Mailing Address 4216 ZENITH AVE S				^M 10	/		31	/ Y	202	23	Y		
		State	Zip Code		Trans	acti	ion II) : F	PR26068	34446	69411	_		
	MINNEAPOLIS	MN	55410-1413	-	Amoun	t of	Each	ı Re	eceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	С			Ľ		-	_			28.0	8		
	Name of Employer (for Individual) Optum Services, Inc	Occu VP F	pation (for Individual) ïn		М	emo	b Item	ı						
		Aggregate `	Year-to-Date 🔻											
	Primary General Other (specify) ▼		808.88	F	P/R Dec	lucti	ion (\$	14.(04 Bi-We	ekly))			
в.	Full Name of Individual (Last, First, Middle Initial) RAWLINSON, DORIEN, , ,) or Full Or	ganization Name		Date o	f Re	eceipt							
	Mailing Address 4795 W RED ROCK DRIVE				^M 10	/		D 31	/ Y	y 202	23	Y		
	City LARKSPUR	State CO	Zip Code 80118-8413						PR26068					
	FEC ID number of contributing		00110-0410		Amoun	t of	Each	i Re	eceipt th	is Pe	eriod	_		
	federal political committee.	С			<u>_</u>	_	-1	_	JP		28.0	8		
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Ntwk Contrctng		M	emo	b Item	I						
	Receipt For:	Aggregate `	Year-to-Date 🔻											
	Other (specify) ▼		308.88	P	P/R Deduction (\$14.04 Bi-Weekly)									
С.	Full Name of Individual (Last, First, Middle Initial) FICKER, MARK, , ,) or Full Or	ganization Name		Date o	f Do								
0.	Mailing Address 945 MINERS RIDGE COURT				10 Date 0		D	D 31	/ Y	202	23	Y		
	City	State	Zip Code			sact		-	PR26078	1. Ale	1. A.			
	INCLINE VILLAGE	NV	89451-8801		Amoun	t of	Each	۱ Re	eceipt th	is Pe	eriod			
	FEC ID number of contributing federal political committee.	С					<u>y</u>		,	Ξ	76.9	2		
	Name of Employer (for Individual) Optum Services, Inc	Occu VP O	pation (for Individual) ps		М	emc	o Iten	n						
		Aggregate `	Year-to-Date V											
	Other (specify)		846.12	F	P/R Dec	ducti	ion (\$	38.4	46 Bi-We	ekly)			
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NAME OF COMMITTEE (In Full)									
UnitedHealth Group Inc	corporated PAC (I	JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First A. WELDON, BRIAN, , ,	· ,	rganization Name	D	ate of	Re	ceipt			
Mailing Address 1155 MOERS DR	IVE			^M 10	/	D D D 31	/ Y	y y 2023	Y
City	State	Zip Code		Transa	acti	on ID :	PR2608	05556941	1
CHASKA	MN	55318-4629	A	mount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					7		76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Corp Dev	1	Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		846.12	P/	R Ded	uctio	on (\$38.	46 Bi-W	eekly)	
Full Name of Individual (Last, First LANDO, LISA, , ,	· · ·	rganization Name		ate of	Re	ceipt			
Mailing Address 60 PINEAPPLE S APT 3J	TREET			м м 10	/	D D D 31	/ Y	2023	Y
City	State	Zip Code						05956941	
BROOKLYN	NY	11201-6839	A	mount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C			_		7	-	76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify) ▼		846.12	P/I	R Dedu	uctio	on (\$38.	46 Bi-W	eekly)	
Full Name of Individual (Last, First C. PATEL, KETAN, , ,	, Middle Initial) or Full O	rganization Name		ate of	Re	ceipt			
Mailing Address 1811 PITCAIRN E	1			^M 10	/	D D D 31	/ Y	2023 Y	Y
City COSTA MESA	State CA	Zip Code 92626-4702						52336941	
		92020-4702	A	mount	of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C			_		y	,	76.	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharm Ops		Me	emo	Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)		846.12	P/	'R Ded	ucti	on (\$38.	46 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional)	••••••	. [9	. ,	230.	76
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PA	C)
 A.	Full Name of Individual (Last, First, Middle Initia STEVENS, J, , ,	l) or Full O	Organization Name	Date of Receipt
	Mailing Address 133 MEADERBORO ROAD	1		10 / Y Y Y Y 10 31 2023
	City ROCHESTER	State NH	Zip Code 03867-4237	Transaction ID : PR2612528569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Dir Tech Prod Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia BAKER, MICHAEL, , ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 2383 HIGHOVER TRAIL			10 / Y Y Y Y 10 31 2023
	City CHANHASSEN	State MN	Zip Code 55317-4744	Transaction ID : PR2612530569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Segment COO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia SHILTS, MATTHEW, , ,	l) or Full O	organization Name	Date of Receipt
	Mailing Address 10 WOODLAND ROAD	1.00		10 / D D / Y Y Y Y 10 31 2023
	City EDINA	State MN	Zip Code 55424-1631	Transaction ID : PR2612533269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		92.30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CTO	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1015.30	P/R Deduction (\$46.15 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			553.82
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				Detailed Summary Page		< 11a	ı		11 14	- H	-	11c 15		12 16	17
	y information copied from such Reports and Star for commercial purposes, other than using the n					for th			pos	se of	so	liciting		ntributi	ons
	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Uni	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia KIECKHAFER, REGINA, , ,	l) or Full Oi	rgar	nization Name		Date	of	Re	ecei	ipt					
	Mailing Address 28 BINNACLE LANE					[™] 1(/	Γ	D D D	1	/ Y	20)23	Y
	City KENNEBUNKPORT	State ME		Zip Code 04046-5434	_							26125 eipt thi			
	FEC ID number of contributing federal political committee.	С				<u> </u>			7			- T -		14.0	4
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt			Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 294.84	F	P/R D	edı	uctio	on	(\$14.	04	Bi-We	ekly	/)	
B.	Full Name of Individual (Last, First, Middle Initia KREJCI, ANDREW, , ,	l) or Full Oi	rgar	nization Name		Date	of	Re	ecei	ipt					
	Mailing Address 19880 LAKEVIEW AVENUE	-				[™] 1(/	Ľ	D D 31	1	/ Y	y 20	23 [°]	Y
	City EXCELSIOR	State MN		Zip Code 55331-9352								26143 eipt thi			
	FEC ID number of contributing federal political committee.	С				Ē			7			-9-		56.1	6
	Name of Employer (for Individual) Optum Services, Inc	Occu VP (•	ion (for Individual) nm		Ц	Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 617.76	F	9/R D	edı	uctio	on	(\$28.0	08	Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initia THOMPSON, JOHN, , ,	l) or Full Oi	rgar	nization Name		Date	of	Re	ecei	ipt					
	Mailing Address 3100 NORTH OCEAN BOULEV UNIT 1502					[™] 1		/	C	31]	/ Y		23 [°]	Y
	City FORT LAUDERDALE	State FL		Zip Code 33308-7191								26143 eipt thi			
	FEC ID number of contributing federal political committee.	С				Ē			y			y		38.4	6
	Name of Employer (for Individual) United HealthCare Services Inc	Occu URS	•	ion (for Individual) SIs			Me	emo	o Ite	em					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 423.06	P/R Deduction (\$10					duction (\$19.23 Bi-Weekly)					
s	UBTOTAL of Receipts This Page (optional)		•	•				,		l	,		108.6	6	
т	OTAL This Period (last page this line number on		•••••	•				,			- J -				

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

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				etailed Summary Page		< 11a 13		11		11c		12 16	17	
	y information copied from such Reports and Stat for commercial purposes, other than using the na					for the		pos	e of s	oliciting		ntributi	ons	
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (l	Uni	tedHealth Group PA	C)									
A.	Full Name of Individual (Last, First, Middle Initial RHODES, JOHN, , , Mailing Address 12439 GLENLIVET LOWLAND A	-	rgan	ization Name		Date of	Re		pt	/ Y	Ý	Ý	Y	
	City LAS VEGAS	State		Zip Code 89138-6244		10 Trans Amount		ion	31 ID : F	R2615	20 0751)23 6941 1		
	FEC ID number of contributing federal political committee.	С					. 01	1				38.4	6	
	Name of Employer (for Individual) Optum Services, Inc		upati Pres	on (for Individual)		M	emo	o Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 423.06		P/R Ded	uctio	on	(\$19.2	23 Bi-W	eekly	y)		
B.	Full Name of Individual (Last, First, Middle Initial SOLOMON, RANDALL, , ,) or Full O	rgan	ization Name		Date of	Re							
	Mailing Address 760 HAIGHT STREET	State		Zip Code	_	10 T reese) /	L	31		20		Y	
	SAN FRANCISCO	CA		94117-3317		Amount				ceipt th				
	FEC ID number of contributing federal political committee.	С				<u> </u>		-			_	76.9	2	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) I Med Dir		M	emo) Ite	əm					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 846.12	F	P/R Ded	uctio	on ((\$38.4	6 Bi-We	ekly	()		
C.	Full Name of Individual (Last, First, Middle Initial BIRNBAUM, MICHAEL, , ,) or Full O	rgan	ization Name		Date of	Re	ecei	pt					
	Mailing Address 55 DEAN STREET	State		Zip Code		10 ^M		L	31	L	20	23 6044		
	City BROOKLYN	NY		11201-6245		Amount				ceipt th			<u></u>	
	FEC ID number of contributing federal political committee.	С				<u> </u>		,			_	384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) are Econ		M	emo	o Ite	əm					
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
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		Detailed Summary Page		11a		11b		11c	12	17			
			any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)	-												
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group P	AC)										
Full Name of Individual (Last, First, Middl A. SCALLY, MICHAEL, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 601 PLYMOUTH RD				10 ^M	/	D 3 [.]		/ Y	ү 2023	Y			
City BALTIMORE	State MD	Zip Code 21229-2213							2916941 is Period				
FEC ID number of contributing federal political committee.	С					-ge - 1		-	28.				
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emc	b Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88] P	/R Ded	ucti	ion (\$1	4.0	4 Bi-We	ekly)				
Full Name of Individual (Last, First, Middl KIRBY, WESLEY, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 1302 N MALLARD LN				^M 10	/	D 3		/ Y	y y 2023	Y			
City ROGERS	State AR	Zip Code 72756-1610							5706941 is Period				
FEC ID number of contributing federal political committee.	C					-g= - 1		-	28.	08			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) nager, Advisory Svcs		Me	emc	b Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P	/R Ded	ucti	on (\$1	4.0	4 Bi-We	ekly)				
Full Name of Individual (Last, First, Middl C. OSTRANDER, ROBERT, , ,	e Initial) or Full C	organization Name		Date of	Re	eceipt							
Mailing Address 18 BARTON COURT				^M 10	1	D 3		/ Y	y y 2023	Y			
City PLEASANT HILL	State CA	Zip Code 94523-2029							96066941 is Period				
FEC ID number of contributing federal political committee.	С					y .		,	76.	92			
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm		M	emo	o Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.12]	/R Ded	ucti	ion (\$3	38.4	6 Bi-We	ekly)				
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		Detailed Summary Page	X 11a	11b	b	11c	12	
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Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorp	porated PAC (JnitedHealth Group PA	AC)					
Full Name of Individual (Last, First, Mi LONGORIA, PATRICIA, , ,	ddle Initial) or Full C	rganization Name	Date of	f Receip	pt			
Mailing Address 906 BLUEBIRD			M M 10	/ D	31	/ Y	ү ү 2023	Y
City	State	Zip Code	Trans	action	ID : PI	R26173	86116941	1
MANCHACA	ТХ	78652-4154	Amoun	t of Eac	ch Rec	eipt th	is Period	1
FEC ID number of contributing federal political committee.	C					-gr.	28.	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	м	emo Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		308.88	P/R Dec	luction ((\$14.04	4 Bi-We	ekly)	
Full Name of Individual (Last, First, Mi B. TRAW, KEVIN, , ,	ddle Initial) or Full C	rganization Name	Date o	f Receip	pt			
Mailing Address 518 13TH ST			10 ^M	/ D	31	/ Y	y y 2023	Y
City	State	Zip Code	Trans	action	ID : PF	26173	6566941	1
HUNTINGTON BEACH	CA	92648-4038	Amoun	t of Eac	ch Rec	eipt th	is Period	i.
FEC ID number of contributing federal political committee.	C			т ут.		- J	76.	92
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Cust Service	М	emo Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		846.12	P/R Ded	luction ((\$38.46	8 Bi-We	ekly)	
Full Name of Individual (Last, First, Mi C. MIKICH, MICHAEL, , ,	ddle Initial) or Full C	rganization Name	Date o	f Receip	pt			
Mailing Address 10004 CHARLEMON	r		M M 10	/ D	31	/ Y	y 2023	Y
City	State	Zip Code	Trans	saction	ID : P	R26179	92876941	1
LAS VEGAS	NV	89134-6703	Amoun	t of Eac	ch Rec	eipt th	is Period	
FEC ID number of contributing federal political committee.	C			. ,		y	19.	22
Name of Employer (for Individual)	Occ	upation (for Individual)	M	emo Ite	əm			
Optum Services, Inc	Dir (Gen Mgmt						
Receipt For:	Aggregate	Year-to-Date 🔻						
Other (specify)		211.42	P/R Dec	duction ((\$9.61	Bi-Wee	∍kly)	
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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			Detailed Summary Page	×	11a		11	-	11c	12	
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or	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)										
$\overline{)}$	UnitedHealth Group Incorporated	`	•	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) MISKELLCLOUTIER, DOMINIQUE, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 12101 STRETFORD FOREST CO	OURT			^M 10	/	Γ	D D 31	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : I	PR26189	8496941	1
-	BRISTOW	VA	20136-2078		Amount	of	Ea	ch Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С			_		-			28.	08
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Med Clin Ops		Me	emo	o Ite	em			
	Receipt For:		Year-to-Date V								
	Primary General Other (specify) ▼	33.03410	308.88	P	/R Ded	ucti	ion	(\$14.	04 Bi-We	eekly)	
	Full Name of Individual (Last, First, Middle Initial) DOMB, JULIET, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 116 CHURCH ST				м м 10	/	ľ	31	/ Y	y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : F	PR26189	8876941	1
-	WATERTOWN	MA	02472-4721	A	Amount	of	Ea	ch Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-			192.:	30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Gen Mgmt		Me	emo	o Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2115.30	P	/R Ded	uctio	on	(\$96. ⁻	15 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) WILSON, JONATHAN, , ,	or Full O	rganization Name		Date of	Re	ecei	ipt			
	Mailing Address 18242 DOVE COURT	1			^M 10	/		31	/ Y	2023 Y	Y
	City EDEN PRAIRIE	State MN	Zip Code 55347-1179							98986941	1
-	EEC ID number of contributing				Amount	ot	⊦a	icn Re	eceipt th	is Period	_
	federal political committee.	С				-	9		y	833.:	32
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) uty Gen Counsel Mgr		M	emo	o Ite	em			
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify)		833.32	P	/R Ded	lucti	ion	(\$416	66 Bi-W	Veekly)	
sı	JBTOTAL of Receipts This Page (optional)		•				7		. ,	1053.7	70
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	X 1	11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (Un	itedHealth Group PA	C)	
Α.	Full Name of Individual (Last, First, Middle Initial CONNOR, MARSHA, , , Mailing Address 3845 WEST 143RD TERRACE) or Full C	Drgai	nization Name	Da	te of Receipt
	City LEAWOOD	State KS		Zip Code 66224-3911		iransaction ID : PR2618994369411 nount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				28.08
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify)	Reg	gn E	tion (for Individual) xec Dir ur-to-Date ▼ 308.88	P/R	Memo Item Deduction (\$14.04 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial OLSON, MARK, , , Mailing Address 848 S CORONA ST) or Full C	Drgai	nization Name	Da	te of Receipt
	City DENVER FEC ID number of contributing federal political committee.	State CO		Zip Code 80209-4410		ransaction ID : PR2622561669411 nount of Each Receipt this Period 76.92
	Name of Employer (for Individual) United HealthCare Services Inc	KA	VP	tion (for Individual) SIs Acct Mgmt	Ē	Memo Item
	Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 846.12	P/R	Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initial TROCINSKI, CAROL, , , Mailing Address 1030 ROBIN COURT) or Full C	Orgai	nization Name		te of Receipt
	City WEST SALEM	State WI		Zip Code 54669-1919		10 31 2023 ransaction ID : PR2623691069411 nount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				28.08
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Dir I	Regl	ion (for Individual) Affs		Memo Item
	Primary General Other (specify)	Aggregate	, tea	ar-to-Date ▼ 308.88	P/R	R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			•		133.08
т	OTAL This Period (last page this line number on	ly)		•		· · · · · · · · · · · · · · · · · · ·

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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				each category of the ailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the n				
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	PAC (Unite	edHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initia MOURAS, DENNIS, , ,	l) or Full C	rganiza	ation Name	Date of Receipt
	Mailing Address 5942 BRIARWOOD COURT				10 / D D / Y Y Y Y 10 31 2023
	City CLARKSTON	State MI		p Code 48346-3176	Transaction ID : PR2623702969411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upatior Plan (n (for Individual) CEO	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia CAMP, MELISSA, , ,	l) or Full C	rganiza	ation Name	Date of Receipt
	Mailing Address 124 WOODFIELD BLVD				10 / D D / Y Y Y Y 10 31 2023
	City MECHANICVILLE	State NY		p Code 12118-3038	Transaction ID : PR2624436869411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			28.08
	Name of Employer (for Individual) United HealthCare Services Inc		•	n (for Individual) Itwk Contrctng	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-te	o-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initia GREIN, DEEDREA, , ,	l) or Full C	rganiza	ation Name	Date of Receipt
	Mailing Address 6610 XERXES AVE S	1			10 / D D / Y Y Y Y 10 31 2023
	City EDINA	State MN		p Code 55435-3542	Transaction ID : PR2624442269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			416.00
	Name of Employer (for Individual) Optum Services, Inc		upatior 9 Gen N	n (for Individual) Agmt	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-te	o-Date ▼ 4360.00	P/R Deduction (\$0.00 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			•	828.68
т	OTAL This Period (last page this line number or	ıly)		•••••	

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	NAME OF COMMITTEE (In Full)													
$\Big)$	UnitedHealth Group Incorporated	PAC (l	Uni	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial MULES, REBECCA, , ,) or Full O	Orgar	nization Name		Date	of R	lec	ceipt					
	Mailing Address 1136 BATTERY AVENUE	1				[™] 10	Μ	/	D 31		/ Y	ү 20)23	Y
	City BALTIMORE	State MD		Zip Code 21230-4112					on ID : Each R					
	FEC ID number of contributing federal political committee.	С							y		- -		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc			ion (for Individual) t Affs			Mem	10	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 4230.60	F	P/R De	educ	tio	on (\$192	2.3	30 Bi-W	/eek	dy)	
B.	Full Name of Individual (Last, First, Middle Initial SINGH, KANWAR, , ,) or Full O	Orgar	nization Name		Date	of R	lec	ceipt					
	Mailing Address 10422 VERDI COURT					[™] 10		/	D 31]	/ Y		23	Y
	City ELLICOTT CITY	State MD		Zip Code 21042-2586					o n ID : Each R					
	FEC ID number of contributing federal political committee.	С						-	,		-7		28.0	8
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Mgmt			Mem	10	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 308.88	P	/R De	duct	tio	n (\$14.	.04	Bi-We	ekly	/)	
c.	Full Name of Individual (Last, First, Middle Initial SMITH, LISA, , ,) or Full O	rgar	nization Name		Date	of R	lec	ceipt					
	Mailing Address 5040 INTERLACHEN BLUFF					^M 10		/	D D D 31		/ Y	20	23	
	City EDINA	State MN		Zip Code 55436-1360					on ID : Each R					
	FEC ID number of contributing federal political committee.	С							y		9		384.6	0
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) n Mgmt			Vlem	10	Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 4230.60	F	P/R D	educ	tic	on (\$19)	2.3	30 Bi-W	/eeł	dy)	
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			Detailed Summary Page		11a 13		11b		11c	12	17
			L ay not be sold or used by any p ddress of any political committe		for the		pose		oliciting	contribu	tions
	TEE (In Full)										
	Group Incorporate	ed PAC (I	UnitedHealth Group P	AC)							
Full Name of Individu	ual (Last, First, Middle Init Y, , ,	tial) or Full O	rganization Name		Date of	Re	eceipt	t			
Mailing Address 402	DERBY COURT				^M 10	/		^р 31	/ Y	y y 2023	Y
City MEBANE		State NC	Zip Code 27302-9452							3 4606941 is Period	
FEC ID number of c federal political comr		С					Ţ		-	28.	
Name of Employer (United HealthCare Se	,		upation (for Individual) c Dir		M	emo	b Iten	n			
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 308.88] P	P/R Ded	lucti	ion (\$	514.0	4 Bi-We	ekly)	
B. TERRAL, RECCA		tial) or Full O	rganization Name		Date of	Re	eceipt	t			
Mailing Address 682	8 SIMMONS RD				^M ^M 10	1		^р 31	/ Y	2023	Y
City NORTH RICHLAND	HILLS	State TX	Zip Code 76182-4259							5966941 is Period	
FEC ID number of c federal political comr		С					-		-	28.	08
Name of Employer (Optum Services, Inc	for Individual)		upation (for Individual) Gen Mgmt		M	emo	b Iten	n			
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-to-Date ▼ 308.88	P	/R Ded	uctio	on (\$	14.0	4 Bi-We	ekly)	
Full Name of Individu	ual (Last, First, Middle Init E, , ,	tial) or Full O	rganization Name		Date of	ⁱ Re	eceipt	t			
Mailing Address 125	STONERIDGE DR	Chata	Zin Onda		10 ^M	Ŀ		31		2023	
City KALISPELL		State MT	Zip Code 59901-7695				-			90686941 is Period	
FEC ID number of c federal political comr	•	С					J	i ne		28.	
Name of Employer (1 Optum Services, Inc	for Individual)		upation (for Individual) Software Engineering		M	emc	o Iten	n			
Receipt For: Primary Other (specify)	General	Aggregate	Year-to-Date ▼ 308.88] F	P/R Dec	lucti	ion (\$	\$14.0	94 Bi-We	ekly)	
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or for commer	cial purposes, other than using t		ay not be sold or used by any penderss of any political committee								
NAME OF	COMMITTEE (In Full)										
	Health Group Incorpora	ated PAC (UnitedHealth Group PA	AC)							
A. SCHENC	of Individual (Last, First, Middle CK, ERIK, , ,	Initial) or Full C	Prganization Name		Date of	Re	ceipt				
Mailing Add	Iress 18236 DOE TRAIL				^м М	/	D 31		Y	y y 2023	Y
City		State	Zip Code		Trans	acti	on ID :	: PR2	26277	3046941	1
BRAINER)	MN	56401-7987	A	mount	of	Each F	Rece	ipt thi	s Period	
	mber of contributing tical committee.	С							-y	28.	08
Name of E Optum Serv	mployer (for Individual) <i>v</i> ices, Inc		upation (for Individual) Product Manager		Me	emo	Item				
Receipt Fo	-		Year-to-Date ▼								
Prima Other	ary General ⊂ (specify) ▼		308.88	P	/R Ded	ucti	on (\$14	4.04	Bi-We	ekly)	
Full Name B. SCOTT,	of Individual (Last, First, Middle NICOLE, , ,	Initial) or Full C	organization Name		Date of	Re	ceipt				
Mailing Add	ress 29039 HOBBLEBUSH				м м 10	/	D 31		Y	y y 2023	Y
City		State	Zip Code		Trans	acti	on ID :	: PR2	26277	3196941	1
SAN ANTO	DNIO	ТХ	78260-2249	A	mount	of	Each F	Rece	ipt thi	s Period	
	mber of contributing tical committee.	С							- y	28.	08
	mployer (for Individual) IthCare Services Inc		upation (for Individual) KA VP SIs		Me	emo	Item				
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Other	ary General r (specify) ▼		308.88	P/	R Ded	uctio	on (\$14	4.04 I	Bi-We	ekly)	
	of Individual (Last, First, Middle S, BARBARA, , ,	Initial) or Full C	Organization Name		Date of	Re	ceipt				
	Iress 1045 SWEET GUM WAY				^M 10	/	D 31		Y	2023	Y
City		State NC	Zip Code							3556941	1
MEBANE			27302-6511	A	mount	of	Each F	Rece	ipt thi	s Period	
	mber of contributing tical committee.	С					,		y .	28.	08
	mployer (for Individual) IthCare Services Inc		upation (for Individual) Clms		Me	emo	Item				
Receipt Fo	r:	Aggregate	Year-to-Date ▼								
Prima Other	ary General (specify)		308.88	P	/R Ded	ucti	on (\$14	4.04	Bi-We	ekly)	
SUBTOTAL of	of Receipts This Page (optional).		•	. [,		9	84.	24
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	EMIZED RECEIPTS			r each category of the etailed Summary Page	× 11 13	
	y information copied from such Reports and Stat for commercial purposes, other than using the n					
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	Unit	edHealth Group PA	C)	
Α.	Full Name of Individual (Last, First, Middle Initia LINDLEY, SHEILA, , , Mailing Address 3656 WINDING WOOD LANE	l) or Full O	rgani	zation Name	M	e of Receipt 0 31 2023
	City LEXINGTON	State KY		Zip Code 40515-1283	Tra	ansaction ID : PR2627739869411 ount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				27.80
	Name of Employer (for Individual) Optum Services, Inc		upatio d Dir	on (for Individual)		Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	to-Date ▼ 305.80	P/R I	Deduction (\$13.90 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia DUKART, JENNIFER, , , Mailing Address 2541 DRESDEN LANE	l) or Full O	rgani	zation Name		e of Receipt
	City GOLDEN VALLEY	State MN		Zip Code 55422-3617	Tra	0 31 Y Y Y Y ansaction ID : PR2627749169411 ount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) ment Gen Counsel		384.60 Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4230.60	 P/R [Deduction (\$192.30 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial NAKAJIMA, KENICHI, , ,	l) or Full O	rgani	zation Name	Date	e of Receipt
	Mailing Address 15822 BELFAST LANE	State		Zip Code		0 / 31 / 2023 ansaction ID : PR2628319069411
	HUNTINGTON BEACH	CA		92647-3104		punt of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				19.22
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	Sr D	oir Act			Memo Item
	Primary General Other (specify)	Aggregate	Year	to-Date ▼ 211.42	P/R I	Deduction (\$9.61 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			•		431.62
т	OTAL This Period (last page this line number on	ly)				

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				Detailed Summary Page		_	11a 13		111 14		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for	the p		pos	e of s	olicitir		ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Un	itedHealth Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initia PARIS, KATHERINE, , ,	l) or Full O	rga	nization Name		Da	ate of	Re	ceip	pt				
	Mailing Address 17365 62ND AVE N					N	10 ^M	/		31	1	2	023	Y
	City MAPLE GROVE	State MN		Zip Code 55311-6405									66941 <i>′</i>	
	FEC ID number of contributing federal political committee.	С				An	nount	OT	Ead	ch Re	ceipt 1	nis f	192.3	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs			Me	emo	lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2115.30		P/R	R Dedu	uctio	on ((\$96.1	5 Bi-V	/eekl	y)	
B.	Full Name of Individual (Last, First, Middle Initia SHJERVE, NICHOLAS, , ,	l) or Full O	rga	nization Name		Da	ate of	Re	ceip	pt				
	Mailing Address 12126 94TH AVE N	-1		1		IV	10	/	D	31		20)23	Y
	City MAPLE GROVE	State MN		Zip Code 55369-7154						ID:P ch Re			36941 1 Period	
	FEC ID number of contributing federal political committee.	С				Ē	_		,		-9		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) c Gen Counsel		Ļ	Me	emo	lte	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 846.12	F	?/R	Dedu	uctio	on ((\$38.4	6 Bi-W	/eekl	у)	
с.	Full Name of Individual (Last, First, Middle Initia MANNING, KIM, , ,	l) or Full O	rga	nization Name		Da	ate of	Re	ceip	pt				
	Mailing Address 12703 DEER CREEK DRIVE	1				L	10 ^M	/	L	31	1	20)23 [°]	
	City OMAHA	State NE		Zip Code 68142-1762						ID:P ch Re			46941 [·] Period	1
	FEC ID number of contributing federal political committee.	С	l				liount		1		j		76.9	2
	Name of Employer (for Individual) United HealthCare Services Inc	Occu Dir N		tion (for Individual)		Ľ	Me	emo) Ite	əm				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ar-to-Date ▼ 846.12		P/F	R Ded	ucti	on ((\$38.4	6 Bi-V	Veek	ly)	
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т	OTAL This Period (last page this line number on	ıly)			•	Ē			,		-,-			

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	y information copied from such Reports and Sta for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	J PAC (UnitedHealth G	roup PAC))
Α.	Full Name of Individual (Last, First, Middle Initia VANDERWALDE, LAMBERT, , , Mailing Address 45 AUDUBON CAUSEWAY City	I) or Full C	Drganization Name		Date of Receipt 10 / 2023 Transaction ID : PR2628332369411
	LANTANA FEC ID number of contributing federal political committee.	FL C	33462-4756		Amount of Each Receipt this Period 384.60
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	SVF	upation (for Individual) P UHG Research-Corp Year-to-Date ▼ 42		P/R Deduction (\$192.30 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initia PIAZZA, ELIZABETH, , , Mailing Address 117 HILLSIDE LN	l) or Full C	Drganization Name	<u></u>	Date of Receipt
	City POTTSTOWN FEC ID number of contributing federal political committee.	State PA	Zip Code 19465-8583		10 31 2023 Transaction ID : PR2628334169411 Amount of Each Receipt this Period 76.92
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	VP	Cupation (for Individual) Med Clin Ops Year-to-Date ▼	346.12	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia KORNHAUSER, MICHAEL, , , Mailing Address 180 SUMMIT LANE	l) or Full C	Organization Name		Date of Receipt
	City BALA CYNWYD FEC ID number of contributing federal political committee.	State PA	Zip Code 19004-2931]	Transaction ID : PR2628335769411 Amount of Each Receipt this Period 115.92
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify)	Sr M	upation (for Individual) Med Dir Year-to-Date ▼ 12	275.12	P/R Deduction (\$57.96 Bi-Weekly)
SI	JBTOTAL of Receipts This Page (optional)			····· •	577.44
т	OTAL This Period (last page this line number on	ıly)		····· •	

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			Detailed Summary Page		×	11a		11	- H	11c		12	<u> </u>				
	y information copied from such Reports and State								se of		g con						
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$\left<\right>$	NAME OF COMMITTEE (In Full)		Initad Haalth Oracor														
/	UnitedHealth Group Incorporated	`	•	PAC)													
Α.	Full Name of Individual (Last, First, Middle Initial) MILLER, DEBRA, , ,	or Full Or	ganization Name		Γ	Date of	Re	ecei	ipt								
	Mailing Address 5218 PINEHURST COURT				ľ	M M	_		D D	/ Y	Y	Y	Y				
		Stata	Zin Codo		l	10 -	Į,	Ľ	31		202	- 1 - C					
	City WHITESTOWN	State IN	Zip Code 46075	-	А			-		PR2628 eceipt th							
	FEC ID number of contributing	\sim			ſ							28.0	8				
	federal political committee.	C			ļ	_		7		-9		20.0	0				
	Name of Employer (for Individual)		pation (for Individual)		Memo Item												
	Optum Services, Inc Receipt For:		ir Product		_												
	Primary General	ggregate `	Year-to-Date ▼	_	–	/D D - /			(044	04 0.14		`					
	Other (specify)	-	308.88		Ρ/	K Ded	iucti	ion	(\$14.	04 Bi-W	eekly)					
B.	Full Name of Individual (Last, First, Middle Initial) THOMPSON, BRUCE, , ,	or Full Or	ganization Name		Г	Date of	Re	ecei	ipt								
	Mailing Address 2826 HEDGEROW DRIVE				ľ	M M	/	_	D D	/ Y		Y	Y				
	City	State	Zip Code		l	10		L	31		202						
	DALLAS	TX	75235-7590	\vdash						PR2628 eceipt th							
	FEC ID number of contributing federal political committee.	С			l			-				384.6	0				
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Gen Mgmt			M	emo	o Ite	em								
			Year-to-Date ▼														
	Primary General Other (specify) ▼		, 4230.60		P/	R Ded	uctio	on	(\$192	2.30 Bi-V	Veekly	y)					
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial) BENJAMIN, GEORGANNE, , ,	or Full Or	ganization Name			Date of	Re	ecei	ipt								
	Mailing Address 3439 S MILLSPUR WAY				ľ	^M 10	/	Γ	31	/ Y	202	23	Y				
	City BOISE	State ID	Zip Code 83716-8648							PR2629							
		<u>טו</u>	03/10-0040		Α	mount	t of	Ea	ch R	eceipt th	nis Pe	eriod					
	FEC ID number of contributing federal political committee.	C			ļ			7				30.0	0				
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) en Mgmt			М	emc	o Ite	em								
		ggregate `	Year-to-Date 🔻														
	Other (specify)		330.00		P	/R Dec	lucti	ion	(\$15.	00 Bi-W	eekly	')					
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			Detailed Summary Page		< 11a		11b	11c		12	
	y information copied from such Reports and Sta for commercial purposes, other than using the										
<u>\</u>	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	d PAC (l	UnitedHealth Group F	PAC)							
Α.	Full Name of Individual (Last, First, Middle Initia DREFAHL, JASON, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 6104 FOX MEADOW LN				^M 10	/	D 31	/ Y	ү 2	023	Y
	City EDINA	State MN	Zip Code 55436-1217				ion ID :				
	FEC ID number of contributing federal political committee.	С			Amoun		Each R			384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) sion COO		M	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60		P/R Ded	lucti	on (\$19:	2.30 Bi-\	Neel	kly)	
в.	Full Name of Individual (Last, First, Middle Initia NAPOLITANO, DIANE, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 9 CHESTNUT COURT				^M 10	/	D D D 31	/ Y	20)23	Y
	City BASKING RIDGE	State NJ	Zip Code 07920-3100				on ID : Each R				
	FEC ID number of contributing federal political committee.	С								28.0	8
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Capability		M	emo	ltem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	F	P/R Ded	uctio	on (\$14.	04 Bi-W	eekl	у)	
с.	Full Name of Individual (Last, First, Middle Initia GORSUCH, KIRSTEN, , ,	al) or Full O	rganization Name		Date of	Re	eceipt				
	Mailing Address 10020 E GRAYTHORN DRIVE				^M 10	1	D D D 31		20	023	
	City SCOTTSDALE	State AZ	Zip Code 85262-5134				ion ID : Each R				1
	FEC ID number of contributing federal political committee.	С								384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		М	emc	ttem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60		P/R Dec	lucti	ion (\$19	2.30 Bi-\	Nee	kly)	
s	UBTOTAL of Receipts This Page (optional)			•			, .	. ,		797.2	8
т	OTAL This Period (last page this line number o	nly)		•			.				

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (UnitedHealth Group PA	C)
A.	Full Name of Individual (Last, First, Middle Initi TUFFIN, MICHAEL, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 5904 ASHBY MANOR PLACE			10 / J Y Y Y Y 10 2023
	City ALEXANDRIA	State VA	Zip Code 22310-2267	Transaction ID : PR2632087969411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Govt Affs	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initi MEENTS, BENJAMIN, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 6531 BIG WOODS DRIVE			10 / Y Y Y Y 10 31 2023
	City MINNETRISTA	State MN	Zip Code 55331-2026	Transaction ID : PR2632088169411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		76.92
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initi ORRICK, VERONICA, , ,	al) or Full C	Organization Name	Date of Receipt
	Mailing Address 2960 CLAREMORE LANE	1		10 / D D / Y Y Y Y 2023
	City LONG BEACH	State CA	Zip Code 90815-1642	Transaction ID : PR2632858569411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) c Dir Prov Data	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.80	P/R Deduction (\$14.04 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)			489.60
т	OTAL This Period (last page this line number o	only)	••••••	

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			Detailed Summary Page	X 11a 11b 11c 12
		tion copied from such Reports and Statements may not be sold or used by any person nercial purposes, other than using the name and address of any political committee to so DF COMMITTEE (In Full) dHealth Group Incorporated PAC (UnitedHealth Group PAC) ne of Individual (Last, First, Middle Initial) or Full Organization Name HOUR, JOHN, , , Address 5049 COLFAX AVE S APOLIS number of contributing political committee. f Employer (for Individual) Services, Inc For: imany General ther (specify) ▼ Address 2625 LEROY LANE 3LOOMFIELD f Employer (for Individual) C Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Address 2625 LEROY LANE Address 2625 LEROY LANE Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Address 2625 LEROY LANE Address 2625 LEROY LANE Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ For: imany General ther (specify) ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ imany General ther (specify) ▼ Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-		
			uuress or any pointcar committe	
\rangle		PAC (l	JnitedHealth Group P	AC)
A.	Full Name of Individual (Last, First, Middle Initial WALTHOUR, JOHN, , ,) or Full Or	rganization Name	Date of Receipt
	Mailing Address 5049 COLFAX AVE S			10 / D D / Y Y Y Y 10 31 2023
	City			Transaction ID : PR2632877069411
	MINNEAPOLIS	MIN	55419-1145	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		384.60
	Name of Employer (for Individual) Optum Services, Inc			Memo Item
	Receipt For:	Aggregate	Year-to-Date V	
				P/R Deduction (\$192.30 Bi-Weekly)
B.	Full Name of Individual (Last, First, Middle Initial PARR, MICHAEL, , ,) or Full Or	rganization Name	Date of Receipt
	Mailing Address 2625 LEROY LANE	1		10 / Y Y Y Y 10 31 2023
	City			Transaction ID : PR2632883569411
	WEST BLOOMFIELD		48324-2237	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc		· · · · · ·	Memo Item
		Aggregate		P/R Deduction (\$14.04 Bi-Weekly)
с.	Full Name of Individual (Last, First, Middle Initial SARGENT, GLORIA, , ,) or Full Or	rganization Name	Date of Receipt
	Mailing Address 3750 CANAL STREET			10 / D D / Y Y Y Y 2023
	City SAINT CHARLES			Transaction ID : PR2634119369411
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item
	Poppint For:		Year-to-Date ▼	
	Primary General Other (specify)	, iggi egale	308.88	P/R Deduction (\$14.04 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			440.76
T	OTAL This Period (last page this line number onl	ıy)	······)	

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	v information copied from such Reports and for commercial purposes, other than using t							f solic	iting		ntribut	ions
	NAME OF COMMITTEE (In Full)											
	UnitedHealth Group Incorpora	ated PAC (l	JnitedHealth Group PA	AC)								
۹.	Full Name of Individual (Last, First, Middle HAPGOOD, WADE, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 330 NW 82ND				^M 10	/	D 31		Y			Y
	City TOPEKA	State KS	Zip Code 66617-2223				-					1
	FEC ID number of contributing federal political committee.	С							7		115.3	88
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emc	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.18	I F	P/R Ded	lucti	on (\$57	7.69 B	i-We	ekly	/)	
в.	Full Name of Individual (Last, First, Middle ROALDI, MICHAEL, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 4720 HARRIET AVENUE				^M 10	1	D 31		Y	ү 20	23	Y
	City	State	Zip Code		Trans	acti	on ID :	PR26	6341	695	6941 [·]	
	MINNEAPOLIS	MN	55419-5434		Amount	t of	Each I	Receip	ot thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>				7		77.0	00
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Prd		M	emc	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 847.00	F	P/R Ded	ucti	on (\$38	3.50 B	i-We	ekly	/)	
<u>с.</u>	Full Name of Individual (Last, First, Middle PRIBLE, JOHN, , ,	Initial) or Full O	rganization Name		Date of	Re	ceipt					
	Mailing Address 1923 SHIVER DR				^M 10	/	31		Y		23	Y
		State	Zip Code		Trans	act	ion ID	: PR2	6346	6566	6941	1
	ALEXANDRIA	VA	22307-1629		Amount	t of	Each I	Receip	ot thi	is P	eriod	
	FEC ID number of contributing federal political committee.	С			<u> </u>		,		9		384.6	60
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		М	emo	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	I F	P/R Dec	lucti	on (\$19	92.30	Bi-W	/eeł	dy)	
	JBTOTAL of Receipts This Page (optional).	1		1	-	-		-	-	-	576.9	8

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	Detailed Summar ch Reports and Statements may not be sold or usuer than using the name and address of any politic Full) D Incorporated PAC (UnitedHealth C t, First, Middle Initial) or Full Organization Name I AVE N I AVE N I dual) or C C C C C C C C C C C C C C		<u> </u>	13		14		15	16	17
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpora	ted PAC (UnitedHealth Grou	p PAC)							
A. SIEVERS, NORA, , ,	nitial) or Full C	Organization Name		Date of	f Re	eceip	ot			
Mailing Address 18605 75TH AVE N				10 ^M	1	D	31	/ Y	ү ү 2023	Y
City				Trans	acti	ion	ID : P	R26348	38096941	1
MAPLE GROVE	IVIIN	55311-2244		Amount	t of	Eac	ch Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					-		-	400.	00
Name of Employer (for Individual) United HealthCare Services Inc		1 ()		M	emo	b Ite	m			
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Primary General Other (specify) ▼		4200.0	0	P/R Ded	lucti	ion ((\$200.	00 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle I THOMPSON, DUSTIN, , ,	nitial) or Full C	Organization Name		Date of	f Re	eceip	ot			
Mailing Address 3037 E BDE MAKA SKA PK				10 ^M	/	D	31	/ Y	ү 2023	Y
City				Trans	acti	ion l	ID : P	R26348	8276941	1
MINNEAPOLIS	MN	55408-2520		Amount	t of	Eac	ch Ree	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C					-		7	416.	00
Name of Employer (for Individual) United HealthCare Services Inc		, ,		M	emo) Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		, 4160.0	0	P/R Ded	uctio	on (\$208.0	00 Bi-W	/eekly)	
Full Name of Individual (Last, First, Middle I WARGIN, AMY, , ,	nitial) or Full C	Organization Name		Date of	f Re	eceip	ot			
Mailing Address 11149 SWEETWATER PAT				10		L	31		2023 Y	
City WOODBURY			-						88386941	1
		00129-0290		Amount	t of	Eac	ch Reo	ceipt th	is Period	
FEC ID number of contributing federal political committee.	С					y		ÿ	400.	00
Name of Employer (for Individual) Optum Services, Inc				Μ	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		4200.0		P/R Dec	lucti	ion ((\$200.	00 Bi-V	Veekly)	
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			Detailed Summary Page		11a		11	b	11c	12	
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or for commercial pu	urposes, other than using		ay not be sold or used by any political committee								
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/ UnitedHealt	th Group Incorpora	ated PAC (I	UnitedHealth Group PA	AC)							
Full Name of Indi A. WOJCIK, ADA	vidual (Last, First, Middle M, , ,	Initial) or Full O	rganization Name	[Date of	Re	ecei	pt			
Mailing Address	11424 BOULDER DRIVE				^M 10	1	ľ	31	/ Y	y y 2023	Y
City		State	Zip Code		Trans	acti	ion	<u>ID</u> : F	R26348	38656941 [.]	
ORLAND PARK		IL	60467-7419		Amount	of	Ea	ch Re	ceipt th	is Period	
FEC ID number of federal political co		С					-		-9	398.0	
Name of Employe	. ,		upation (for Individual) Gen Mgmt		Me	emo	o Ite	em			
Receipt For:	-		Year-to-Date ▼								
Other (spec	General ify) ▼		4193.03	P	/R Ded	ucti	ion	(\$199	.00 Bi-W	/eekly)	
Full Name of Indi B. PESCATELLC	vidual (Last, First, Middle), SARA, , ,	Initial) or Full O	rganization Name		Date of	Re	ecei	pt			
Mailing Address	1311 HAMLIN STREET NE	E			м м 10	/	ľ	31	/ Y	y y 2023	Y
City		State	Zip Code		Trans	acti	ion	ID : P	R26348	88569411	
WASHINGTON		DC	20017-2451	/	Amount	of	Ea	ch Re	ceipt th	is Period	
FEC ID number of federal political co		С					-		-9-	192.3	80
Name of Employe	, ,		upation (for Individual) Govt Affs		Me	emo	o Ite	em			
Receipt For: Primary Other (spec	General ify) ▼	Aggregate	Year-to-Date ▼ 2115.30	P	/R Ded	uctio	on ((\$96.1	5 Bi-We	eekly)	
Full Name of Indi POWER, RO	vidual (Last, First, Middle BERT, , ,	Initial) or Full O	rganization Name	[Date of	Re	ecei	pt			
Mailing Address	20 SMITH LANE	1			^M 10	/	L	31		2023 Y	
City SAINT JAMES		State NY	Zip Code 11780-3810							89286941 is Period	1
FEC ID number of federal political co	U U	С			anoun	. 01	La		June 1	424.0	0
Name of Employe	, ,		upation (for Individual) Gen Mgmt		M	emo	o Ite	əm			
Receipt For:			Year-to-Date ▼								
Primary Other (spec	General ify)		4143.38	P	/R Ded	lucti	ion	(\$212	.00 Bi-V	Veekly)	
SUBTOTAL of Rec	eipts This Page (optional)						,		9	1014.3	0
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	y information copied from such Reports and State for commercial purposes, other than using the na				for the		pose of	soliciting	, con	tributi	ons
	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) GILREATH, BRIAN, , ,) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 236 JERRY ROAD				^M 10	/	31	D / Y	y 202	23	Ŷ
	City	State	Zip Code		Trans	act	ion ID :	PR26354	42686	69411	
	EAST HARTFORD	СТ	06118-3124		Amount	t of	Each F	Receipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С								19.2	4
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Dvlp Cons		M	emo	ttem				
	Receipt For:	Aggregate `	Year-to-Date ▼								
	Primary General Other (specify) ▼		211.64		P/R Ded	lucti	ion (\$9.6	62 Bi-Wee	ekly)		
	Full Name of Individual (Last, First, Middle Initial) PAYET, KEITH, , ,) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 26495 SE KENT KANGLEY RD				^M 10	1	31) / Y	202	23	Y
	City	State	Zip Code					PR26354			
	RAVENSDALE	WA	98051-9427		Amount	t of	Each F	Receipt th	is Pe	eriod	
	FEC ID number of contributing federal political committee.	С					-			384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		M	emo	ttem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P	/R Ded	ucti	on (\$19	2.30 Bi-W	/eekl	y)	
с.	Full Name of Individual (Last, First, Middle Initial) MANN, MELISSA, , ,) or Full Or	ganization Name		Date of	f Re	eceipt				
	Mailing Address 15526 ELM RD				^M 10	/	31		202		
	City MAPLE GROVE	State MN	Zip Code 55311-3941					PR26354			
		1	000110041		Amount	t of	Each F	Receipt th	iis Pe	eriod	_
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	, ,			38.4	6
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) eople Team		M	emo	o Item				
		Aggregate `	Year-to-Date ▼								
	Other (specify)		423.06] F	P/R Ded	lucti	ion (\$19	9.23 Bi-W	eekly)	
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т	OTAL This Period (last page this line number onl	y)	•	-			-				

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n				
\setminus	NAME OF COMMITTEE (In Full)		11		\sim
	UnitedHealth Group Incorporated	`		•	
Α.	Full Name of Individual (Last, First, Middle Initial MIRAU, ANTHONY, , ,) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 770 HAWKCREST CIR				10 31 2023
	City CHANHASSEN	State MN		Zip Code 55317-4860	Transaction ID : PR2635444269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			192.30
	Name of Employer (for Individual) United HealthCare Services Inc		•	ion (for Individual) Mgmt	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 2115.30	P/R Deduction (\$96.15 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initial CHAPMAN, DANIELLE, , ,) or Full C	Orga	nization Name	Date of Receipt
	Mailing Address 16471 NORTHWOOD RD NW				10 31 2023
	City PRIOR LAKE	State MN		Zip Code 55372-1615	Transaction ID : PR2635445269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			333.32
	Name of Employer (for Individual) Optum Services, Inc			tion (for Individual) gment Controller	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 333.32	P/R Deduction (\$166.66 Bi-Weekly)
С.	Full Name of Individual (Last, First, Middle Initial ROOS, THOMAS, , ,) or Full C	Drga	nization Name	Date of Receipt
	Mailing Address 3199 KAGEN AVE NE	1			10 / D D / Y Y Y Y 10 31 2023
	City SAINT MICHAEL	State MN		Zip Code 55376-3416	Transaction ID : PR2635451269411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			384.60
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) ief Acctng Off	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Yea	ur-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)
Α.	Full Name of Individual (Last, First, Middle Initial NELSON, MICHAEL, , , Mailing Address 2048 STAGHORN DRIVE	l) or Full O	Organization Name	Date of Receipt
	City SHAKOPEE	State MN	Zip Code 55379-5412	10 31 2023 Transaction ID : PR2636719369411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		28.08
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Peo	upation (for Individual) ople Business Partner Year-to-Date ▼ 308.88	P/R Deduction (\$14.04 Bi-Weekly)
В.	Full Name of Individual (Last, First, Middle Initial MADONDO, JOHN, , , Mailing Address 10 WINSTON ROAD	l) or Full O	Organization Name	Date of Receipt
	City HOLLISTON FEC ID number of contributing	State MA	Zip Code 01746-1454	Transaction ID : PR2636726169411 Amount of Each Receipt this Period
	federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General	Hlth	upation (for Individual) n Plan CEO Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<u> </u>	Under (specify) ▼ Full Name of Individual (Last, First, Middle Initial DEMPSEY, MICHAEL, , ,	l) or Full O	brganization Name	Date of Receipt
	Mailing Address 6614 PARKWOOD LANE	State	Zip Code	10 31 2023 Transaction ID : PR2636726369411
	EDINA FEC ID number of contributing federal political committee.	C	55436-1734	Amount of Each Receipt this Period
	Name of Employer (for Individual) Optum Services, Inc Receipt For:	VP E	upation (for Individual) Bus Group Fin Leader Year-to-Date ▼	Memo Item
	Primary General Other (specify)		846.12	P/R Deduction (\$38.46 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	181.92
т	OTAL This Period (last page this line number on	ly)	•••••	

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		Detailed Summary Page	×	11a		11		11c	12	
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or for commercial purposes, other than using										
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo			AC)							
Full Name of Individual (Last, First, Middl A. HILL, DAVID, , ,	e Initial) or Full C	Organization Name		Date of	Re	ecei	pt			
Mailing Address 1800 RIDGE AVENUE U	NIT 303			^M 10	/	Ľ	31	/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	ion	ID : F	PR2636	72656941	1
EVANSTON	IL	60201-5980	A	Amount	of	Ead	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-		-	76.	92
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) buty Gen Counsel Mgr		Me	emo	o Ite	em			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		846.12	P/	/R Ded	ucti	ion	(\$38.4	46 Bi-W	eekly)	
Full Name of Individual (Last, First, Middl FELLOWS, CHRISTINA, , ,	e Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 5725 SAINT JOHNS AVE				^M 10	/		31	/ Y	y y 2023	Y
City	State	Zip Code							68006941	1
EDINA	MN	55424-1546	A	Amount	of	Ead	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C					-		-	400.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef of Staff		Me	emo	o Ite	em			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	P /	/R Ded	uctio	on ((\$200	.00 Bi-V	Veekly)	
Full Name of Individual (Last, First, Middl C. PEDERSEN, NICHOLAS, , ,	e Initial) or Full C	organization Name		Date of	Re	ecei	pt			
Mailing Address 1862 CLOVER MEADOV	/ DR			^M 10	/		31	/ Y	y 2023	Y
City CHASKA	State MN	Zip Code 55318-5400							68476941	1
	IVIIN	00010-0400	A	Amount	of	Ead	ch Re	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	C			_		9		- <u>-</u>	28.	08
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comp		M	emo	o Ite	əm			
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		308.88	P	/R Ded	lucti	ion	(\$14.0	04 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optiona	l)								505.0	00
TOTAL This Period (last page this line num	iber only)					-		- -		

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

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			Detailed Summary Page		11a		111		11c	12	
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or	y information copied from such Reports and State for commercial purposes, other than using the na										
\backslash	NAME OF COMMITTEE (In Full)			_							
	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)							
Α.	Full Name of Individual (Last, First, Middle Initial) LARSON, CHRISTINE, , ,	or Full O	rganization Name		Date of	f Re	eceip	pt			
	Mailing Address 3360 VISTA COURT				^M 10	1	D	31	/ Y	y y 2023	Y
	City	State	Zip Code		Trans	acti	ion	ID : P	R26376	8876941	1
	HASTINGS	MN	55033-3347	/	Amount	t of	Eac	ch Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		-	28.0)8
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Gen Mgmt		M	emo	b Ite	em			
	Receipt For:	Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		294.84	P	/R Ded	lucti	on ((\$14.0	94 Bi-We	ekly)	
	Full Name of Individual (Last, First, Middle Initial) CALABRESE, DAVID, , ,	or Full O	rganization Name		Date of	f Re	eceip	pt			
	Mailing Address 12 FARM HILL RD				^M 10	/	D	31	/ Y	2023	Ŷ
	City	State	Zip Code		Trans	acti	ion	ID : P	R26397	0836941 [.]	
	CAPE ELIZABETH	ME	04107-2220	/	Amount	t of	Eac	ch Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					-		-	384.6	50
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) of Clin Off		M	emo	b Ite	em			
		Aggregate	Year-to-Date 🔻								
	Primary General Other (specify) ▼		, 4230.60	P	/R Ded	luctio	on ((\$192.	30 Bi-W	(eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) MESSING, KEITH, , ,	or Full O	rganization Name		Date of	f Re	eceip	pt			
	Mailing Address 9 BUTTERFIELD DR				^M 10	L.	L	31		2023	
		State	Zip Code		Trans	sacti	ion	ID : P	R26397	73496941	1
	GREENLAWN	NY	11740-2001	/	Amount	t of	Eac	ch Re	ceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					9		y	28.0)8
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Software Engineering		М	emo	o Ite	əm			
	Respiret For:		Year-to-Date ▼	\neg							
	Primary General	3 <u>3</u> . eguto			/R Dec	lucti	ion ((\$14 0)4 Bi-We	eklv)	
	Other (specify)		308.88	I '	,		(,ψ1- τ. U			
s	UBTOTAL of Receipts This Page (optional)		•				9		9	440.7	6
т	OTAL This Period (last page this line number only	y)									

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	EMIZED RECEIPTS			or each category of the Detailed Summary Page	X	11a] 11b	b	11c	12	
				etalloa oanniary rago		13		14		15	16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n											
	NAME OF COMMITTEE (In Full)											
$\left \right $	UnitedHealth Group Incorporated	I PAC (Uni	tedHealth Group PA	C)							
A.	Full Name of Individual (Last, First, Middle Initial SMITH, ANTHONY, , ,	l) or Full C	Organ	nization Name	C	Date of	Re	eceip	pt			
	Mailing Address 1 ROCKAWAY AVE	1				м м 10	1	D	31	/ Y	y y 2023	Y
	City	State		Zip Code		Trans	acti	ion	ID : PI	R26397	74626941	1
	MARBLEHEAD	MA		01945-1726	A	mount	of	Eac	ch Rec	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С						-		-gr-	76	92
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) Svc Acct Mgt		Me	emo	b Ite	em			
	Receipt For:	Aggregate	Yea	r-to-Date ▼	-							
	Primary General Other (specify) ▼		-	846.12	P	/R Ded	uctio	ion ((\$38.40	6 Bi-We	∋ekly)	
	Full Name of Individual (Last, First, Middle Initial WIGGIN, MATTHEW, , ,	l) or Full C	Organ	nization Name		Date of	Re	eceip	pt			
	Mailing Address 6 MIDDLEBROOK RD					[™] [™]	/	D	31	/ Y	y y 2023	Y
	City	State		Zip Code		Trans	acti	ion I	ID : PF	R26397	75936941	1
	WEST HARTFORD	СТ		06119-1014	A	mount	of	Eac	ch Rec	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С						-		- 7	115.	38
	Name of Employer (for Individual) United HealthCare Services Inc		cupat Corr	ion (for Individual) nm		Me	emo	b Ite	em			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1269.18	P/	R Ded	uctio	on (\$57.69	9 Bi-We	ekly)	
			-									
C.	Full Name of Individual (Last, First, Middle Initial ZUCCO, BETHANY, , ,	I) or Full O	rgan	nization Name	C	Date of	Re	eceip	pt			
	Mailing Address 2608 CROMWELL COURT	1 -				^M 10	/	L	31		2023 [°]	
	City MINNEAPOLIS	State MN		Zip Code 55410-2519				-			7600694	
				00-110 2010		mount	of	Eac	ch Rec	eipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_	_	y		9	384.	60
	Name of Employer (for Individual) Optum Services, Inc		upati Mktg	ion (for Individual)		M	emo	o Ite	em			
	Receipt For:	Aaareaate	Yea	r-to-Date ▼	1							
	Primary General Other (specify)		-	4230.60	P	/R Ded	lucti	ion ((\$192.:	30 Bi-V	Veekly)	
S	JBTOTAL of Receipts This Page (optional)							,		,	576.	90
т	OTAL This Period (last page this line number on	ly)		••••••				-		-		

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (I	UnitedHealth Group PAC	C)
A.	Full Name of Individual (Last, First, Middle Initia DUTTA, SUMIT, , , Mailing Address 1112 W WRIGHTWOOD AVE City CHICAGO FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	State IL Occi	Zip Code 60614-1315 cupation (for Individual) s Seg Chief Med Off	Date of Receipt 10 / 31 / 2023 Transaction ID : PR2639773869411 Amount of Each Receipt this Period 384.60 Memo Item
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
в.	Full Name of Individual (Last, First, Middle Initia SMITH, DELYLE, , , Mailing Address PO BOX 447 City MT PROSPECT FEC ID number of contributing federal political committee.	I) or Full O	Drganization Name Zip Code 60056-0447	Date of Receipt 10 ' 31 ' 2023 Transaction ID : PR2639801569411 Amount of Each Receipt this Period 76.92
	Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify) ▼	Sr [cupation (for Individual) Director Technology Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia GALLOWAY, MERCEDEIS, , , Mailing Address 6737 LANCER DRIVE	l) or Full O	Drganization Name	Date of Receipt
	City CHARLOTTE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For: Primary General Other (specify)	Sr C	Zip Code 28226-7729	Transaction ID : PR2640452069411 Amount of Each Receipt this Period 28.08 Memo Item P/R Deduction (\$14.04 Bi-Weekly)
	UBTOTAL of Receipts This Page (optional)			489.60
Т	OTAL This Period (last page this line number or	nly)		

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
	y information copied from such Reports and Stat for commercial purposes, other than using the n												
\rangle	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	UnitedHealth Group PA	C)									
Α.	Full Name of Individual (Last, First, Middle Initia WEBER, ALISSA, , ,		organization Name	Date of Receipt									
	Mailing Address 10425 HIDDEN VALLEY DRIVE	State	Zip Code	10 31 2023 Transaction ID : PR2640461069411									
	JOHNSTON	IA	50131-2539	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		115.38									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Bus Group Fin Leader	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1269.18	P/R Deduction (\$57.69 Bi-Weekly)									
в.	Full Name of Individual (Last, First, Middle Initia STOW, CHRISTINA, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 5505 30TH ST NW			10 / Y Y Y Y Y 2023									
	City WASHINGTON	State DC	Zip Code 20015-1249	Transaction ID : PR2640466469411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Comm	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initia SHARKEY, S PAUL, , ,	l) or Full O	organization Name	Date of Receipt									
	Mailing Address 8607 ELLISTON DRIVE			10 / D D / Y Y Y Y 10 31 2023									
	City WYNDMOOR	State PA	Zip Code 19038-7957	Transaction ID : PR2640845469411									
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 634.70	P/R Deduction (\$28.85 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			557.68									
т	OTAL This Period (last page this line number on	ly)	▶										

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Ar or	y information copied from such Reports and Stat for commercial purposes, other than using the n	tements ma ame and a	address of any political commit	person for the purpose of soliciting contributions ee to solicit contributions from such committee.									
\backslash	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (UnitedHealth Group F	PAC)									
Α.	Full Name of Individual (Last, First, Middle Initial BRISSON, SAMUEL, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 2454 GETTYSBURG AVE S			10 31 Y Y Y Y 2023									
		State MN	Zip Code	Transaction ID : PR2640854569411									
	ST LOUIS PARK		55426-2345	_ Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		28.00									
	Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) Dir Tech Prod Mgmt	Memo Item									
	Receipt For:												
	Other (specify)		308.00	P/R Deduction (\$14.00 Bi-Weekly)									
— B.	Full Name of Individual (Last, First, Middle Initial ESTESS, SHARON, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 128 ASHBROOKE TRAIL			10 31 2023									
	City MADISON	State MS	Zip Code 39110-6855	Transaction ID : PR2640876569411 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) 9 Gen Mgmt	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial METKO, SARA, , ,	l) or Full C	Organization Name	Date of Receipt									
	Mailing Address 23665 HIGHVIEW LANE			10 / Y Y Y Y 10 31 2023									
	City LAKEVILLE	State MN	Zip Code 55044-6025	Transaction ID : PR2640877369411									
			00044-0020	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) International Tax	Memo Item									
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			181.84									
Т	OTAL This Period (last page this line number on	ly)											

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Any information copied from suc	h Reports and Statements me	av not be sold or used by any n		13 or the l		14	of	15	16	17 tions		
or for commercial purposes, othe												
NAME OF COMMITTEE (In F	Full)											
/ UnitedHealth Group	Incorporated PAC (I	JnitedHealth Group P	AC)									
Full Name of Individual (Last, A. ADVANI, PROTIMA, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt	t					
Mailing Address 7618 BRITT	ANY PARC CT			10 31 / Y Y Y Y 2023								
City	State	Zip Code		Trans	acti	ion II	D : P	R2642	02416941	1		
FALLS CHURCH	VA	22043-2907	A	mount	of	Each	n Re	ceipt th	nis Period			
FEC ID number of contributin federal political committee.	g C		384.60									
Name of Employer (for Individ United HealthCare Services In	,	upation (for Individual) Rsch		Me	emo	Iten	n					
Receipt For:	Aggregate	Year-to-Date V										
Primary Gener Other (specify) ▼		4230.60	P/	'R Ded	uctio	on (\$	5192.	.30 Bi-V	Veekly)			
Full Name of Individual (Last, STRAND, UTE, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt	t					
Mailing Address 2323 SPRING	GDALE DRIVE			10 31 2023								
City	State	Zip Code		Transa	acti	on II	D : P	R26420	02556941	1		
NASHVILLE	TN	37215-1134	A	mount	of	Each	ו Re	ceipt th	nis Period			
FEC ID number of contributin federal political committee.	g C							-y	38.	46		
Name of Employer (for Individ United HealthCare Services In		upation (for Individual) Plan CEO		Memo Item								
Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 423.06	P/	P/R Deduction (\$19.23 Bi-Weekly)								
Full Name of Individual (Last, C. JENSEN, GINA, , ,	First, Middle Initial) or Full O	rganization Name		Date of	Re	ceipt	t					
Mailing Address 6287 JUNEA	U LANE N			^M 10	/		31	/ Y	2023 Y	Y		
	State MN	Zip Code 55311-4166		Trans	acti	ion I	D : F	R2642	03146941	1		
MAPLE GROVE		00011-4100	A	mount	of	Each	ו Re	ceipt th	nis Period			
FEC ID number of contributin federal political committee.	g C				_		_	y	38.	46		
Name of Employer (for Individ United HealthCare Services In	,	upation (for Individual) uty Gen Counsel		Me	emo	lter	n					
Receipt For:	Aggregate	Year-to-Date V										
Other (specify)	ral	423.06	P.	/R Ded	ucti	on (\$	\$19.2	23 Bi-W	eekly)			
SUBTOTAL of Receipts This Pa	age (optional)					9		,	461.	52		
TOTAL This Period (last page t	this line number only)		. [,						

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	y information copied from such Reports and Stat for commercial purposes, other than using the n									iting	con			
	NAME OF COMMITTEE (In Full)	ame and a	duress of any poil	lical committee	10 50		dinin	utions	ITOIT S	such	COL	mille	е.	
			المائم واللو والالم		\sim									
	UnitedHealth Group Incorporated		JhiledHealth	Group PA	AC)									
Α.	Full Name of Individual (Last, First, Middle Initial MARTIN, STEPHANIE, , ,	l) or Full O	rganization Name			Date of Receipt								
	Mailing Address 7002 N VIA DE MANANA				10 / Y Y Y Y 10 31 2023									
	City	State	Zip Code			Transaction ID : PR2642818069411								
	SCOTTSDALE	AZ	_	Amount	t of	Each F	Receip	ot thi	s Pe	eriod				
	FEC ID number of contributing federal political committee.	С						,		,		153.8	4	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ Market VP SIs AM	ual)		M	emo	Item						
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General			1692.24		P/R Ded	luctio	on (\$76	6.92 B	i-We	ekly)		
	Other (specify) v		ap. 1 ap. 1	1032.24										
— B.	Full Name of Individual (Last, First, Middle Initial KIRK, ARETHUSA, , ,	l) or Full O	rganization Name			Date of	f Re	ceipt						
	Mailing Address 16 OTHORIDGE ROAD				^M 10	/	31	D /	Y	y 202	23	Ý		
	City	State	Zip Code		Trans	acti	on ID :	PR26	6428	3026	69411			
	LUTHERVILLE	MD	21093-5413	_	Amount	t of	Each F	Receip	ot thi	s Pe	eriod			
	FEC ID number of contributing federal political committee.	С	C					,		7		28.0	6	
	Name of Employer (for Individual) United HealthCare Services Inc	Occi VP	Memo Item											
	Receipt For:	Aggregate	Year-to-Date 🔻											
	Primary General Other (specify)			308.66	F	P/R Ded	uctio	on (\$14	l.03 Bi	i-We	ekly))		
			, , ,											
с.	Full Name of Individual (Last, First, Middle Initial LONG, RICHARD, , ,	l) or Full O	rganization Name			Date of	f Re	ceipt						
	Mailing Address 4825 PENN AVE S					^M 10	/	D 31		Y	202	23	Y	
	City	State	Zip Code			Trans	acti	on ID :	: PR20	6428	3120	69411	_	
	MINNEAPOLIS	MN	55419-5258		_	Amount	t of	Each F	Receip	ot thi	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						,		9		76.9	2	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individ Planning & Strategy	Memo Item										
		Aggregate	Year-to-Date 🔻											
	Other (specify)			846.12		P/R Dec	lucti	on (\$38	3.46 B	i-We	ekly)		
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number on			, , , , , , , , , , , , , , , , , , ,	I 			,		J		258.8	2	

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			Detailed Summary Page		11a		11b 14		11c 15	12	17			
	y information copied from such Reports and Stat for commercial purposes, other than using the na				or the		pose of	f soli	iciting	contribut	tions			
$\overline{)}$	NAME OF COMMITTEE (In Full)													
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial FOX, ELIZABETH, , ,) or Full Or	ganization Name	[Date of	Re	ceipt							
	Mailing Address 611 SECOND STREET				10 / D D / Y Y Y Y 10 31 2023									
	City	State	Zip Code	Transaction ID : PR2642832069411							1			
	ALEXANDRIA	VA	22314-1416	_ /	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			384.60									
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Sovt Affs		Me	emo	Item							
	Receipt For:	Aggregate `	Year-to-Date 🔻											
	Primary General Other (specify) ▼		4230.60	P	/R Ded	ucti	on (\$19	92.30) Bi-We	eekly)				
в.	Full Name of Individual (Last, First, Middle Initial HASAN, NADIA, , ,) or Full Or	rganization Name		Date of	Re	ceipt							
	Mailing Address 16731 LAKE STREET EXTENSI	ON			Y									
	City	State	Zip Code		Trans	acti	on ID :	PR	264283	3 29694 1	1			
	MINNETONKA	MN	55345-2745	/	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			218.00									
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ssc Gen Counsel		Memo Item									
	Receipt For:	Aggregate `	Year-to-Date 🔻		-									
	Primary General Other (specify) ▼		, 2071.00	P.	P/R Deduction (\$109.00 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial KEISERJENKINS, KAREN, , ,) or Full Or	ganization Name		Date of	Re	ceipt							
	Mailing Address 9325 MARTINS LAKE DRIVE				^M 10	/	D 31		/ Y	y y 2023	Y			
	City ROSWELL	State GA	Zip Code 30076-2865		Trans	act	ion ID :	: PR	26428	3446941	1			
			30070-2803	- 1	Amount	of	Each F	Rece	eipt this	S Period				
	FEC ID number of contributing federal political committee.	С				_	,		,	28.0	08			
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Iktg Bus Dev		Me	emc	tem							
	Receipt For:	Aggregate `	Year-to-Date 🔻											
	Primary General Other (specify)		308.88	P	P/R Ded	ucti	on (\$14	4.04	Bi-We	ekly)				
s	UBTOTAL of Receipts This Page (optional)		••••••	.			, .		,	630.6	58			
т	OTAL This Period (last page this line number on	ly)	•						-					

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

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			Detailed Summary Page	≥	11a		-	1b		11c	12	_	_
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	NAME OF COMMITTEE (In Full)												
\rangle	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	NC)									
Α.	Full Name of Individual (Last, First, Middle Initial) RUDOLPH, CLAYTON, , ,) or Full O	rganization Name	Date of Receipt									
	Mailing Address 4937 RUSSELL AVENUE SOUT	н		10 / D D / Y Y Y Y Y 10 31 2023									
	City MINNEAPOLIS	State MN	Zip Code								993694		
			55410-1916	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		409.70									
	Name of Employer (for Individual)	Осси	upation (for Individual)		М	emo	o It	tem					
	Optum Services, Inc	VP E	Bus Group Fin Leader										
		Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		4180.60	F	P/R Dec	ducti	ion	n (\$20	04.8	85 Bi-W	/eekly)		
	Full Name of Individual (Last, First, Middle Initial) CRAGLE, STEVE, , ,) or Full O	rganization Name		Date o	f Re	ece	eipt					
	Mailing Address 6604 MOHAWK TRAIL			10 31 2023								Y]
	City	State	Zip Code		Trans	acti	ior	ו D :	: PF	R26432	006694	11	
	EDINA	MN	55439-1030	_	Amoun	t of	Ea	ach I	Rec	ceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С								7	384	1.60	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO		Memo Item								
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
с.	Full Name of Individual (Last, First, Middle Initial) NEELY, MARC, , ,) or Full O	rganization Name		Date o	f Re	ece	eipt					
-	Mailing Address 1159 BUFFALO RIDGE RD				10 ^M			D 31		/ Y	2023	Y	1
	City	State	Zip Code		Trans	sact	tio	n ID	: P	R26432	2031694	11	
	CASTLE PINES	СО	80108-8190		Amoun	t of	Ea	ach I	Rec	ceipt th	is Perio	d	
	FEC ID number of contributing federal political committee.	С					y			y	384	1.60	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		M	lemc	o li	tem					
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		4230.60	F	P/R Deo	ducti	ion	n (\$19	92.:	30 Bi-V	Veekly)		
SI	JBTOTAL of Receipts This Page (optional)						ļ				1178	3.90	
	OTAL This Period (last page this line number onl		· · ·	-	<u> </u>		,			, ,			

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ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the	(check only one)										
			Detailed Summary Page	X 11a	11b	11c	12	17						
	r information copied from such Reports and Stat or commercial purposes, other than using the n			rson for the	purpose of	f soliciting	contributi	ons						
	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	(C)										
	Full Name of Individual (Last, First, Middle Initial WINNEROSKI, KEVIN, , ,) or Full O	Organization Name	Date of	Receipt									
1	Mailing Address 5100 ABBOTT AVE S	1		10 / D D / Y Y Y Y Y 10 31 2023										
	City MINNEAPOLIS	State MN	Zip Code 55410-2143	Transaction ID : PR2644647169411 Amount of Each Receipt this Period										
	FEC ID number of contributing ederal political committee.	С		28.08										
(Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Mktg	Me	emo Item									
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/R Ded	uction (\$14	4.04 Bi-We	eekly)							
	Full Name of Individual (Last, First, Middle Initial MCKOY, PHILIP, , ,) or Full O	organization Name	Date of	Receipt									
_	Mailing Address 927 LINCOLN AVE			^M 10	/ D 31	D / Y	y y 2023	Y						
	City SAINT PAUL	State MN	Zip Code 55105-3149	Transaction ID : PR2644651669411 Amount of Each Receipt this Period										
	FEC ID number of contributing ederal political committee.	С		384.60										
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) t Grp CIO	Memo Item										
Ī		Aggregate	Year-to-Date V											
	Other (specify) ▼		4230.60	P/R Ded	uction (\$19	02.30 Bi-W	/eekly)							
	Full Name of Individual (Last, First, Middle Initial JEZARIAN, WENDY, , ,) or Full O	organization Name	Date of	Receipt									
-	Mailing Address 5251 HUMBOLDT AVE S	State	Zip Code	10 Troug	/ 31 action ID :	┛┖	2023							
	MINNEAPOLIS	MN	55419-1121		of Each F			1						
	FEC ID number of contributing ederal political committee.	С			y	. ,	38.4	6						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Iktg Rsch Cnslt	Me	emo Item									
ł	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 423.06	P/R Ded	luction (\$19	9.23 Bi-We	eekly)							
รเ	BTOTAL of Receipts This Page (optional)		•			. ,	451.1	4						
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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
or for con	nmercial purposes, other than using the n			rson for the purpose of soliciting contributions to solicit contributions from such committee.								
	of COMMITTEE (In Full) edHealth Group Incorporated	I PAC (L	InitedHealth Group PA	C)								
A. CHA	ame of Individual (Last, First, Middle Initial PMAN, GREGORY, , ,) or Full Or	ganization Name	Date of Receipt								
	Address 1724 SECOND STREET	1		10 / D D / Y Y Y Y 10 31 2023								
City NEW	ORLEANS	State LA	Zip Code 70113-1632	Transaction ID : PR2645103069411 Amount of Each Receipt this Period								
	D number of contributing I political committee.	С		100.00								
	of Employer (for Individual) HealthCare Services Inc		pation (for Individual) .cct Mgmt SB KA	Memo Item								
	ot For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 1100.00	P/R Deduction (\$50.00 Bi-Weekly)								
	ame of Individual (Last, First, Middle Initial _I, MICHAEL, , ,) or Full Or	ganization Name	Date of Receipt								
	Address 351 JEFFERSON DRIVE			10 31 2023								
City PITTS	BURGH	State PA	Zip Code 15228-2166	Transaction ID : PR2645168869411 Amount of Each Receipt this Period								
	D number of contributing I political committee.	С		400.00								
Optum	of Employer (for Individual) Services, Inc		pation (for Individual) Gen Mgmt	Memo Item								
	ot For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4200.00	P/R Deduction (\$200.00 Bi-Weekly)								
	ame of Individual (Last, First, Middle Initial IRT, JONATHAN, , ,) or Full Or	ganization Name	Date of Receipt								
	Address 4640 N TOMSIK ST	1		10 / D D / Y Y Y Y 10 31 2023								
City LAS V	/EGAS	State NV	Zip Code 89129-4816	Transaction ID : PR2645176969411 Amount of Each Receipt this Period								
	D number of contributing political committee.	С		384.60								
Optum	of Employer (for Individual) Services, Inc		pation (for Individual) Segment COO	Memo Item								
	ot For: Primary General Dther (specify)	Aggregate Y	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)								
SUBTOT	AL of Receipts This Page (optional)			884.60								
TOTAL	This Period (last page this line number on	ly)	····· •									

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ITEIMIZED RECEIPTS		for each category of the	X 11a 11b 11c 12									
		Detailed Summary Page										
			erson for the purpose of soliciting contributions to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Inco	rporated PAC (UnitedHealth Group PA	AC)									
Full Name of Individual (Last, First, PRICE, CASSANDRA, , ,	,	rganization Name	Date of Receipt									
Mailing Address 7903 S 193 AVENU	1		10 31 2023									
City GRETNA	State NE	Zip Code 68028-5017	Transaction ID : PR2646263669411									
GREINA		00020-3017	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Health Plan Operations	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		846.12	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, B. KELLNER, KYLE, , ,	/ Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1641 WHITE PINE V	VAY		10 / D D / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2646268369411									
CARVER	MN	55315-4563	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		30.76									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 338.36	P/R Deduction (\$15.38 Bi-Weekly)									
Full Name of Individual (Last, First, I C. HOFFMAN, SHERRI, , ,	Middle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 3409 DEEP WILLO	V AVENUE		10 / D D / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2646294669411									
PIKESVILLE	MD	21208-3116	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Clnt Svc Acct Mgt	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		846.12	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (op	tional)	•	184.60									
TOTAL This Period (last page this line	number only)		1 1 7 1 1 7 1 1 T									

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			Detailed Summary Page		11a		1	1b	11c	12		47	
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		rpo	se of		g contri	butio		
	NAME OF COMMITTEE (In Full)						-						
\sum	UnitedHealth Group Incorporated	PAC (L	JnitedHealth Group PA	AC)									
	Full Name of Individual (Last, First, Middle Initial) STANKIEWICZ, DENNIS, , ,	or Full Or	rganization Name	Date of Receipt									
	Mailing Address 17761 WEAVER LAKE DRIVE				10 31 / Y Y Y Y 2023								
	City	State	Zip Code		Tran	sact	tio	n ID : I	PR2646	304069	411		
	MAPLE GROVE	MN	55311-1328	/	Amoui	nt of	Ε	ach R	eceipt th	nis Peri	od		
	FEC ID number of contributing federal political committee.	С					-			38	34.60)	
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Corp Controller		N	/lemo	o li	tem					
	Receipt For:	Aggregate '	Year-to-Date ▼										
	Primary General Other (specify) ▼	iggi ogulo	4230.60	P	/R De	duct	tion	n (\$192	2.30 Bi-\	Veekly)			
	Full Name of Individual (Last, First, Middle Initial) SWENSSON, CHARLES, , ,	or Full Or	rganization Name		Date o	of Re	ece	eipt					
	Mailing Address 6312 MERRIMAC LANE NORTH				10 31 Y Y Y Y Y 2023								
	City	State	Zip Code		Tran	sact	tior	ו ID : I	PR2698	403969	411		
	MAPLE GROVE	MN	55311-3835	_ /	Amoui	nt of	Ε	ach R	eceipt th	nis Peri	od		
	FEC ID number of contributing federal political committee.	С			384.60								
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CMO		Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
				_									
C.	Full Name of Individual (Last, First, Middle Initial) ROSENHAUS, MORGANNE, , ,	or Full Or	rganization Name		Date o	of Re	ece	eipt					
	Mailing Address 724 FARRAGUT STREET NW				[™] 10		1	^D 31	JL	2023			
	City WASHINGTON	State DC	Zip Code 20011-4012						PR2698				
	FEC ID number of contributing	C		/	Amour	nt of	i Ea	ach R	eceipt th		od 15.38		
	federal political committee.	U			_	-	y	-	9				
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) ound/Social Resp		N	/lemo	o l	tem					
	Receipt For:	Aggregate '	Year-to-Date 🔻										
	Primary General Other (specify)		1269.18	F	9/R De	educt	tior	n (\$57.	69 Bi-W	eekly)			
s	JBTOTAL of Receipts This Page (optional)						,		. ,	88	34.58		
т	OTAL This Period (last page this line number only	y)	•	-			,		, , ,		-		

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		Detailed Summary							11b	11c		12 16	17		
	y information copied from such Reports and Star for commercial purposes, other than using the n							rpc	ose of s			ntribut	ons		
	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	I PAC (l	Unit	tedHealth Group PA	AC)										
A.	Full Name of Individual (Last, First, Middle Initia ZENICK, GEOFFREY, , ,	l) or Full Oi	rgani	ization Name		Date of Receipt									
	Mailing Address 7714 TWISTED OAKS CIRCLE				10 / D D / Y Y Y Y 2023										
	City DALLAS	State TX		Zip Code 75231-4711	Transaction ID : PR2698410869411 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С			76.92										
	Name of Employer (for Individual) Optum Services, Inc		upatio P Sale	on (for Individual) es	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)										
в.	Full Name of Individual (Last, First, Middle Initia RODDIS, SARAH ELIZABETH, , ,	l) or Full Oi	Organi	ization Name		Date c	f Re	ec	eipt						
	Mailing Address 4512 BRUCE AVENUE					^M 10	1		D D D 31	/ Y	ү 20)23	Y		
	City EDINA	State MN		Zip Code 55424-1121	Transaction ID : PR2698413569411 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С				19.22									
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Experience		N	lemo	o I	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date	P/R Deduction (\$9.61 Bi-Weekly)										
C.	Full Name of Individual (Last, First, Middle Initia TAYLOR, JOSHUA, , ,	l) or Full Oi	rgani	ization Name		Date o	f Re	ec	eipt						
	Mailing Address 7 CARRIAGE HILL RD					^M 10	1	'	D D D 31	/ Y	20)23	_		
	City WOODBRIDGE	State CT		Zip Code 06525-1037					on ID : F Each Re						
	FEC ID number of contributing federal political committee.	С						,		, J	_	38.4	6		
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) Mgmt		N	lemo	0	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year	-to-Date ▼ 423.06	P/R Deduction (\$19.23 Bi-Weekly)					у)					
s	UBTOTAL of Receipts This Page (optional)			••••••				,		9		134.6	0		
т	OTAL This Period (last page this line number on	ly)		•				-,		-	_				

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				etailed Summary Page	×	11a	۱ -	_	11b		11c		12	
Any information conied	from such Reports and Sta	such Reports and Statements may not be sold or						urn	14 00se	of s	15 Dicitina		16 tributi	17 ons
				ss of any political committee										
NAME OF COMMIT	. ,													
UnitedHealth	Group Incorporate	d PAC (l	Unit	edHealth Group PA	AC)									
Full Name of Individ A. DOWLING, MELC	ual (Last, First, Middle Initia DDY, , ,	al) or Full O	Organi	zation Name		Date	of I	Red	ceipt					
Mailing Address 529	N EVERGREEN ST					M 1()	/	D	D 31	/ Y	202	23	Y
City		State	2	Zip Code		Tra	nsa	cti	on IC) : P	R26991	825	69411	
GARDNER		KS		66030-1819	_	Amoi	unt d	of I	Each	Red	ceipt thi	s Pe	eriod	
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Name of Employer (United HealthCare Se	,		•	on (for Individual) Clin Ops			Mer	no	Item	ı				
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Primary Other (specify)	General ▼		7	846.12	F	P/R D	edu	ctic	on (\$	38.4	6 Bi-We	ekly	')	
Full Name of Individ B. AHLSTROM, AL	ual (Last, First, Middle Initia EXIS, , ,	al) or Full O	Organi	zation Name		Date	of I	Red	ceipt					
Mailing Address 342	1 OAKWOOD TERRACE					[™] 1(/	D	р 31	/ Y	y 202		Y
City		State	2	Zip Code		Tra	nsa	ctio	on ID) : Pl	R26991	8716	69411	
WASHINGTON		DC		20010-1819	-	Amo	unt d	of	Each	Red	ceipt thi	s Pe	eriod	
FEC ID number of c federal political com	0	С				<u> </u>		4	,		-J		384.6	0
Name of Employer (United HealthCare S	, ,		upatio Govt	on (for Individual) Affs			Mer	no	Item	ı				
Receipt For: Primary Other (specify)	General ▼	Aggregate	Year-	to-Date ▼ 4230.60	P	9/R D	edu	ctic	on (\$1	192.:	30 Bi-W	'eekl	y)	
Full Name of Individ C. ZHOU, JINGXI	ual (Last, First, Middle Initia N, , ,	al) or Full O	Organi	zation Name		Date	of I	Reo	ceipt					
Mailing Address 120						[™] 1(М	/	D	31	/ Y	Ý 202	23 [°]	Y
		State MN		Zip Code							R26991			
MINNETONKA				55343-4516		Amoi	unt d	of I	ceipt thi	s Pe	eriod			
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Name of Employer (Optum Services, Inc	for Individual)	Occu VP F	•	on (for Individual)			Mer	mo	Item	ו				
Receipt For:		Aggregate	Year-	-to-Date 🔻										
Other (specify)	General		-7-	846.12	F	P/R D	edu	ctio	on (\$	38.4	6 Bi-We	ekly	r)	
SUBTOTAL of Receip	ts This Page (optional)			••••••					,		y		538.4	4
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		Detailed Summary Page		11a		11b	11c	12	<u> </u>
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or for commercial purposes, other than us NAME OF COMMITTEE (In Full)	ing the name and a	ddress of any political committee	e to soli	cit cor	ntrib	utions fr	om such	committ	ee.
UnitedHealth Group Incorp	orated PAC (JnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Mic A HECK, DARRYL, , ,	ddle Initial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 202 CALLAWAY CHAS	SE LN			^M 10	/	D D 31	/ Y	y y 2023	Y
City PANAMA CITY	State FL	Zip Code 32404-6188						3196941 is Period	1
FEC ID number of contributing federal political committee.	C					-	- 45-	28.	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ianager Data Analytics		Me	emo	Item			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.88	P/I	R Ded	ucti	on (\$14.(04 Bi-We	eekly)	
Full Name of Individual (Last, First, Mic OFFIELD, MIRANDA, , ,	ddle Initial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 1906 N MEYERS RD				м м 10	/	D D D 31	/ Y	2023	Y
City LIBERTY LAKE	State WA	Zip Code 99016-5049						5756941 is Period	1
FEC ID number of contributing federal political committee.	С					-	- 4F-	30.	76
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Aanager Data Analytics		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 338.36	P/f	R Dedi	uctio	on (\$15.3	38 Bi-We	ekly)	
Full Name of Individual (Last, First, Mic FULBRIGHT, JOHN, , ,	Idle Initial) or Full C	rganization Name	D	ate of	Re	ceipt			
Mailing Address 47-645 UAKEA PLACE	1	77 0 0	44	10 ^M	/	31		2023	
City KANEOHE	State HI	Zip Code 96744-5427						86586941 is Period	1
FEC ID number of contributing federal political committee.	C			_		y .	,	24.	56
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Market Growth Manager		Me	emo	tem			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 270.16	P/	R Ded	ucti	on (\$12.:	28 Bi-We	eekly)	
SUBTOTAL of Receipts This Page (optio	nal)							83.4	40
TOTAL This Period (last page this line n	umber only)		Ī						

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			Detailed Summary Page		11a		11b 14	11c	12	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose of	soliciting	contribu	tions						
$\overline{\}$	NAME OF COMMITTEE (In Full)		••• ••••													
\rangle	UnitedHealth Group Incorporated	d PAC (l	JnitedHealth Group P	AC)												
Α.	Full Name of Individual (Last, First, Middle Initia WARNER, JONATHAN, , ,	l) or Full O	rganization Name		Date of	^r Re	eceipt									
	Mailing Address 258 CAMBRIDGE DRIVE				^M 10	1	D D D 31	/ Y	ү ү 2023	Y						
	City RAMSEY	State NJ	Zip Code 07446-1260						37356941	1						
			07440-1200	/	Amount	t of	Each R	eceipt th	is Period	_						
	FEC ID number of contributing federal political committee.	С					-		28.	08						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt		Me	emo	ltem									
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General Other (specify) ▼		308.88] P	/R Ded	lucti	on (\$14.	04 Bi-We	eekly)							
В.	Full Name of Individual (Last, First, Middle Initia WAYLAND, CHARLES, , ,	l) or Full O	rganization Name	Date of Receipt												
	Mailing Address 5601 MATOAKA RD				м м 10	1	D D D 31	/ Y	ү ү 2023	Y						
	City	State	Zip Code						2466941	1						
	RICHMOND	VA	23226-2329		Amount	t of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	С					-		384.	60						
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Behavioral HIth		Me	emo	Item									
	Receipt For:	Aggregate	Year-to-Date 🔻													
	Primary General Other (specify) ▼		4230.60	P	/R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)							
С.	Full Name of Individual (Last, First, Middle Initia MCSWEENEY, ERIN, , ,	ll) or Full O	rganization Name		Date of	Re	eceipt									
	Mailing Address 1128 EDINGTON PLACE				^M 10	1	D D D 31	/ Y	2023	Y						
	City MARCO ISLAND	State FL	Zip Code 34145-2006						81806941	1						
		_	000		Amount	t of	Each R	eceipt th	is Period							
	FEC ID number of contributing federal political committee.	C						y	384.	60						
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Chief People Officer		M	emc	tem Item									
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	Other (specify)		4230.60] P	P/R Ded	lucti	ion (\$19	2.30 Bi-V	Veekly)							
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b		11c	12	
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpor	rated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle OCONNELL, DANIEL, , ,	e Initial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 33 LATIGO PLACE	01-1-	7.0.0.1		^M 10	/	3	D 31	/ Y	ү ү 2023	
City COLUMBINE VALLEY	State CO	Zip Code 80123-6683	_						31966941 is Period	
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Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item	I			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2538.36	P/	R Dedi	uctio	on (\$	115.3	38 Bi-V	Veekly)	
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Mailing Address 1433 POWDER DRIVE				м м 10	/		D 31	/ Y	2023	Y
City O FALLON	State MO	Zip Code 63366-1398							32306941 is Period	
FEC ID number of contributing federal political committee.	C			inount		1	Tiec		384.	_
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) n Plan CEO		Me	emo	Item	I			
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Full Name of Individual (Last, First, Middle C. SPARKS, KEVIN, , ,	e Initial) or Full C	organization Name		ate of	Re	ceipt				
Mailing Address 10681 S CEDAR NILES E				^M 10	/	3	в В1		y y 2023	
City OLATHE	State KS	Zip Code 66061-7415				-		-	82556941	
FEC ID number of contributing federal political committee.	С			mount	OI	J	Rec	eipt tri	is Period 192.	_
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo	lterr	ı			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2115.30	P/	P/R Deduction (\$96.15 Bi-Weekly)						
SUBTOTAL of Receipts This Page (optional)		. [, ,		,	807.	66
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			Detailed Summary Page	×	11a	Щ	11b	11c	12								
Any inf	ormation copied from such Reports and State	ements may	, not be sold or used by any pe	v person for the purpose of soliciting co						utions							
	commercial purposes, other than using the na																
\	IE OF COMMITTEE (In Full)																
/ Ur	nitedHealth Group Incorporated	PAC (U	InitedHealth Group PA	(C)													
	Name of Individual (Last, First, Middle Initial) RAMER, NANCY, , ,) or Full Or	ganization Name	[Date of	Re	ceipt										
Mail	ing Address 4672 BITTERN LANE				^м М 10	/	D D 31	/ Y	2023	Y							
City		State	Zip Code		Trans	acti	ion ID : F	PR27025	014694	11							
LEE	BANON	ОН	45036-7562	/	Amount	of	Each Re	eceipt thi	is Perio	d							
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	ing Address 4624 TOWER ST				^M 10	1	D D D 31	/ Y	2023	Y							
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EDI			55424-1549		Amount	of	Each Re	eceipt thi	is Perio	d							
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Optu	ne of Employer (for Individual) um Services, Inc		pation (for Individual) /VP Public Health		M	emo	ltem										
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Full C. MI	Name of Individual (Last, First, Middle Initial) ERZLICKER, CAREY, , ,) or Full Or	ganization Name	[Date of	Re	ceipt										
	ing Address 950 BENTLEY PARK CIRCLE	1 -			^M 10		31		2023 Y								
City O F	ALLON	State MO	Zip Code 63368-8022				ion ID : I										
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	y information copied from such Reports and State for commercial purposes, other than using the na			ny person for the purpose of soliciting cont						
<u> </u>	NAME OF COMMITTEE (In Full)		, pression commute							
\rangle	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group P.	AC)						
	Full Name of Individual (Last, First, Middle Initial) BROWN, DIANE, , ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 502 BERRYMANS LANE				10 ^M	1	D D D 31	/ Y	y 2023	Y
	City REISTERSTOWN	State MD	Zip Code 21136-6003					PR27032 leceipt thi		
	FEC ID number of contributing federal political committee.	С				_			28.	_
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Clin Pract Perf		Me	emo	tem			
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B.	Full Name of Individual (Last, First, Middle Initial) CRIPPIN, TODD, , ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 11328 W 142ND STREET				10 ^M	1	D D D 31	/ Y	y y 2023	Y
	City OVERLAND PARK	State KS	Zip Code 66221-8060					PR27036 Receipt thi		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_		-	28.	08
	Name of Employer (for Individual) Optum Services, Inc		ipation (for Individual) Prov Svc		Me	emo	tem			
	Receipt For: A Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , , 308.88] F	י∕R Dedi	uctio	on (\$14.	.04 Bi-We	ekly)	
с.	Full Name of Individual (Last, First, Middle Initial) WESTRA, ROBERT, , ,	or Full Or	ganization Name		Date of	Re	ceipt			
	Mailing Address 4042 E ROBIN LANE				M M 10	Ŀ.	31		2023 Y	
	City PHOENIX	State AZ	Zip Code 85050-6875					PR27041 leceipt thi		
	FEC ID number of contributing federal political committee.	С			<u> </u>	_	, .	9	28.	06
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) VP SIs Acct Mgmt		M	emo	o Item			
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\setminus I	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporated	I PAC (I	Unite	edHealth Group PA	NC)								
Α.	Full Name of Individual (Last, First, Middle Initial HOROHO, PATRICIA, , ,) or Full O	rganiz	ation Name		Date of	Be	ceint					
-	Mailing Address 7808 PALMILLA COURT	br cach category of the Detailed Summary Page Image: The Target Cache Cac											
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-	REUNION	r c		34747-0417	_	Amount	of	Each	Rece	eipt thi	s Peri	od	
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Ī	Name of Employer (for Individual)	Осси	upatio	n (for Individual)		Me	emc	ltem					
	Optum Services, Inc	Bus	Segn	nent CEO									
	Receipt For: Primary General	Aggregate	Year-	to-Date 🔻									
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	Full Name of Individual (Last, First, Middle Initial JOHAR, RAVI, , ,) or Full O	rganiz	ation Name		Date of	Re	eceipt					
	Mailing Address 405 ARGUS MANOR CT					M M 10	/	D 31	D	/ Y			1
	City		Z	•		Trans	acti	on ID	: PR	27050	<u>65169</u>	411	
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	Name of Employer (for Individual) United HealthCare Services Inc					Me	emc	ltem					
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	Primary General		-	200.00		P/R Ded	ucti	on (\$14	4.04	Bi-We	ekly)		
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	Full Name of Individual (Last, First, Middle Initial DAUN, JESSICA, , ,) or Full O	rganiz	ration Name		Date of	Re	eceipt					
	Mailing Address W273N6194 BASHAM LANE					^M 10	/			/ Y			1
	City	State	Z	Zip Code		Trans	act	ion ID	: PR	27059	66269	411	
_	SUSSEX	WI		53089-4702		Amount	of	Each	Rece	eipt thi	s Peri	od	
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	formation copied from such Reports and Stat commercial purposes, other than using the n					for t			pos	se of	sol	iciting	con	ntribut	ions			
	ME OF COMMITTEE (In Full)																	
∕ Ur	nitedHealth Group Incorporated	I PAC (l	Un	itedHealth Group PA	AC)													
	Name of Individual (Last, First, Middle Initial ELLER, TRISHA, , ,) or Full O)rgai	nization Name		Date	of	Re	ecei	ipt								
Mai	ing Address 290 PRESERVE CT					[™]		/	E	D D 31] '	/ Y	ү 20)23	Y			
City CH	ANHASSEN	State MN		Zip Code 55317-8716								27059 eipt thi						
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	ne of Employer (for Individual) ed HealthCare Services Inc		•	ion (for Individual) Staff			Me	emo	o Ite	em								
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	Name of Individual (Last, First, Middle Initial PADE, NATHAN, , ,) or Full O)rgai	nization Name	Date of Receipt													
Mai	ing Address 1060 ELLIOTT LANE				10 / Y Y Y Y 2023									Y				
City YO		State PA		Zip Code 17403-3421								27059 eipt thi						
	D number of contributing and political committee.	С							,			-7-		153.8	4			
	ne of Employer (for Individual) ed HealthCare Services Inc		•	tion (for Individual) t Affs			Me	emo	o Ite	em								
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	Name of Individual (Last, First, Middle Initial ARBARO, PHILIP, , ,) or Full O)rgai	nization Name		Date	of	Re	ecei	ipt								
	ing Address 670 ARBUTUS STREET	1 -				_	0	/	L	^D 31		/ Y	20	1. Alt 1.				
City MI	DDLETOWN	State CT		Zip Code 06457-7106								27059			1			
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	y information copied from such Reports and State for commercial purposes, other than using the nar						pose				
	NAME OF COMMITTEE (In Full)										
\sum	UnitedHealth Group Incorporated	PAC (U	nitedHealth Group PA	AC)							
A.	Full Name of Individual (Last, First, Middle Initial) KMIEC, ADAM, , ,	or Full Org	anization Name		Date o	f Re	eceipt	t			
	Mailing Address 4736 PRAIRIE DUNES WAY				^M 10	/		д 31	/ Y	y y 2023	Y
		State	Zip Code		Trans	sact	ion II	D : P	R2705	9892694	11
	EAGAN	MN	55123-2352	/	Amoun	t of	Each	n Re	ceipt th	nis Perio	b
	FEC ID number of contributing federal political committee.	C					- J -		-gr	384	.60
	Name of Employer (for Individual) United HealthCare Services Inc	Occup VP Co	ation (for Individual) mm		М	emc	o Iten	n			
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	Primary General Other (specify) ▼		4230.60	P	/R Dec	ducti	ion (\$	5192.	.30 Bi-V	Veekly)	
B.	Full Name of Individual (Last, First, Middle Initial) PETRONE, DAMIAN, , ,	or Full Org	anization Name		Date o	f Re	eceipt	t			
	Mailing Address 703 DEAN CT				м м 10	/		д 31	/ Y	y y 2023	Y
		State	Zip Code		Trans	acti	ion II) : P	R27064	4189694	11
	WEST CHESTER	PA	19382-2100		Amoun	t of	Each	ו Re	ceipt th	nis Perio	tt
	FEC ID number of contributing federal political committee.	C					- T		-y	38	.46
	Name of Employer (for Individual) United HealthCare Services Inc		ation (for Individual) Dir Gen Mgmt		М	emc	o Iten	n			
	Receipt For: A Primary General Other (specify) ▼	ggregate Y	ear-to-Date ▼ 423.06	P	/R Dec	lucti	on (\$	19.2	3 Bi-We	eekly)	
с.	Full Name of Individual (Last, First, Middle Initial) BARTHOLET, DANIEL, , ,	or Full Org	anization Name		Date o	f Re	eceipt	t			
	Mailing Address 5918 VALEWOOD DRIVE	_			^M 10	J.		31		2023 Y	_
	5	State MN	Zip Code							4511694	
	MINNETONKA	IVIIN	55345-6545	/	Amoun	t of	Each	n Re	ceipt th	nis Perio	b
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		Detailed Summary Page	X 11a 11b 11c 12												
			erson for the purpose of soliciting contributions												
	g the name and a	ddress of any political committee	e to solicit contributions from such committee.												
NAME OF COMMITTEE (In Full)	rated DAC (Inited Health Crows D													
/ UnitedHealth Group Incorpo	rated PAC (4C)												
Full Name of Individual (Last, First, Middl AMULDOON, ALLISON, , ,	e Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 519 E LURAY AVENUE			10 31 2023												
City	State	Zip Code	Transaction ID : PR2706452769411												
ALEXANDRIA	VA	22301-1605	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		192.30												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) rt Affs Dir	Memo Item												
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Full Name of Individual (Last, First, Middl B. MOORE, KEVIN, , ,		rganization Name	Date of Receipt												
Mailing Address 9405 EAGLE NEST LAN	E		10 / Y Y Y Y 10 31 2023												
City	State	Zip Code	Transaction ID : PR2706453569411												
MIDDLETON	WI	53562-5647	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		384.60												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO	Memo Item												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)												
Full Name of Individual (Last, First, Middl C. MCMAHON, ANDREW, , ,	e Initial) or Full O	rganization Name	Date of Receipt												
Mailing Address 4125 DREW AVENUE So			10 / D D / Y Y Y Y 2023												
City MINNEAPOLIS	State MN	Zip Code 55410-1018	Transaction ID : PR2740509069411												
		33410-1010	Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		28.06												
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Regl Affs	Memo Item												
Receipt For:	Aggregate	Year-to-Date V	—												
Primary General Other (specify)		308.66	P/R Deduction (\$14.03 Bi-Weekly)												
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	ny information copied from such Reports and Sta for commercial purposes, other than using the n															
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (I	JnitedHeal	th Group P/	AC)											
A.		l) or Full O	rganization Nan	10		Date o	f Re	eceipt								
	Mailing Address 5594 MARSHALL HOUSE CT	Otata	Zin Code			10		31	J L	2023	Y					
	City BURKE	State VA	Zip Code 22015-21	41						5140694 nis Perioc						
	FEC ID number of contributing federal political committee.	С						т .		76	.92					
	Name of Employer (for Individual) Optum Services, Inc		upation (for Indi Gen Mgmt	vidual)		М	emc	tem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	846.12] F	P/R Dec	lucti	on (\$38.	.46 Bi-W	eekly)						
B.	Full Name of Individual (Last, First, Middle Initia WEINBERG, EDWARD, , ,	l) or Full O	rganization Nan	ne		Date o	f Re	eceipt								
	Mailing Address 224 N MILL VIEW WAY	1-			10 / D D / Y Y Y Y 10 31 2023											
	City PONTE VEDRA BEACH	State FL	Zip Code 32082-43	89	Transaction ID : PR2 Amount of Each Recei											
	FEC ID number of contributing federal political committee.	С					76.92									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Indi Unit COO	vidual)		M	emc	ltem								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date V	846.12] P	/R Ded	lucti	on (\$38.	46 Bi-We	ekly)						
с.	Full Name of Individual (Last, First, Middle Initia DELANEY, KEVIN, , ,	l) or Full O	rganization Nan	ıe		Date o	f Re	eceipt								
	Mailing Address 2876 GENEVA ST					10 ^M	J.	31	L	2023						
	City DENVER	State CO	Zip Code 80238-303	35	Transaction ID : PR2740759269411 Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С				_:		,	. y	76	.92					
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Indi Finance Leader	vidual)		Memo Item										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V	846.12] F	P/R Dec	ducti	ion (\$38	.46 Bi-W	eekly)						
\vdash	CUBTOTAL of Receipts This Page (optional)						-	y	9	230	76					
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Use separate schedule(s) for each category of the Detailed Summary Page

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		Detailed Summary Page	×	11a 13	-	11b 14		11c 15	12 16	17
Any information copied from such Reports an or for commercial purposes, other than using				or the		pose o	f sol	iciting	contribut	tions
NAME OF COMMITTEE (In Full)										
angle UnitedHealth Group Incorpor	ated PAC (UnitedHealth Group P/	AC)							
Full Name of Individual (Last, First, Middle PONS, NATALIE, , ,	Initial) or Full C	Organization Name	[Date of	Re	eceipt				
Mailing Address 3209 GALLERIA UNIT 803				^M ^M 10	1	31		/ Y	y y 2023	Y
City EDINA	State MN	Zip Code 55435-2547		Trans	acti	ion ID	: PR	27407	6196941	1
		55455-2547	_ /	Amount	of	Each I	Rece	eipt this	s Period	
FEC ID number of contributing federal political committee.	С				_				384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) ef Compli Off/SD Gen Cnsl		Me	emc	o Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4230.60	P	/R Ded	ucti	ion (\$19	92.30) Bi-W	eekly)	
Full Name of Individual (Last, First, Middle 3. ALTIERI, DOMINIQUE, , ,	Initial) or Full C	Organization Name		Date of	Re	eceipt				
Mailing Address 6611 HIGHWAY 100				м м 10	1	D 31		/ Y	y 2023	Y
City	State	Zip Code		Trans	acti	ion ID :	: PR	274070	6256941	1
NASHVILLE	TN	37205-4226	/	Amount	of	Each I	Rece	eipt this	s Period	
FEC ID number of contributing federal political committee.	С								28.	06
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt		Me	emc	tem				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		308,66	P	R Ded	ucti	on (\$14	4.03	Bi-We	ekly)	
Full Name of Individual (Last, First, Middle FEHR, STEPHANIE, , ,	Initial) or Full C	Organization Name		Date of	Re	eceipt				
Mailing Address 2213 GULF SHORE BLVE) N			^M 10	/	D 31		/ Y	2023	Y
City	State	Zip Code		Trans	act	ion ID	: PR	27480	2056941	1
NAPLES	FL	34102-4643	A	Amount	of	Each F	Rece	eipt this	s Period	
FEC ID number of contributing federal political committee.	C					,		,	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Mkt Grp Chief People Off		Me	emo	o Item				
Receipt For:		Year-to-Date ▼	_							
Primary General Other (specify)		4230.60	P	/R Ded	lucti	ion (\$19	92.3	0 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional)									797.2	26
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Use separate schedule(s) for each category of the Detailed Summary Page

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	Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee. all) Incorporated PAC (UnitedHealth Group PAC) First, Middle Initial) or Full Organization Name Date of Receipt ES GATE Date of Receipt Image: State stat	17											
				or the		ose of	f solid	citing	contrib		ns		
NAME OF COMMITTEE (In Full)	•												
✓ UnitedHealth Group Incorp	orated PAC (JnitedHealth Group P/	AC)										
Full Name of Individual (Last, First, Mic A. PROCHNO, MICHAEL, , ,	ddle Initial) or Full O	rganization Name	С	Date of Receipt									
Mailing Address 4640 ST JAMES GATE	<u> </u>				/			Y	y y 2023	Y			
City EXCELSIOR													
FEC ID number of contributing federal political committee.	С		76.92										
Name of Employer (for Individual) United HealthCare Services Inc		,	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate		P/	'R Ded	uctio	on (\$38	8.46 E	Bi-We	ekly)				
Full Name of Individual (Last, First, Mic B. WARD, BRIAN, , ,	ddle Initial) or Full O	rganization Name		ate of	Re	ceipt							
Mailing Address 22461 ARCADIA BLUF	FS				/			Y	2023	Y			
City SOUTH LYON													
FEC ID number of contributing federal political committee.	C					-							
Name of Employer (for Individual) United HealthCare Services Inc		1 ()		Me	emo	Item							
Receipt For: Primary General Other (specify) ▼	Aggregate		P/R Deduction (\$14.03 Bi-Weekly)										
Full Name of Individual (Last, First, Mic C. SEVERANCE, DAVID, , ,	ddle Initial) or Full O	rganization Name		ate of	Re	ceipt							
Mailing Address 2160 N MARION ST				10	1	31		L	2023				
City DENVER	State CO	Zip Code 80205-5245							881694 s Perio				
FEC ID number of contributing federal political committee.	С					,		j j		6.92			
Name of Employer (for Individual) Optum Services, Inc	Occi	upation (for Individual) Dir		Me	emo	Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)										
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or f	information copied from such Reports and S or commercial purposes, other than using the	statements ma	nav n	at he cold or used by only pr				ceipt a) (2023) ceipt (2023) on ID : PR2754215969411 Each Receipt this Period (28.08) Item (\$14.04 Bi-Weekly) ceipt (2023) on ID : PR2754244169411 Each Receipt this Period (\$192.30 Bi-Weekly) ceipt (\$192.30 Bi-W							
		e name and a	addre	ess of any political committee	mittee to solicit contributions from such committee.										
	NAME OF COMMITTEE (In Full)														
/	UnitedHealth Group Incorporate		`	•	AC)										
A	Full Name of Individual (Last, First, Middle Ini TAIT, ROBYN, , ,	tial) or Full C	Orgar	nization Name		Date of Receipt									
N	Mailing Address 31 LIPTON LANE					^M 10	1			/ Y	Y 202	23	Y		
	City	State		Zip Code		Trans	act	ion ID :	: PR	27542	1596	69411			
_	LANGHORNE	PA		19047-5782		Amount	t of	Each F	Rece	eipt thi	s Pe	eriod			
	EC ID number of contributing ederal political committee.	С								- J -		28.0	8		
	Name of Employer (for Individual) Jnited HealthCare Services Inc		cupat Prod	ion (for Individual) luct		M	emc	Item							
F	Receipt For:	Aggregate	e Yea	r-to-Date ▼											
	Primary General Other (specify) ▼		-	308.88	F	P/R Ded	lucti	on (\$14	4.04	Bi-We	ekly)			
	I Full Name of Individual (Last, First, Middle Ini ORIE, TIMOTHY, , ,	tial) or Full C	Orgar	nization Name		Date of	Re	ceipt							
Ν	Mailing Address 2317 RESIDENCE CIRCLE #B4-102					^M 10	/			/ Y			Y		
C	Dity	State		Zip Code		Trans	acti	on ID :	: PR	27542	4416	9411			
_	NAPLES	FL		34105-3104	Amount of Each Receipt this Period										
	EC ID number of contributing ederal political committee.	С								-y		384.6	0		
	Name of Employer (for Individual) Jnited HealthCare Services Inc		•	tion (for Individual) pople Team		M	emc	Item							
F	Receipt For:	Aggregate	e Yea	r-to-Date ▼											
	Other (specify)		,	4230.60	F	P/R Ded	ucti	on (\$19	92.30	0 Bi-W	eekl	y)			
	Full Name of Individual (Last, First, Middle Ini PAGET, JAMIE, , ,	tial) or Full C	Orgar	nization Name		Date of	Re	ceipt							
Ν	Aailing Address 15268 LOUISIANA AVE					^M 10	1			/ Y			Y		
		State		Zip Code		Trans	act	ion ID	: PR	27542	4600	5 941 1			
_	SAVAGE	MN		55378-5654		Amount	t of	Each F	Rece	eipt thi	s Pe	eriod			
	EC ID number of contributing ederal political committee.	С						,		y		76.9	2		
N	Name of Employer (for Individual)	Occ	cupat	ion (for Individual)		Μ	emo	ltem							
(Optum Services, Inc	Dir	Gen	Mgmt											
F	Receipt For:	Aggregate	e Yea	r-to-Date ▼											
	Other (specify)		Ţ	846.12	F	P/R Dec	lucti	on (\$38	8.46	Bi-We	ekly)			
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	for commercial purposes, other than using the n													
	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	PAC (l	JnitedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial KONTOR, JOHN, , ,) or Full Or	ganization Name		Date of	f Re	eceipt							
	Mailing Address 123A SPA VIEW AVE				M M / D D / Y Y Y Y 10 31 2023									
	City	State	Zip Code		Trans	acti	ion ID : I	PR27546	37366	9411				
	ANNAPOLIS	MD	21401-3542		Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		192.30										
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Advisory Svc	Memo Item										
	Boosint For:	Aggregate	Year-to-Date ▼		-									
	Primary General Other (specify) V		2115.30	F	P/R Dec	lucti	on (\$96. ⁻	15 Bi-We	ekly)	1				
в.	Full Name of Individual (Last, First, Middle Initial BOTHRA, SIDDHARTH, , ,) or Full Or	rganization Name		Date of	f Re	eceipt							
	Mailing Address 17200 SE 45TH STREET				^M 10	1	D D 31	/ Y	y 202					
	City	State	Zip Code	Transaction ID : PR27547207694										
	BELLEVUE	WA 98006-6510 Amount of Each Receipt this Per												
	FEC ID number of contributing federal political committee.	С		384.60 Memo Item										
	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) Segment COO											
		Aggregate	Year-to-Date 🔻											
	Primary General Other (specify) ▼		, 4230.60	P/R Deduction (\$192.30 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initial WILSON, DANIEL, , ,) or Full Or	ganization Name		Date of	f Re	eceipt							
	Mailing Address 15619 SWANSCOMBE LOOP				^M 10	/	31	/ Y	202					
		State MD	Zip Code				ion ID : I							
			20774-8412		Amoun	t of	Each Re	eceipt th	is Pe	riod				
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	Name of Employer (for Individual) United HealthCare Services Inc		ipation (for Individual) us Dvlp		M	emc	tem							
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)		422.40	P/R Deduction (\$19.20 Bi-Weekly)										
s	UBTOTAL of Receipts This Page (optional)		•••••				, .	. ,	6	615.30)			
т	OTAL This Period (last page this line number on	ly)	•••••					-	_					

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
✓ UnitedHealth Group Incorp	orated PAC (UnitedHealth Group P/	AC)									
Full Name of Individual (Last, First, Mic DONNELLY, ALISON, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 2127 COTTONWOOD	DRIVE		10 / D D / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2755530869411									
GLENVIEW	IL	60026-7771	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		333.32									
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		333.32	P/R Deduction (\$166.66 Bi-Weekly)									
Full Name of Individual (Last, First, Mic B. ABRAHAM, SANTIAGO, , ,	ddle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 4320 COTTONWOOD	LN		10 31 2023									
City	State	Zip Code	Transaction ID : PR2755652169411									
EXCELSIOR	MN	55331-9328	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		384.60									
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Seg CIO	Memo Item									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
Full Name of Individual (Last, First, Mic C. KRAUTKRAMER, MITCHELL,	Idle Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 800 LAKEVIEW PKWY			10 / D D / Y Y Y Y 10 31 2023									
City	State	Zip Code	Transaction ID : PR2755995769411									
MOUND	MN	55364-2307	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		76.92									
Name of Employer (for Individual) Optum Services, Inc	Occ VP I	upation (for Individual) Fin	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify)		846.12	P/R Deduction (\$38.46 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optio	nal)		794.84									
TOTAL This Period (last page this line n	umber only)	•••••										

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Detailed Summary Page 11/1 11/2 12/2 <				
		d PAC (UnitedHealth Group PAC))
Α.	ASHENHURST, KARLA, , , Mailing Address 865 BRINSMERE DRIVE	State	Zip Code	10 / Y Y Y Y 10 31 / 2023
	FEC ID number of contributing		53122-2102	
	United HealthCare Services Inc Receipt For: Primary General	Gov	vt Affs Dir Year-to-Date ▼	
В.	MASONER, AUDREY, , , Mailing Address 15400 MAPLE STREET			M M / D D / Y Y Y Y
	OVERLAND PARK FEC ID number of contributing federal political committee.	кѕ	66223-3262	Amount of Each Receipt this Period 76.92
	United HealthCare Services Inc Receipt For: Primary General	Dir,	, Health Plan Operations Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
C.	HERMELINGIII, THEODORE, , ,	al) or Full C	Drganization Name	
	City WILMETTE FEC ID number of contributing	IL		10 31 2023 Transaction ID : PR2756521669411 Amount of Each Receipt this Period
	Optum Services, Inc Receipt For:	VP I	Mktg Bus Dev	
s	UBTOTAL of Receipts This Page (optional)		▶	576.90
т	OTAL This Period (last page this line number or	nly)	••••••	

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			Detailed Summary Page		11a		111		11c	12					
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			ay not be sold or used by any p ddress of any political committe												
NAME OF CO	MMITTEE (In Full)														
✓ UnitedHe	alth Group Incorpo	rated PAC (I	JnitedHealth Group P	AC)											
Full Name of TANG , SHI	Individual (Last, First, Midd	le Initial) or Full O	rganization Name	[Date of	Re	eceip	pt							
Mailing Addres	SS 142 WOOSTER STREET APT 3B	Г			^м М	/	D	31	/ Y	2023	Y				
City		State	Zip Code		Trans	acti	ion	ID : P	R2756	690669411	1				
NEW YORK		NY	10012-3195	A	Amount	of	Ead	ch Re	ceipt th	nis Period					
FEC ID number federal politica	er of contributing al committee.	C		416.00											
	loyer (for Individual) Care Services Inc		upation (for Individual)	Memo Item											
Receipt For:			Year-to-Date ▼												
Primary Other (s	General pecify) ▼	Aggregate	3744.00	P	/R Ded	ucti	ion ((\$208.	00 Bi-V	Veekly)					
	Individual (Last, First, Midd HITE, ERIN, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceip	pt							
Mailing Addres	SS 1722 MONUMENT STRE	ET			м м 10	/	D	31	/ Y	2023	Y				
City		State	Zip Code	Transaction ID : PR2757435769411											
CONCORD		MA	01742-5310	Amount of Each Receipt this Period											
FEC ID number federal politica	er of contributing al committee.	C				-9	396.0)0							
Name of Emp Optum Service	loyer (for Individual) es, Inc		upation (for Individual) P Gen Mgmt		P/R Deduction (\$198.00 Bi-Weekly)										
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	Year-to-Date ▼ 4196.46	P/											
	Individual (Last, First, Midd	le Initial) or Full O	rganization Name												
	, SARA, , , SS 25263 RODEO LANE				Date of	[:] Re		pt 31	/ Y	2023	Y				
City		State	Zip Code		Trans	acti	ion	-	R2759	24336941 ⁻	1				
PARMA		ID	83660-7107	A						nis Period					
FEC ID numb	er of contributing al committee.	C					9		y	28.0)6				
Name of Emp Optum Service	loyer (for Individual)		upation (for Individual) Affordability, Assc Dir		M	emo	o Ite	əm							
Receipt For:	53, 110	I													
Primary Other (s	General gecify)	Aggregate	Year-to-Date ▼ 308.66	P	/R Ded	lucti	ion ((\$14.0	3 Bi-W	eekly)					
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	y information copied from such Reports and Stat for commercial purposes, other than using the na			prson for the purpose of soliciting contributions									
<u></u>	NAME OF COMMITTEE (In Full)												
\sum	UnitedHealth Group Incorporated	PAC (UnitedHealth Group PA	.C)									
	Full Name of Individual (Last, First, Middle Initial AZAM, MISHAEL, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 629 JEFFERSON AVENUE			10 / Y Y Y Y Y 10 31 2023									
	City	State	Zip Code	Transaction ID : PR2759343869411									
	CHERRY HILL	NJ	08002-3704	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		77.00									
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) v		847.00	P/R Deduction (\$38.50 Bi-Weekly)									
	Full Name of Individual (Last, First, Middle Initial HUNT, BRITTNEY, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 7820 JARED WAY	1		10 31 Y Y Y Y Y 2023									
	City	State	Zip Code	Transaction ID : PR2759756469411									
	TALLAHASSEE	FL	32309-8110	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		76.92									
	Name of Employer (for Individual) United HealthCare Services Inc		cupation (for Individual) Govt Affs	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 846.12	P/R Deduction (\$38.46 Bi-Weekly)									
C.	Full Name of Individual (Last, First, Middle Initial SCHLAIFER, MARISSA, , ,) or Full O	Organization Name	Date of Receipt									
	Mailing Address 1050 N STUART ST #400	1		10 / D D / Y Y Y Y Y 10 31 2023									
	City ARLINGTON	State VA	Zip Code 22201-5727	Transaction ID : PR2759756869411									
		<u>``</u>	22201-3727	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		384.60									
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Regl Affs	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify)		4230.60	P/R Deduction (\$192.30 Bi-Weekly)									
S	UBTOTAL of Receipts This Page (optional)		••••••	538.52									
т	OTAL This Period (last page this line number on	ly)	•										

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		Detailed Summary Page		13	\vdash	14	15	16	1				
Any information copied from such Reports or for commercial purposes, other than us						oose of	solicitiną	g contril	outions				
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorp	orated PAC (L	JnitedHealth Group PA	AC)										
Full Name of Individual (Last, First, Mid DIFRONZO , CHRISTINE, , ,	dle Initial) or Full Or	ganization Name	D	Date of Receipt									
Mailing Address 6 CRAIG LN				10 / D D / Y Y Y Y 10 31 2023									
City	State	Zip Code		Trans	acti	on ID :	PR2759	978169	411				
HINGHAM	MA	02043-3411	Ai	mount	of	Each R	eceipt th	nis Perio	bd				
FEC ID number of contributing federal political committee.	C			_		,		7	6.92				
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) nalytics		Me	emo	Item							
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify) ▼		846.12	P/f	R Ded	uctio	on (\$38.	46 Bi-W	eekly)					
Full Name of Individual (Last, First, Mid B. KELLOGG, PETER, , ,	dle Initial) or Full Or	ganization Name	D	ate of	Re	ceipt							
Mailing Address 1515 JEFFERSON AVE	INUE			Y									
City	State	Zip Code		Trans	acti	on ID : I	PR2759	9841694	411				
NEW ORLEANS	LA	70115-4120	A	mount	of	Each R	eceipt th	nis Perio	bd				
FEC ID number of contributing federal political committee.	С			76.92									
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ssc Gen Counsel		Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼											
Other (specify)		846.12	P/F	P/R Deduction (\$38.46 Bi-Weekly)									
Full Name of Individual (Last, First, Mid C. ROBERT, MICHAEL, , ,	dle Initial) or Full Or	ganization Name	D	ate of	Re	ceipt							
Mailing Address 79373 FITZGERALD			1.0	M M	/	DDD	/ Y	Y Y	Y				
CHURCH ROAD			44	10	Ι.,	31		2023					
City COVINGTON	State LA	Zip Code 70435-7809					PR2759 eceipt th						
FEC ID number of contributing federal political committee.	С						J		6.92				
Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) ompli	[Me	emo	Item							
Receipt For:		Year-to-Date ▼											
Primary General Other (specify)	Aygreyate	846.12] P/I	R Ded	ucti	on (\$38.	46 Bi-W	(eekly)					
SUBTOTAL of Receipts This Page (option	nal)		. [23	0.76				
TOTAL This Period (last page this line nu	Imber only)		Ī			,			-				

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	rated PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle REYNOLDS, MARK , , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 106 SE 68TH STREET	State	Zip Code	10 31 2023 Transaction ID : PR2760046369411							
OAK ISLAND	NC	28465-4549	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		285.70							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Ops	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2428.45	P/R Deduction (\$142.85 Bi-Weekly)							
Full Name of Individual (Last, First, Middle ALTMAN, KIMBERLY, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1861 TRANQUILITY COU	IRT		10 / D D / Y Y Y Y 2023							
City PROSPER	State TX	Zip Code 75078-9744	Transaction ID : PR2760046569411 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		416.00							
Name of Employer (for Individual) Optum Services, Inc		cupation (for Individual) CInt Svc Acct Mgmt	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4160.00	P/R Deduction (\$208.00 Bi-Weekly)							
Full Name of Individual (Last, First, Middle C. DECKER, WYATT, , ,	e Initial) or Full C	Organization Name	Date of Receipt							
Mailing Address 1482 HUNTER DRIVE			10 / D D / Y Y Y Y 2023							
City WAYZATA	State MN	Zip Code 55391-9658	Transaction ID : PR2760134069411 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		384.60							
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Phys, Innov & VBC	Memo Item							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional)		1086.30							
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Use separate schedule(s) for each category of the Detailed Summary Page

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				etailed Summary Page		(11a		11b		11c	16 1 ting contributions such committee. 2023 20775869411 t this Period 384.60 Bi-Weekly) 2023 60781769411 t this Period 2023 60781769411 t this Period 230.76	<u> </u>			
	y information copied from such Reports and Sta for commercial purposes, other than using the r											ntributi			
$\overline{\}$	NAME OF COMMITTEE (In Full)						-								
\rangle	UnitedHealth Group Incorporated	d PAC (l	Uni	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia MASTEN, DALE, , ,	al) or Full O	Organ	ization Name		Date o	f Re	eceipt							
	Mailing Address 9845 BENNINGTON DRIVE					10 / D D / Y Y Y Y 2023									
	City SHARONVILLE	State OH		Zip Code 45241-3619											
				40241-0019	_	Amoun	t of	Each F	Reco	eipt thi	s P	eriod			
	FEC ID number of contributing federal political committee.	С				Ľ				-		384.6	0		
	Name of Employer (for Individual) Optum Services, Inc		upati Regl	on (for Individual) Affs	Memo Item										
	Receipt For:	Aggregate	Year	r-to-Date ▼											
	Primary General Other (specify) ▼		Ŧ	4230.60	F	P/R Dec	lucti	on (\$19	92.3	0 Bi-W	/eek	ly)			
B.	Full Name of Individual (Last, First, Middle Initia DELMONICO, SUSAN, , ,	al) or Full O	rgan	ization Name		Date o	f Re	eceipt							
	Mailing Address 12 MULBERRY CIRCLE					м м 10	/	31		/ Y			Y		
	City	State		Zip Code											
	JOHNSTON	RI	_	02919-2519	\neg	Amoun	t of	Each F	lec	eipt thi	s P	eriod			
	FEC ID number of contributing federal political committee.	C	_			Ľ		-		- -	_	230.7	6		
	Name of Employer (for Individual) Optum Services, Inc		•	ion (for Individual) en Counsel		Memo Item									
	Receipt For:	Aggregate	Year	r-to-Date ▼											
	Primary General Other (specify) V		,	2538.36	P/R Deduction (\$115.38 Bi-Weekly)										
с.	Full Name of Individual (Last, First, Middle Initia CRAWFORD, KEVIN, , ,	al) or Full O	rgan	ization Name		Date o	f Re	eceipt							
	Mailing Address 744 SHELLEY LANE					^M 10		31		/ Y	20	23			
		State TN		Zip Code 37064-1621											
	FRANKLIN			37004-1021	\neg	Amoun	t of	Each F	Reco	eipt thi	s P	eriod			
	FEC ID number of contributing federal political committee.	С				Ļ		, .		y		230.7	6		
	Name of Employer (for Individual) United HealthCare Services Inc		upati Govt	on (for Individual) Affs		M	emo	tem							
	Receipt For:	Aggregate	Year	r-to-Date ▼											
	Other (specify)		2538.36					P/R Deduction (\$115.38 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			······	<u> </u>			, .		y		846.1	2		
т	OTAL This Period (last page this line number of	nly)						-	1	-					

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		Detailed Summary Page	X 11a 11b 11c 12										
Any information copied from such Reports a	nd Statements ma	l av not be sold or used by any n	erson for the purpose of soliciting contributions										
			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorpo	`	•	AC)										
Full Name of Individual (Last, First, Midd A. VELASCO, JOEL, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 6352 31 PLACE NW ST			10 31 2023										
City	State	Zip Code	Transaction ID : PR2760938569411										
WASHINGTON	DC	20015-2358	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		384.60										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) PIntl Relations	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		4230.60	P/R Deduction (\$192.30 Bi-Weekly)										
Full Name of Individual (Last, First, Midd B. MILLER, CORINNA, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 6083 OLD BRICKSTORE	ROAD		M M / D D / Y Y Y Y Y 10 31 2023										
City	State	Zip Code Transaction ID : PR276109006941											
GREENSBORO	NC	27455-8335	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		38.46										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Mgmt	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 423.06	P/R Deduction (\$19.23 Bi-Weekly)										
Full Name of Individual (Last, First, Midd C. OBRIEN, MICHAEL, , ,	e Initial) or Full C	organization Name	Date of Receipt										
Mailing Address 11017 CAVELL CIR			10 31 Y Y Y Y Y 10 31 2023										
City	State	Zip Code	Transaction ID : PR2761138269411										
BLOOMINGTON	MN	55438-2284	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C		96.14										
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Dir Tax	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify)		1057.54	P/R Deduction (\$48.07 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optiona	ı al)		519.20										
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			Detailed Summary Page		×	11a 13		11b 14	11c	12	17					
	y information copied from such Reports and State for commercial purposes, other than using the nar					or the		pose of	soliciting	contrib	utions					
$\overline{)}$	NAME OF COMMITTEE (In Full)															
\sum	UnitedHealth Group Incorporated	PAC (L	InitedHealth Group	DAC)											
A.	Full Name of Individual (Last, First, Middle Initial) ZITO, MOLLIE, , ,	or Full Or	ganization Name		Date of Receipt											
	Mailing Address 2445 WEST LOGAN BLVD UNIT 3E					м м 10		D 31		y y 2023	Y					
	City CHICAGO	State IL	Zip Code 60647-2043	-					PR27620							
		_	000+1-20+3		_ Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C			19.22											
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) legl Affs		Memo Item											
		ggregate \	Year-to-Date ▼													
	Primary General Other (specify) ▼		211.42		P/	'R Ded	ucti	on (\$9.0	61 Bi-We	ekly)						
в.	Full Name of Individual (Last, First, Middle Initial) ARYA, RAJIV, , ,	or Full Or	ganization Name			Date of	Re	ceipt								
	Mailing Address 4 GALWAY ROAD				Date of Receipt											
	,	State	Zip Code		_	Trans	acti	on ID :	PR27626	6487694	11					
	SKILLMAN	NJ	08558-1731		Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C			P/R Deduction (\$38.46 Bi-Weekly)											
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) irector, Advisory Svcs													
	Receipt For: A Primary General Other (specify) ▼	ggregate \	Year-to-Date ▼ 846.12													
с.	Full Name of Individual (Last, First, Middle Initial) SONNIER, SUSAN, , ,	or Full Or	ganization Name			Date of	Re	ceipt								
	Mailing Address 301 DEMONBREUN ST UNIT 180)5				^M 10	1	31		2023	Y					
	,	State TN	Zip Code	-	_			-	PR2762							
	NASHVILLE	111	37201-2248		А	mount	of	Each F	Receipt th	iis Perio	d					
	FEC ID number of contributing federal political committee.	C			ļ			,		230).76					
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Iktg Bus Dev			Me	emo	tem Item								
		ggregate \	Year-to-Date 🔻													
	Other (specify)		2538.36	P/R Deduction (\$115.38 Bi-Weekly)												
s	UBTOTAL of Receipts This Page (optional)			▶	[5 I		326	5.90					
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				Detailed Summary Page		< 11 13			11	1b	-	11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					for	he		pos	se of s	soli	iciting		ntribut	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)														
\rangle	UnitedHealth Group Incorporated	d PAC (l	Un	itedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initia CLAYTON, JUSTIN, , ,	l) or Full O	rga	nization Name		Date	e of	Re	ece	eipt					
	Mailing Address 163 BRIER RIDGE DRIVE						0 [™]	/	l	D D 31	1	/ Y	ү 20)23	Y
	City DURHAM	State NC		Zip Code 27703-0339					-	n <mark>ID : F</mark> ach Re		-			
	FEC ID number of contributing federal political committee.	С	l				Juni	U	Ţ		ece		5 Г	153.8	4
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) t Affs			Me	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 1692.24	F	P/R∣	Ded	ucti	ion	(\$76.9	92	Bi-We	ekly	/)	
B.	Full Name of Individual (Last, First, Middle Initia BIDINGER, DANIEL, , ,	l) or Full O	rga	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 3757 INDEPENDENCE RD			1			0 [™]	1	l	D D 31	/	/ Y	ү 20	23 [°]	Y
	City MAPLE PLAIN	State MN		Zip Code 55359-9759	-					ID:F ach Re					
	FEC ID number of contributing federal political committee.	С							-			- -		40.0	0
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) f Staff			Me	emo	o It	em					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ur-to-Date ▼ 440.00	F	9/R I	Ded	uctio	on	(\$20.0	00	Bi-We	ekly	/)	
с.	Full Name of Individual (Last, First, Middle Initia DAVIS, JENNIFER, , ,	l) or Full O	rga	nization Name		Dat	e of	Re	ece	eipt					
	Mailing Address 4330 CROWN POINT DR			1		<u> </u>	0 [™]	/	L	D D D 31		/ Y	20	23	
	City COLUMBUS	State OH		Zip Code 43220-4424	-					n ID : I ach Re					1
	FEC ID number of contributing federal political committee.	С	Ì				Jun		,			j		96.1	4
	Name of Employer (for Individual) United HealthCare Services Inc		•	tion (for Individual) : Affs			M	emo	o It	tem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	rr-to-Date ▼ 1057.54		P/R	Ded	ucti	ion	ı (\$48.ı	07	Bi-We	ekly	y)	
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			Detailed Summary Page	X 11a	11b 11c	12	<u> </u>
	information copied from such Reports and Stat						
<u> </u>	or commercial purposes, other than using the na	ame and a	address of any political committee	to solicit contribu	utions from such	n committe	e.
				0)			
/ '	UnitedHealth Group Incorporated	PAC (I	UnitedHealth Group PA	NC)			
	ull Name of Individual (Last, First, Middle Initial LAUSCH, KERSTEN, , ,) or Full O	organization Name	Date of Red	ceipt		
N	Aailing Address 236 E NEWELL STREET			10 × 10	D D / Y 31	2023	Y
C	Dity	State	Zip Code	Transacti	on ID : PR27670	047769411	
_	WINTER GARDEN	FL	34787-2800	Amount of	Each Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С			у. I. Эр.	28.00	6
	lame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Govt Affs	Memo	Item		
F	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		308.66	P/R Deductio	on (\$14.03 Bi-We	eekly)	
	Other (specify)						
	Full Name of Individual (Last, First, Middle Initial MEYER, ALEXIS, , ,) or Full O	Organization Name	Date of Red	ceipt		
N	Aailing Address 4732 EWING AVENUE SOUTH			10 ^M	D D / Y 31	2023	ŕ
	Dity	State	Zip Code	Transactio	on ID : PR27675	52269411	
<u> </u>	MINNEAPOLIS	MN	55410-1746	Amount of I	Each Receipt th	is Period	
	EC ID number of contributing ederal political committee.	С			<u>y. 1 . y.</u>	333.32	2
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) ef of Staff	Memo	Item		
F	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify)		333.32	P/R Deductio	on (\$166.66 Bi-W	/eekly)	
	Full Name of Individual (Last, First, Middle Initial FOLEY, BARBARA, , ,) or Full O	Organization Name	Date of Red	ceipt		
N	Aailing Address 6260 BLACK FOX WAY			10 ^M /	D D / Y	2023 Y	Ý
	City TALLAHASSEE	State FL	Zip Code 32312-4504		on ID : PR27692		
_			32312-4304	Amount of I	Each Receipt th	is Period	
	EC ID number of contributing ederal political committee.	C			<u>y 1 1 y</u>	92.30	0
ι	lame of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Mktg Bus Dev	Memo	Item		
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1015.30	P/R Deduction	on (\$46.15 Bi-We	eekly)	
				·		AED 00	,
	BTOTAL of Receipts This Page (optional)			·	<u>y i i y</u>	453.68	
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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stat for commercial purposes, other than using the n			
$\left/ \right.$	NAME OF COMMITTEE (In Full)			
	UnitedHealth Group Incorporated	I PAC (I	JnitedHealth Group PA	.C)
A.	Full Name of Individual (Last, First, Middle Initia OBARSKI, DANIEL, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 2035 S CLARKSON ST	State	Zip Code	10 31 2023 Transaction ID : PR2769243969411
	DENVER	CO	80210-4105	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.76
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Ntwk Contrctng	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 338.36	P/R Deduction (\$15.38 Bi-Weekly)
	Full Name of Individual (Last, First, Middle Initia) or Full O		
B.	MOORE, MALVIN, , ,			Date of Receipt
	Mailing Address 4520 SUNSET RIDGE	1-		10 / D D / Y Y Y Y 2023
	City MINNEAPOLIS	State MN	Zip Code 55416-3333	Transaction ID : PR2769866469411
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Found/Social Resp	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 308.66	P/R Deduction (\$14.03 Bi-Weekly)
C.	Full Name of Individual (Last, First, Middle Initia HAUSMAN, ERIC, , ,	l) or Full O	rganization Name	Date of Receipt
	Mailing Address 1617 WEST 25TH STREET			10 / D D / Y Y Y Y 10 31 2023
	City MINNEAPOLIS	State MN	Zip Code 55405-2466	Transaction ID : PR2778612769411 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4230.60	P/R Deduction (\$192.30 Bi-Weekly)
s	UBTOTAL of Receipts This Page (optional)		•	443.42
т	OTAL This Period (last page this line number on	ly)	>	

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	·	11c	12	
				13		14		15	16	17
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NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)							
Full Name of Individual (Last, First, Middle Ini A. ARTHUR, SUSAN, , ,	itial) or Full C	rganization Name	C	ate of	Re	ceipt				
Mailing Address 2300 NAUDAIN ST UNIT W		7.0		м м 10	/	D 31		/ Y	2023	
City PHILADELPHIA	State PA	Zip Code 19146-1172							5086941	
		19140-1172	A	mount	of	Each I	Rece	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С			_		-	_	-	909.	08
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) 9 Ops		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		3181.78	P/	'R Ded	uctio	on (\$4	54.54	1 Bi-W	eekly)	
Full Name of Individual (Last, First, Middle Ini B. BAKER, OMAR, , ,	itial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 8100 SPRING HILL FARM DF	२			™ 10	/	D 31		Y	y y 2023	Y
City	State	Zip Code		Transa	acti	on ID :	: PR	27789	8666941	1
MCLEAN	VA	22102-2330	A	mount	of	Each I	Rece	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С			_				-	384.	60
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) O/SVP Strat Intv		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		4230.60	P/	R Ded	uctio	on (\$19	92.30) Bi-W	eekly)	
Full Name of Individual (Last, First, Middle Ini C. ROMANOW, KATHLEEN, , ,	itial) or Full C	rganization Name		ate of	Re	ceipt				
Mailing Address 6804 MARBURY ROAD				^M 10	/	D 31		/ Y	2023 Y	Y
City	State	Zip Code		Trans	acti	ion ID	: PR	27827	3306941	1
BETHESDA	MD	20817-6052	A	mount	of	Each I	Rece	ipt thi	s Period	
FEC ID number of contributing federal political committee.	С					,		,	192.	30
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		Me	emo	Item				
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify)		2115.30	P/	'R Ded	ucti	on (\$90	6.15	Bi-We	ekly)	
SUBTOTAL of Receipts This Page (optional)		_	. [1485.	98
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Name of Employer (for Individual) Optum Services, Inc	me and ad PAC (L or Full Org State NV C Occup VP G	dress of any political committee	to solicit contributions from such committee.
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) A. SABAL, PETER, , , Mailing Address 6151 WILLOW ROCK ST City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	me and ad PAC (L or Full Org State NV C Occup VP G	dress of any political committee	Date of Receipt 10 ' 31 ' 2023 Transaction ID : PR2783559969411 Amount of Each Receipt this Period 76.92
UnitedHealth Group Incorporated Full Name of Individual (Last, First, Middle Initial) A. SABAL, PETER, , , Mailing Address 6151 WILLOW ROCK ST City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	or Full Org	Zip Code 89135-1482	Date of Receipt 10 ' 31 ' 2023 Transaction ID : PR2783559969411 Amount of Each Receipt this Period 76.92
Full Name of Individual (Last, First, Middle Initial) SABAL, PETER, , , Mailing Address 6151 WILLOW ROCK ST City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	or Full Org	Zip Code 89135-1482	Date of Receipt 10 ' 31 ' 2023 Transaction ID : PR2783559969411 Amount of Each Receipt this Period 76.92
A. SABAL, PETER, , , Mailing Address 6151 WILLOW ROCK ST City LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	State NV C Occu VP G	Zip Code 89135-1482 Dation (for Individual) en Mgmt	M / D / Y Y Y 10 31 2023 2023 Transaction ID : PR2783559969411 Amount of Each Receipt this Period 76.92
City LAS VEGAS FEC ID number of contributing federal political committee.	NV C Occu VP G	89135-1482 Dation (for Individual) en Mgmt	10 31 2023 Transaction ID : PR2783559969411 Amount of Each Receipt this Period 76.92
LAS VEGAS FEC ID number of contributing federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	NV C Occu VP G	89135-1482 Dation (for Individual) en Mgmt	Amount of Each Receipt this Period 76.92
federal political committee. Name of Employer (for Individual) Optum Services, Inc Receipt For:	Occu VP G	en Mgmt	4 4 4
Optum Services, Inc Receipt For:	VP G	en Mgmt	Memo Item
	Aggregate Y	'ear-to-Date ▼	
Other (specify)		846.12	P/R Deduction (\$38.46 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) MOYER, CASEY, , ,	or Full Or	ganization Name	Date of Receipt
Mailing Address 7568 W SNOWBERRY			10 / Y Y Y Y Y 2023
City BOISE	State ID	Zip Code 83709-1674	Transaction ID : PR2783746869411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		30.76
Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) Software Engineering	Memo Item
Receipt For: A Primary General Other (specify) ▼ Image: Content of the second of	Aggregate Y	′ear-to-Date ▼ 338.36	P/R Deduction (\$15.38 Bi-Weekly)
Full Name of Individual (Last, First, Middle Initial) BRADY, NICOLE, , ,	or Full Or	ganization Name	Date of Receipt
Mailing Address N7623 OLSON RD			10 / D D / Y Y Y Y Y 2023
City ONEIDA	State WI	Zip Code 54155-9619	Transaction ID : PR2786671269411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		28.06
Name of Employer (for Individual) United HealthCare Services Inc	Occu Sr Me	pation (for Individual) ad Dir	Memo Item
Receipt For: A Primary General Other (specify)	Aggregate N	′ear-to-Date ▼ 308.66	P/R Deduction (\$14.03 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)		>	135.74

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	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the		pose d		oliciting		ntribut	ions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group P	AC)								
A.	Full Name of Individual (Last, First, Middle Initia OWEN, CHRISTOPHER, , ,	l) or Full O	rganization Name	1	Date of	Re	eceipt					
	Mailing Address 9011 LESLIES GATE				^M 10	1	D 3		/ Y	Y 20	023	Y
	City BOERNE	State TX	Zip Code 78015-4779						R27869 ceipt th			
	FEC ID number of contributing federal political committee.	С					-		- 1	_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) ? Mktg		M	emo	Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P	/R Ded	lucti	on (\$1	92.	.30 Bi-V	Veek	dy)	
B.	Full Name of Individual (Last, First, Middle Initia CONWAY, PATRICK, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 190 WINDING RIVER RD				^M 10	/	D 3		/ Y	20)23	Y
	City WELLESLEY	State MA	Zip Code 02482-7320						R27878 ceipt th			
	FEC ID number of contributing federal political committee.	С					-		-9	_	384.6	0
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment CEO		M	emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4230.60	P	/R Ded	uctio	on (\$1	92.	30 Bi-W	√eek	(ly)	
C.	Full Name of Individual (Last, First, Middle Initia CLARKE, LACEY, , ,	l) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 15 MILO STREET				10 ^M	/		1	/ Y	20)23	
	City HUDSON	State NY	Zip Code 12534-2722						R2789			
	FEC ID number of contributing federal political committee.	С					9		y	_	153.8	4
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Govt Affs		M	emo	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1692.24] P	9/R Ded	lucti	ion (\$7	76.9	92 Bi-W	eekl	у)	
s	UBTOTAL of Receipts This Page (optional)						9		9		923.0	4
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Am	information conied from such Deports and C	Statomanta m	Not be cold or used by arriver		13		14	15		16 ntribut	17 ions
or f	information copied from such Reports and S or commercial purposes, other than using the										
\ I	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporate	ed PAC (UnitedHealth Group PA	AC)							
A	Full Name of Individual (Last, First, Middle Ini MORDEN, NANCY, , ,	itial) or Full C	organization Name		Date of	Re	eceipt		_		
ſ	Mailing Address 4624 TOWER ST				^M 10	1	31	D / Y	ү 2	023	Y
	City EDINA	State MN	Zip Code 55424-1549	-				PR2790 Receipt th			1
	FEC ID number of contributing ederal political committee.	С				. 01				80.0	00
ι	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) Med Dir/CMO		M	emo	o Item				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00		P/R Ded	lucti	ion (\$40	0.00 Bi-W	eek	y)	
	Full Name of Individual (Last, First, Middle Ini FISHER, HEIDI, , ,	itial) or Full C	organization Name		Date of	Re	eceipt				
ľ	Mailing Address 40 SPYGLASS PLACE				^M 10	/	31) / Y	2()23	Y
	Dity	State	Zip Code		Trans	act	ion ID :	PR27902	274:	369411	
_	DELLWOOD	MN	55110-1250		Amount	t of	Each F	Receipt th	nis F	Period	
	EC ID number of contributing ederal political committee.	С						-7		416.0	00
	Name of Employer (for Individual) Jnited HealthCare Services Inc		upation (for Individual) buty Gen Counsel Mgr		M	emo	o Item				
Ē	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		4160.00	F	P/R Ded	ucti	on (\$20	8.00 Bi-V	Veel	<ly)< td=""><td></td></ly)<>	
С.	Full Name of Individual (Last, First, Middle Ini BILLS, MATTHEW, , ,	itial) or Full C	organization Name		Date of	Re	eceipt				
-	Nailing Address 18961 DEVONSHIRE ST				^M 10	Ŀ	31		20)23 [°]	
	Dity BEVERLY HILLS	State MI	Zip Code 48025-4031	-				PR2790			1
	EC ID number of contributing ederal political committee.	С					,			92.3	30
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) CInt Svc Acct Mgt		М	emo	o Item				
	Receipt For:		Year-to-Date ▼	\neg							
	Primary General Other (specify)	, agregate	1015.30	'	P/R Dec	luct	ion (\$46	6.15 Bi-W	eek	ly)	
	BTOTAL of Receipts This Page (optional)		, , , , , , , , , , , , , , , , , , ,	• -			, , , ,			588.3	30

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or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpo	rated PAC (UnitedHealth Group PA	AC)						
Full Name of Individual (Last, First, Middl A. SEGERMAN, ANDREW, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 7306 REDBRIDGE CT				м м 10	/	31	/ Y	y y 2023	Y
City	State	Zip Code		Trans	acti	ion ID : F	PR27914	7586941	1
SPRINGFIELD	VA	22153-1511	A	mount	of	Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	C			_			- 7	38.	
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Comm		Me	emo	tem			
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		423.06	P/	'R Ded	ucti	on (\$19.2	23 Bi-We	eekly)	
Full Name of Individual (Last, First, Middl B. HAINES, CAROL, , ,	le Initial) or Full O	rganization Name		Date of	Re	eceipt			
Mailing Address 203 NESHAMINY ROAD				^M 10	/	D D D 31	/ Y	2023	Y
City	State PA	Zip Code 19021-5427						7696941	1
	FA	19021-0427		mount	of	Each Re	ceipt thi	is Period	
FEC ID number of contributing federal political committee.	C				-	-	-	400.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Med Clin Ops		Me	emo	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4200.00	P/	R Ded	uctio	on (\$200	.00 Bi-W	'eekly)	
		, .	-						
Full Name of Individual (Last, First, Middl SMITH, TAMEEKA, , ,	-	rganization Name		Date of	Re	eceipt			
Mailing Address 12201 CAPWELL DRIVE				^M 10	/	31		2023	
City MIDLOTHIAN	State VA	Zip Code 23113-2002						3296941	1
FEC ID number of contributing	С			inount	OT	Each Re	ceipt thi	is Period 384.	60
federal political committee.	-				-		9		
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Plan CEO		Me	emo) Item			
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		4230.60	P/	/R Ded	ucti	ion (\$192	.30 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (optiona	al)	••••••	. [823.0	06
TOTAL This Period (last page this line num	nber only)						-		

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	y information copied from such Reports and State for commercial purposes, other than using the na														
	NAME OF COMMITTEE (In Full)														
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	Unit	tedHealth Group PA	AC)										
Α.	Full Name of Individual (Last, First, Middle Initial) BRADY, WILLIAM, , ,	or Full O	Organi	ization Name		Date of	Re	ece	ipt						
	Mailing Address 5110 ALVARADO LAN N					^M 10	/	E	D D 31	1	Y	ү 20	23	Y	
	City	State		Zip Code		Trans	acti	ion	n ID : F	PR27	9413	316	6941 1		
	PLYMOUTH	MN		55446-3063		Amount	of	Ea	ach Re	eceip	t this	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						-					400.0	0	
	Name of Employer (for Individual) United HealthCare Services Inc		•	on (for Individual) dicare STARS		M	emo	o It	em						
	Receipt For:	Aggregate	Year	-to-Date 🔻											
	Primary General Other (specify) ▼		-	4200.00	F	P/R Ded	ucti	ion	(\$200).00 E	3i-W€	eekl	ly)		
B.	Full Name of Individual (Last, First, Middle Initial) MORSE, SARA, , ,	or Full O	rgani	ization Name		Date of	Re	ece	ipt						
	Mailing Address 6398 VALE STREET					м м 10	/	E	D D 31	1	Y	Y 202	23	Y	
	City	State		Zip Code		Trans	acti	ion	ID : F	PR27	9447	/34(69411		
	ALEXANDRIA	VA		22312-1435		Amount	of	Ea	ach Re	eceip	t this	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						-					384.6	0	
	Name of Employer (for Individual) United HealthCare Services Inc		upati Govt	on (for Individual) Affs		M	emo	o It	em						
	Receipt For: µ Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 4230.60	F	/R Ded	uctio	on	(\$192	30 E	i-W€	∍ekl	ly)		
c.	Full Name of Individual (Last, First, Middle Initial) TOWSLEY, JACK, , ,	or Full Oi	rgani	ization Name		Date of	Re	ece	ipt						
	Mailing Address 10210 SAN FRANCISCO RD NE					^M 10	/	L	D D D 31	1	Y	202	23		
	City ALBUQUERQUE	State NM		Zip Code 87122-3452		Trans	acti	ior	n ID : I	PR27	9522	264	69411		
				07 122-3432	- :	Amount	of	Ea	ach Re	ceip	this	s Pe	eriod		
	FEC ID number of contributing federal political committee.	С						9					80.0	0	
	Name of Employer (for Individual) Optum Services, Inc		•	on (for Individual) d Grp Non Physn		M	ema	o It	em						
	Receipt For:	Aggregate	Year	-to-Date 🔻											
	Primary General Other (specify)		-	840.00	F	P/R Ded	lucti	ion	(\$40.	00 Bi	-Wee	ekly	()		
s	UBTOTAL of Receipts This Page (optional)			•••••	•			,			_		864.6	0	
т	OTAL This Period (last page this line number only	y)			-			-	<pre></pre>						

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	y information copied from such Reports and State for commercial purposes, other than using the na				or the				oliciting		ntributi	ons
	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial) SMOTER, JENNIFER, , ,) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 570 LANDSDOWNE LANE				^M 10	1		а 31	/ Y	ү 20)23	Y
	City LAKE BLUFF	State IL	Zip Code 60044-2818						R27969			
	FEC ID number of contributing federal political committee.	C		_ /	Amount	of	Each	n Re	ceipt th		'eriod 1666.6	6
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) P Chief Comm Off		Me	emc) Item	ı				
	Receipt For: , Primary General	I	Year-to-Date ▼ 1666.66		/R Ded	ucti	on (\$	833.	33 Bi-V	Veek	(ly)	
	Uther (specify) ▼ Full Name of Individual (Last, First, Middle Initial)) or Full O		 	-							
В.	SHUCK, CYNTHIA, , ,		ngamzallon name		Date of	Re	· ·					
	Mailing Address 11204 RANNOCH LANE				10 ^M	/		31	/ Y	20)23	Ŷ
	City LOUISVILLE	State KY	Zip Code 40243-1238						R27971 ceipt th			
	FEC ID number of contributing federal political committee.	С					- y		-9-		33.1	8
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Cnslt Pharmacist		Me	emc	lterr	ſ				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 298.62	P	/R Ded	ucti	on (\$	16.5	9 Bi-We	eekly	/)	
с.	Full Name of Individual (Last, First, Middle Initial) ALBERT, MATTHEW, , ,) or Full O	rganization Name		Date of	Re	eceipt					
	Mailing Address 5365 CEDAR POINT RD	1			^M 10	1		31	/ Y	20)23	
	City MINNETRISTA	State MN	Zip Code 55364-9394				-		R2805			
	FEC ID number of contributing federal political committee.	С					y		y		384.6	0
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) Gen Auditor		M	emo	o Item	n				
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		4038.30	F	P/R Ded	ucti	ion (\$	192.	.30 Bi-V	Veel	dy)	
s	UBTOTAL of Receipts This Page (optional)		•	.			y		9	2	2084.4	4
т	OTAL This Period (last page this line number onl	ly)	••••••				-					

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Any information particul forms and D	and Otstansat		13 14 15 16 1
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
UnitedHealth Group Inc	orporated PAC (JnitedHealth Group P	AC)
Full Name of Individual (Last, First, VINYARD, ANDREA, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 4019 E MITCHELL	DR		10 31 2023
City	State	Zip Code	Transaction ID : PR2805726169411
PHOENIX	AZ	85018-5911	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Behavioral Health	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Other (specify) ▼		4200.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, MILLAR, JAMES, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1101 BAYBERRY	DRIVE		10 / D D / Y Y Y Y 2023
City	State	Zip Code	Transaction ID : PR2816690369411
CHAPEL HILL	NC	27517-9113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Industry Relations	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4200.00	P/R Deduction (\$200.00 Bi-Weekly)
Full Name of Individual (Last, First, WALTHALL, TODD, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 1948 ROCKINGH			10 / D D / Y Y Y Y 2023
City MCLEAN	State VA	Zip Code 22101-4922	Transaction ID : PR2817960469411
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Unit CEO	Memo Item
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		4200.00	P/R Deduction (\$200.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (c	pptional)		1200.00
TOTAL This Period (last page this lin	e number only)		

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Any information copied from such Reports or for commercial purposes, other than using									
NAME OF COMMITTEE (In Full)			0 10 30						
UnitedHealth Group Incorpo	prated PAC (UnitedHealth Group P	AC)						
Full Name of Individual (Last, First, Mido A. EINODSHOFER, MICHAEL, , ,	dle Initial) or Full C	Organization Name	1	Date of	Re	eceipt			
Mailing Address 11 WILLOW LINKS DR				м м 10	/	31	/ Y	y y 2023	Y
City BELLE VERNON	State PA	Zip Code 15012-4334						96146941	1
FEC ID number of contributing federal political committee.	С			Amount	. 01			iis Period 400.	
Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Pharmacy Programs		Me	emc	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4200.00	P	/R Ded	ucti	ion (\$20	0.00 Bi-V	Veekly)	
Full Name of Individual (Last, First, Mide SCHWARTZ, ERICA, , ,	dle Initial) or Full C	Organization Name		Date of	Re	eceipt			
Mailing Address 5935 PREMIER WAY UNIT 1425				м м 10	1	31	/ Y	2023	Y
City NAPLES	State FL	Zip Code 34109-7903						04766941 nis Period	1
FEC ID number of contributing federal political committee.	C						-	400.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) s Insurance Sols		Me	emc	tem			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 4200.00	P .	/R Ded	ucti	on (\$200	0.00 Bi-W	Veekly)	
Full Name of Individual (Last, First, Mido C. ALEJANDRE, CYNTHIA, , ,	lle Initial) or Full C	Organization Name		Date of	Re	eceipt			
Mailing Address 708 BERNINI STREET				^M 10		31	JL	y y 2023	
City LAS VEGAS	State NV	Zip Code 89144-4038				-	-	66846941 nis Period	1
FEC ID number of contributing federal political committee.	С					,	,	100.	00
Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) t Affs Dir		Me	emo	o Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00] P	/R Ded	lucti	ion (\$50	.00 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (option	al)		•					900.	00
TOTAL This Period (last page this line nu	mber only)		•						

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			Detailed Summary Page		11a		11	lb	11c	12		_
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or	y information copied from such Reports and State for commercial purposes, other than using the na											s
\backslash	NAME OF COMMITTEE (In Full)											
$\Big/$	UnitedHealth Group Incorporated	PAC (l	UnitedHealth Group PA	AC)								
A.	Full Name of Individual (Last, First, Middle Initial NEUSTADT, JENNAE, , ,) or Full O	Organization Name		Date of	f Re	ece	ipt				
	Mailing Address 115 KEYSTONE CROSSING DR	R			м м 10	/	Γ	D 31	/ Y	y y 2023	Y	
	City	State	Zip Code		Trans	acti	ior	ID :	PR2821	9933694	11	
	O FALLON	MO	63368-6777	/	Amoun	t of	Ea	ach R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,			54	5.44	
	Name of Employer (for Individual) United HealthCare Services Inc		upation (for Individual) /t Affs Dir		М	emo	o It	em				
		Year-to-Date ▼										
	Primary General Other (specify) ▼	Primary General General					ion	(\$272	2.72 Bi-V	Veekly)		
	Full Name of Individual (Last, First, Middle Initial BECHAN, ANGELA, , ,) or Full O	Organization Name	Date of Receipt								
	Mailing Address 5 MCVICKERS LANE				10 / D D / Y Y Y Y 10 31 2023							
	City	State	Zip Code		Trans	acti	ion	ID :	PR2822	5014694	11	
	MENDHAM	NJ	07945-2936		Amoun	t of	Ea	ach R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					-		-	434	1.00	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) P Comm		Memo Item							
	Pagaint For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		3906.00	P	P/R Deduction (\$217.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial KISLOFF, MICHELLE, , ,) or Full O	Organization Name		Date of	f Re	ece	ipt				
	Mailing Address 1815 N UNDERWOOD ST				^M 10	1		D D 31	/ Y	2023 Y	Y	
	City	State	Zip Code		Trans	sact	tior	ו ID :	PR2823	3405694	11	
	ARLINGTON	VA	22205-1819	/	Amoun	t of	Ea	ach R	eceipt th	nis Perio	d	
	FEC ID number of contributing federal political committee.	С					,		,	416	6.00	
	Name of Employer (for Individual) Optum Services, Inc		upation (for Individual) Segment Gen Counsel		M	emc	o It	em				
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General Other (specify)	4160.00	F	P/R Dec	ducti	ion	(\$20	8.00 Bi-\	Veekly)			
SI	JBTOTAL of Receipts This Page (optional)		•	.			,			1395	5.44	
т	OTAL This Period (last page this line number onl	y)	••••••				-		- 45-			

I

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

(check only one)

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			Detailed Summary Page	×	11a				11c	12	<u> </u>
	/ information copied from such Reports and State							se of s			
	for commercial purposes, other than using the na	me and ad	dress of any political committee	e to so	licit co	ontrib	butic	ons fro	om suc	h commi	ttee.
\mathbf{i}	NAME OF COMMITTEE (In Full)		Initad Llaste Oracia D								
/	UnitedHealth Group Incorporated			-U)							
	Full Name of Individual (Last, First, Middle Initial) MINOR, MICHAEL, , ,	or Full Org	ganization Name	Date of Receipt							
	Mailing Address 3932 CHAPEL HEIGHTS DRIVE				10 31 2023						
	City	State	Zip Code			sact	tion		R2823	6608694	11
	MARIETTA	GA	30062-2217	/	Amoun	nt of	f Ea	ch Re	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С			416.00						
	Name of Employer (for Individual) United HealthCare Services Inc		pation (for Individual) Plan CEO		N	lemo	o Ite	əm			
	Receipt For:	Aggregate Y	′ear-to-Date ▼								
	Primary General Other (specify) ▼		4160.00] P	/R Deo	ducti	tion	(\$208	.00 Bi-V	Veekly)	
	Full Name of Individual (Last, First, Middle Initial) SCHOENEBECK, DARCEY, , ,	or Full Orç	ganization Name	Date of Receipt							
	Mailing Address 804 ECLIPSE PKWY				^M 10	/	/	31	/ Y	2023	Y
		State	Zip Code							3947694	
-	NEW PRAGUE	MN	56071-2015	/	Amoun	nt of	Ea	ch Re	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					-		-	434	.00
	Name of Employer (for Individual) Optum Services, Inc		pation (for Individual) f Client Officer		N	lemo	o Ite	əm			
	Receipt For: A Primary General Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 4123.00	P/R Deduction (\$217.00 Bi-Weekly)							
с.	Full Name of Individual (Last, First, Middle Initial) VISWANATHAN, KARTHIK, , ,	or Full Orç	ganization Name		Date o	of Re	ecei	pt			
	Mailing Address 300 CARAWAY CT				^M 10		1.	31	ΙL	2023 Y	_
	City SAN RAMON	State CA	Zip Code 94582-5027							6789694	
-		0.1	JHJUZ-JUZ1	_ /	Amoun	nt of	i Ea	ch Re	ceipt th	nis Perio	d
	FEC ID number of contributing federal political committee.	С					y			400	0.00
	Name of Employer (for Individual) Optum Services, Inc	Occup Chief		N	1emo	o Ite	em				
		ggregate Y									
	Other (specify)] F	P/R Deduction (\$200.00 Bi-Weekly)							
SI	JBTOTAL of Receipts This Page (optional)			•			,			1250	.00
т	OTAL This Period (last page this line number only	/)		-			-				

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 207 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
	y information copied from such Reports and Stat for commercial purposes, other than using the n				
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	I PAC (l	UnitedHealth Group PA	C)	
A.	Full Name of Individual (Last, First, Middle Initial GLEASON, LAUREN, , , Mailing Address 1607 BLOUIN AVE City BATON ROUGE FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc	Address 1607 BLOUIN AVE N ROUGE State LA Zip Code 70808-1408 O number of contributing political committee. C of Employer (for Individual) Occupation (for Individual)			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 954.52	P/R Deduction (\$136.36 Bi-Weekly)	
в.	Full Name of Individual (Last, First, Middle Initial HUMMEL, KRISTI, , , Mailing Address 1 EDEN CIRCLE City WESTBOROUGH FEC ID number of contributing federal political committee.	I) or Full O	Zip Code 01581-3653	Date of Receipt	
	Name of Employer (for Individual) United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	SVF	upation (for Individual) P, Talent Year-to-Date ▼ 4200.00	P/R Deduction (\$200.00 Bi-Weekly)	
C.	Full Name of Individual (Last, First, Middle Initial LOCKE, ELLEN, , , Mailing Address 732 SOUTH ALFRED STREET City ALEXANDRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) United HealthCare Services Inc Receipt For:	State VA C Occu Govt	Zip Code 22314-4004 upation (for Individual) t Affs Dir	Date of Receipt	
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 792.45	P/R Deduction (\$52.83 Bi-Weekly)	
s	UBTOTAL of Receipts This Page (optional)			778.38	
Т	OTAL This Period (last page this line number on	ly)		126512.45	

	CHEDULE B (FEC Form 3X)		arata askadula(s)	_ · · · · ·	INE NUMBER: PAGE 208 OF 222			
IT	EMIZED DISBURSEMENTS	for each category of the			only one) 21b 22 🗙 23 26 27			
		Detailed	Summary Page		28a 28b 28c 29 30b			
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or use ress of any politic	ed by any p al committe	person for the purpose of soliciting contributions et to solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)							
/	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth C	Group P	PAC)			
~	Full Name (Last, First, Middle Initial)							
Α.	Manchin For West Virginia	Date of Disbursement						
	Mailing Address PO Box 5202	10 / 19 / Y Y Y Y Y 2023						
	City	State	Zip Code		FEC Identification Number			
	Charleston	WV	25361					
	Purpose of Disbursement Contribution			011	C C00486563			
	Candidate Name				Transaction ID : 49250617			
	Manchin, Joe, , Sen., III	Category/ Type			Amount of Each Disbursement this Period			
		ment For: 2	2024	турс	5000.00			
	X Senate	Primary	K General					
	State: WV District:	Other (spec	cify) 🔻		Contribution Memo Item			
	Full Name (Last, First, Middle Initial)							
В.	All For Our Country Leadership P	AC			Date of Disbursement			
	Mailing Address 600 Pennsylvania Avenue SE #15180		1		10 19 2023			
	City	State DC	Zip Code 20003		FEC Identification Number			
	Washington Purpose of Disbursement	DC	20003		C C00629212			
	Contribution			011				
	Candidate Name			Category	Transaction ID : 49250618 Amount of Each Disbursement this Period			
				Туре				
		ment For:			5000.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	сіту)		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Cotton For Senate, Inc.				Date of Disbursement			
	Mailing Address PO Box 7839				10 / D D / Y Y Y Y Y 2023			
	-	State	Zip Code		FEC Identification Number			
	Little Rock Purpose of Disbursement	AR	72217					
	Contribution			011	C C00499988			
	Contribution Candidate Name Cotton, Thomas, , Sen., Office Sought: House Disbursement For: 2026				Transaction ID : 49250620 Amount of Each Disbursement this Period			
					Amount of Each Disbursement this Period			
					2500.00			
	X Senate	Primary	General		Contribution			
	President	Other (spec	cify) 🔻		Memo Item			
_	State: AR District:				1			
s	UBTOTAL of Disbursements This Page (optional).				12500.00			
Т	OTAL This Period (last page this line number only	/)			•			

SCHEDULE B (FEC For	m 3X)			FC	BI		JMBER:		P	AGE	209 OF 222		
ITEMIZED DISBURSEMENTS		Use sepa for each		neck d	only o	ne)							
			Summary Page			lb	22	X 23	26		27		
						Ba	28b	28c	29		30b		
Any information copied from such Rep or for commercial purposes, other than													
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Inco	•	PAC (Un	itedHealth (Grou	р Р <i>і</i>	4C)							
٨	Full Name (Last, First, Middle Initial) Alaskans For Dan Sullivan Mailing Address 3705 Arctic Blvd #447							Data of Diskumament					
Alaskans For Dan Sullivar								Date of Disbursement					
Mailing Address 3705 Arctic Blvd #4								10 / 19 / Y Y Y Y 10 2023					
City	State Zip Code						FFC Ide	entificatio	n Numb	er			
Anchorage		AK	99503				_				-		
Purpose of Disbursement Contribution				0,	11		С	C005709	94				
Candidate Name									1D:492				
Sullivan, Daniel, , Sen.,	Category/ Type						Amount	or Eacr	Disburs	emen	t this Period		
Office Sought: House	Disburse	ment For: 2	2026	,	1	_					2000.00		
Senate	X	Primary	General						0	ate -			
State: AK District:		Other (spec	cify) 🔻				Me	mo Item	Contribu	ition			
Full Name (Last, First, Middle Initial	Full Name (Last, First, Middle Initial)												
B. Ann Wagner for Congre	Ann Wagner for Congress									V	YYY		
Mailing Address PO Box 50							10		19	2	023		
City		State	Zip Code				FEC Ide	entificatio	n Numb	er			
Ballwin MO 63022 Purpose of Disbursement								_			-		
Contribution				0	11		C C00495846						
Candidate Name							Transaction ID : 49250624 Amount of Each Disbursement this Period						
Wagner, Ann, L., Rep.,					gory/ pe		Amount		Disbuis	emen			
Office Sought: X House	Disburse	ment For: 2	2024				5000.00				5000.00		
Senate	X	Primary	General						Contrib	ution			
State: MO District: 02		Other (spec	cify)				Me	mo Item					
Full Name (Last, First, Middle Initial)						Dut						
c. Wild and Wonderful PAC	2							Disburs					
Mailing Address 3538 South Wakefi	eld Street						м м 10		D / 19		023		
City		State	Zip Code				FEC Ide	entificatio	on Numb	er			
Arlington		VA	22206					_			-		
Purpose of Disbursement				01	11		С	C004893	336				
Candidate Name	Contribution 011						Transaction ID : 49250625 Amount of Each Disbursement this Period						
Office Sought: House Disbursement For: Category/ Type													
						\neg				-	2500.00		
Senate								1	Contrib	ution			
President State: District:		Other (spec	cify) 🔻				Me	mo Item	Contrib				
State: District:													
SUBTOTAL of Disbursements This Pa	age (optional)				Þ			- 7			9500.00		
TOTAL This Period (last page this lin	e number only)											
	c number only	,		•••••	•••••			,			1		

ITEMIZED DISBURSEMENTS Use separate schedule(s) for each category of the Detailed Summary Page Interference of the Check only one) Image: State of Disbursement in the indext of the Detailed Summary Page Image: State of Disbursement in the indext of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Date of Disbursement A. Truth Is Markets Work Fund A/K/A Tim W Fund	
Detailed Summary Page 210 22 23 20 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. Truth Is Markets Work Fund A/K/A Tim W Fund	30b g contributions n committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. Truth Is Markets Work Fund A/K/A Tim W Fund Date of Disbursement	contributions n committee.
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) A. Truth Is Markets Work Fund A/K/A Tim W Fund	n committee.
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC) Full Name (Last, First, Middle Initial) Truth Is Markets Work Fund A/K/A Tim W Fund Date of Disbursement	
Full Name (Last, First, Middle Initial) A. Truth Is Markets Work Fund A/K/A Tim W Fund	
A. Truth Is Markets Work Fund A/K/A Tim W Fund	
Iruth Is Markets Work Fund A/K/A Tim W Fund	
City State Zip Code FEC Identification Number	
Contribution 011	
Candidate Name Transaction ID : 49250 Candidate Name Category/	
Туре	
Office Sought: House Disbursement For:	2500.00
Senate Primary General President Other (specify) ▼ Contributio	on
President Other (specify) ▼ Contributio State: District: Memo Item	
Full Name (Last, First, Middle Initial)	
P. Date of Distance and	
Tomorrow is Meaningful PAC	YYYY
Mailing Address 7620 Rivers Ave 10 19 Ste. 370 #312 10 19	2023
City State Zip Code FEC Identification Number North Charleston SC 29406 FEC Identification Number	
Contribution 011	
Candidate Name Transaction ID : 49250 Category/ Amount of Each Disbursem	-
Type	
Office Sought: House Disbursement For:	5000.00
Senate Primary General Contributio President Other (specify) Contribution	on
State: District: Other (specify) Memo Item	
Full Name (Last, First, Middle Initial)	
C. Wild and Wonderful PAC	
M M / D D / Y	Y Y Y
Mailing Address 3538 South Wakefield Street 10 19	2023
City State Zip Code FEC Identification Number	
Arlington VA 22206	
Purpose of Disbursement C C00489336	
Contribution 011 Transaction ID : 49250 Candidate Name October 2011	
Category/ Amount of Each Disbursem	nent this Period
Office Sought: House Disbursement For:	2500.00
Senate Primary General Contribution	
President Other (specify) V Memo Item	JII
State: District:	
	10000.00
SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE B (F	EC Form 3X)	11		FOR LINE N	NUMBER: PAGE 211 OF 222					
ITEMIZED DISBURSEMENTS		for each	rate schedule(s) category of the	(check only	one) 22 🗙 23 26 27					
		Detailed \$	Summary Page	210 28a	28b 28c 29 30b					
					n for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEI	E (In Full)									
/ UnitedHealth G	roup Incorporated	PAC (Un	itedHealth C	Group PAC)					
Full Name (Last, First,	,				Date of Disbursement					
C Leadership and	Accountability are N	lational Ke	eys PAC							
Mailing Address PO Bo	x 1639				10 19 2023					
City		State	Zip Code		FEC Identification Number					
Bethany Purpose of Disburseme	nt	OK	73008							
Contribution	711			011	C C00492058					
Candidate Name					Transaction ID : 49250629					
				Category/ Type	Amount of Each Disbursement this Period					
Office Sought:	House Disburse	ement For:			5000.00					
	Senate	Primary	General		Contribution					
State: Distr	President	Other (spec	city) 🔻		Memo Item					
Full Name (Last, First,										
B. Lead Encourag			Date of Disbursement							
Mailing Address PO Bo	ox 183		10 19 2023							
City		State	Zip Code		FEC Identification Number					
Hudson Purpose of Disburseme	ent	WI	54016							
Contribution				011	C C00494302 Transaction ID : 49250630 Amount of Each Disbursement this Period					
Candidate Name				Category/						
				Туре						
Office Sought:		ement For:			2500.00					
	Senate President	Primary Other (aper	General		Contribution					
State: Distr		Other (spec	211 Y)		Memo Item					
Full Name (Last, First,	Middle Initial)									
c. Heartland Value	es PAC				Date of Disbursement					
Mailing Address PO Bo	x 505				10 / D D / Y Y Y Y 10 19 2023					
City		State	Zip Code		FEC Identification Number					
Sioux Falls Purpose of Disburseme	ant	SD	57101		0 000400000					
Contribution	, , , , , , , , , , , , , , , , , , ,			011	C C00409003					
Candidate Name				Category/ Type	Transaction ID : 49250632 Amount of Each Disbursement this Period					
Office Sought:	House Disburse	ement For:		71	2500.00					
	Senate	Primary	General		Contribution					
State: Dista	President	Other (spec	cify) 🔻		Memo Item					
State: Distr										
SUBTOTAL of Disbursem	nents This Page (optional).			••••••	10000.00					
TOTAL This Period (last	page this line number only	/)		••••••	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		arate schedule(s)	FOR LINE (check onli	NUMBER: PAGE 212 OF 222				
		category of the Summary Page	21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				
Any information copied from such Reports and Stat or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	I PAC (Ur	nitedHealth C	Group PAC	C)				
Full Name (Last, First, Middle Initial) A. Michigan Republican Party - Federa	al Accoun [.]	t		Date of Disbursement				
Mailing Address 3450 Alpine Ave NW Box 332	-							
City Grand Rapids	State MI	Zip Code 49544		FEC Identification Number				
Purpose of Disbursement			044	C				
Contribution to Federal Account of State Party Co	ommittee		011	Transaction ID : 49250633				
Candidate Name			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	ement For: Primary	General		5000.00				
State: District:	Other (spe	cify) 🔻		Contribution to Federal Account of Memo Item State Party Committee				
Full Name (Last, First, Middle Initial)								
^{B.} Friends Of John Barrasso				Date of Disbursement				
Mailing Address PO Box 52008			10 24 2023					
City Casper	State WY	Zip Code 82605		FEC Identification Number				
Purpose of Disbursement				C C00436386				
Contribution			011	Transaction ID : 49256089				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Barrasso, John, , Sen.,	amont For	2024	Туре	2500.00				
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General		Contribution				
State: WY District:				Memo Item				
Full Name (Last, First, Middle Initial)				Date of Disbursement				
Mailing Address								
City	State	Zip Code		FEC Identification Number				
Purpose of Disbursement			· · · ·	С				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Senate	Primary	<u> </u>						
State: District:	Other (spe	ony) ▼		Memo Item				
SUBTOTAL of Disbursements This Page (optional)		•••••	7500.00				
TOTAL This Period (last page this line number on	ly)		••••••	49500.00				

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 213 OF 222				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)				
		Summary Page	21b	22 23 26 27 28b 28c y 29 30b				
	<u> </u>		28a					
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	roup PAC)				
Full Name (Last, First, Middle Initial)								
A. Building Bridges PAC				Date of Disbursement				
Mailing Address PO Box 12056				10 / D D / Y Y Y Y Y 10 02 2023				
City	State	Zip Code		FFC Identification Number				
Lansing	MI	48901		FEC Identification Number				
Purpose of Disbursement			044	С				
Contribution			011	Transaction ID : 49144603				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		Туре	10000.00				
Senate	Primary							
President	Other (spec	cify) 🔻		Contribution Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)								
^{B.} Jim Pillen for Governor				Date of Disbursement				
Mailing Address 4438 Old Mill Court				10 02 2023				
City	State	Zip Code		FEC Identification Number				
Columbus	NE	68601						
Purpose of Disbursement Contribution	011	С						
Candidate Name				Transaction ID : 49144605				
Pillen, Jim, , ,			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:	I		5000.00				
Senate	Primary	General		Contribution				
President	Other (spec	cify)		Memo Item				
State: District:								
Full Name (Last, First, Middle Initial)				Date of Disbursement				
^{C.} Ben Hansen for Legislature								
Mailing Address 540 S. 17th Street				10 02 2023				
City	State	Zip Code		FEC Identification Number				
Blair	NE	68008						
Purpose of Disbursement			011	C				
Contribution Candidate Name			011	Transaction ID : 49144606 Amount of Each Disbursement this Period				
Hansen, Ben, , NE Sen.,			Category/					
	71							
President	Other (spec	cify) 🔻		Contribution Memo Item				
State: District:								
				16500.00				
SUBTOTAL of Disbursements This Page (optional)			····· ►					
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 214 OF 222			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a				
Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and add	not be sold or use lress of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (U	nitedHealth G	Froup PAC)			
A. Mike Jacobson for Legislature Mailing Address 18326 S Charles Avenue				Date of Disbursement			
City North Platte	State Zip Code NE 69101			FEC Identification Number			
Purpose of Disbursement Contribution			011	C Transaction ID : 49144607 Amount of Each Disbursement this Period			
Candidate Name			Category/				
Jacobson, Michael, , NE Sen., Office Sought: House Disburs Senate President	ement For: Primary	General	Туре	1250.00 Contribution			
State: District:	Other (spe	echy) 🔻		Memo Item			
Full Name (Last, First, Middle Initial) B. Ballard for Nebraska Mailing Address 6801 NW 2nd Street				Date of Disbursement			
City Lincoln Purpose of Disbursement Contribution Candidate Name Ballard, Beau, , NE Sen.,	ution e Name			FEC Identification Number C Transaction ID : 49144609 Amount of Each Disbursement this Period			
Office Sought: House Disburs Senate President State: District:	ement For: Primary Other (spe	General Gerify)		Contribution Memo Item			
C. Eliot Bostar for Legislature Mailing Address 3800 S 42nd Street				Date of Disbursement			
City Lincoln Purpose of Disbursement Contribution Candidate Name Bostar, Eliot, , NE Sen.,	State NE ement For: Primary Other (spe	Zip Code 68506	011 Category/ Type	FEC Identification Number C Transaction ID : 49144610 Amount of Each Disbursement this Period 1000.00 Contribution Memo Item			
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl				3250.00			

S	CHEDULE B (FEC Form 3X)			FC	DR LINF	NUMBER: PAGE 215 OF 222				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			heck only	y one)				
			Summary Page		21b 28a	22 23 26 27 28b 28c X 29 30b				
	y information copied from such Reports and State for commercial purposes, other than using the na				any pers	son for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)	nie and addi	oos of any political							
$ \rangle$	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	rou	p PAC	C)				
<u>/</u>	Full Name (Last, First, Middle Initial)	-				1				
Α.	George for Nebraska									
	Mailing Address 5643 Walker Avenue					10 / Y Y Y Y Y 2023				
	City Lincoln	State NE	Zip Code 68507			FEC Identification Number				
	Purpose of Disbursement			-	-	С				
	Contribution			0	11	Transaction ID : 49144611				
	Candidate Name				egory/	Amount of Each Disbursement this Period				
	Dungan, George, , NE Sen., III Office Sought: House Disburse	ment For:		ly	/pe	750.00				
	Senate	Primary	General			<u> </u>				
	State: District:	Other (spec	cify) 🔻			Contribution Memo Item				
	Full Name (Last, First, Middle Initial)									
В.	Committee to Elect Kathleen Kaut	:h				Date of Disbursement				
	Mailing Address 6103 S 178th Street	10 02 2023								
	City Omaha	State NE	Zip Code 68135			FEC Identification Number				
	Purpose of Disbursement	С								
	Contribution			0	11	Transaction ID : 49144612				
	Candidate Name			Cate	egory/	Amount of Each Disbursement this Period				
	Kauth, Kathleen, , NE Sen.,			Туре		1000.00				
	Office Sought: House Disburse Senate	ment For: Primary	General			1000.00				
	President	Other (spec				Contribution				
	State: District:		3 /			Memo Item				
~	Full Name (Last, First, Middle Initial)					Date of Dishumomout				
C.	Von Gillern for Nebraska					Date of Disbursement				
	Mailing Address 18370 Honeysuckle Drive					10 02 2023				
	City	State	Zip Code			FEC Identification Number				
	Elkhorn Purpose of Disbursement	NE	68022							
	Contribution	С								
	Candidate Name	Transaction ID : 49144614 Amount of Each Disbursement this Period								
	Von Gillern, Brad, , NE Sen.,									
						750.00				
	President	Primary Othor (spot	General			Contribution				
	State: District:	Other (spec	city) 🔻			Memo Item				
						1				
s	UBTOTAL of Disbursements This Page (optional).				••••• ►	2500.00				
т	OTAL This Period (last page this line number only	′)			►	· · · · · · · · · · ·				

S	CHEDULE B (FEC Form 3X)			FC	DR LINI	E NUMBER: PAGE 216 OF 222				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck or	y one)				
			Summary Page		21b					
<u> </u>				<u> </u>						
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or used ress of any politica	d by al com	any per nmittee	son for the purpose of soliciting contributions to solicit contributions from such committee.				
$\left \right\rangle$	NAME OF COMMITTEE (In Full)									
Ľ	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Grou	p PA	C)				
	Full Name (Last, First, Middle Initial)									
Α.	Hardin for Legislature					Date of Disbursement				
	Mailing Address 2770 Clubhouse Drive	10 / D D / Y Y Y Y Y 10 02 2023								
	City	State	Zip Code			EEC Identification Number				
	Gering	NE	69341			FEC Identification Number				
	Purpose of Disbursement				-					
	Contribution			0	11	Transaction ID : 49144616				
	Candidate Name				egory/	Amount of Each Disbursement this Period				
	Hardin, Brian, , NE Sen.,			Ту	/pe	1250.00				
						1250.00				
	Senate	Primary	General			Contribution				
	State: District:	Other (spec	uny) ▼			Memo Item				
в.	Full Name (Last, First, Middle Initial)	Date of Disbursement								
2.	Jen Day for Nebraska									
	Mailing Address 15708 Redwood Street	10 02 2023								
	City		FEC Identification Number							
	Omaha									
	Purpose of Disbursement				С					
	Contribution			0	11	Transaction ID : 49144617				
	Candidate Name				egory/	Amount of Each Disbursement this Period				
	Day, Jen, , NE Sen.,			Ту	/pe	1000.00				
		ment For:	Conorol							
	Senate President	Primary Other (and	General			Contribution				
	State: District:	Other (spec	city)			Memo Item				
	Full Name (Last, First, Middle Initial)									
C.	Ray Aguilar for Legislature					Date of Disbursement				
	Mailing Address 55A Kuester Lake					10 / D D / Y Y Y Y Y 10 02 2023				
	City	State	Zip Code							
	Grand Island	NE	68801			FEC Identification Number				
	Purpose of Disbursement			_	_	C				
	Contribution			0	11	Transaction ID : 49144618				
	Candidate Name			Cate	egory/	Amount of Each Disbursement this Period				
	Aguilar, Raymond, , NE Sen.,									
		Senate Primary General				1000.00				
						Contribution				
	President	Other (spec	cify) 🔻			Memo Item				
_	State: District:									
s	UBTOTAL of Disbursements This Page (optional).				•••• ►	3250.00				
Т	OTAL This Period (last page this line number only	/)			····· >					

SC	HEDULE B (FEC Form 3X)					NUMBER: PAGE 217 OF 222			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(che	eck only				
			Summary Page		210 28a	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may r me and addr	not be sold or used ress of any political	d by ar I comm	ny personittee to	on for the purpose of soliciting contributions			
\backslash	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	roup	PAC)			
^	Full Name (Last, First, Middle Initial)								
Α.	Nebraskans for Loren Lippincott					Date of Disbursement			
	Mailing Address 2611 Hwy 14	10 / D D / Y Y Y Y Y 2023							
	City	State	Zip Code			FEC Identification Number			
	Central City	NE	68826						
	Purpose of Disbursement			011		С			
	Contribution Candidate Name		I		- 1	Transaction ID : 49144619			
	Lippincott, Loren, , NE Sen.,			Catego Typ		Amount of Each Disbursement this Period			
		ment For:		iyp	<u> </u>	750.00			
	Senate	Primary	General						
	President	Other (spec	cify) 🔻			Contribution Memo Item			
	State: District:	·							
	Full Name (Last, First, Middle Initial)								
Β.	Robert Dover for Nebraska		Date of Disbursement						
	Mailing Address 1000 W Norfolk Avenue	10 02 / Y Y Y Y 2023							
	City	State	Zin Cada						
	City State Zip Code Norfolk NE 68701					FEC Identification Number			
	Purpose of Disbursement					С			
	Contribution			011	1				
	Candidate Name Dover, Robert, , NE Sen., Category Type				orv/	Transaction ID : 49144621 Amount of Each Disbursement this Period			
		ment For:				1000.00			
	Senate	Primary	General			Contribution			
	State: District:	Other (spec	cify)			Memo Item			
	State: District:								
C.	Riepe for Nebraska	Date of Disbursement							
	·								
	Mailing Address 6232 S 79th Circle					10 02 2023			
	City	State	Zip Code			FEC Identification Number			
	Ralston	NE	68127						
	Purpose of Disbursement Contribution 011					С			
	Candidate Name					Transaction ID : 49144622			
	Riepe, Merv, , NE Sen., Category/ Type					Amount of Each Disbursement this Period			
	Office Sought: House Disbursement For:					750.00			
	Senate	Primary General							
	President	Other (spec	cify) 🔻			Contribution			
	State: District:								
s	UBTOTAL of Disbursements This Page (optional).				▶	2500.00			
\vdash	- · · ·				-	, , , , , , , , , , , , , , , , , , , ,			
Т	OTAL This Period (last page this line number only	r)			🕨	, ,			

	CHEDULE B (FEC Form 3X)		arota achadula(a)			NUMBER: PAGE 218 OF 222			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(ch	eck only 21b 28a	22 23 26 27			
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may i me and addi	not be sold or used ress of any politica	d by a al com	any perso	on for the purpose of soliciting contributions			
\backslash	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group	p PAC	;)			
Α.	Full Name (Last, First, Middle Initial)								
	Citizens to Elect John Arch	Date of Disbursement							
	Mailing Address 8614 S 100th Street	10 02 2023							
	City La Vista	State NE	Zip Code 68128			FEC Identification Number			
	Purpose of Disbursement		00120		_	С			
	Contribution			01	1	Transaction ID : 49144625			
	Candidate Name			Cate	aorv/	Amount of Each Disbursement this Period			
	Arch, John, , NE Sen.,			Ту					
		ment For:				1250.00			
	Senate President	Primary Other (anal	General			Contribution			
	State: District:	Other (spec	city) 🔻			Memo Item			
	Full Name (Last, First, Middle Initial)								
В.	Julie Slama for Legislature	Date of Disbursement							
	Mailing Address 73424 645A Avenue	10 02 2023							
	City State Zip Code Peru NE 68421					FEC Identification Number			
	Purpose of Disbursement		00421			С			
	Contribution			0'	11	Transaction ID : 49144626			
	Candidate Name			Cate	gory/	Amount of Each Disbursement this Period			
	Slama, Julie, E., NE Sen.,				Туре				
		ment For:				2000.00			
	Senate President	Primary Other (spec	General			Contribution			
	State: District:	Other (spec	city)			Memo Item			
	Full Name (Last, First, Middle Initial)								
C.	Rob Clements for Legislature	Date of Disbursement							
	Mailing Address PO Box 198	10 / D D / Y Y Y Y 2023							
	City	State	Zip Code			FEC Identification Number			
	Elmwood NE 68349								
	Purpose of Disbursement					C			
	Contribution 011 Candidate Name Category/					Transaction ID: 49144627			
	Clements, Robert, , NE Sen.,	Amount of Each Disbursement this Period							
	Clements, Robert, , NE Sen., Ty Office Sought: House Disbursement For:					1000.00			
	Senate Primary General								
	President	Other (spec	cify) 🔻			Contribution Memo Item			
_	State: District:								
s	UBTOTAL of Disbursements This Page (optional).				►	4250.00			
Т	OTAL This Period (last page this line number only	/)			🕨				
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SCI	HEDULE B (FEC Form 3X)	11		FOR LIN	NE NUMBER: PAGE 219 OF 222		
ITE	MIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page		nly one) 1b 22 23 26 27 3a 28b 28c X 29 30b		
	information copied from such Reports and State or commercial purposes, other than using the na						
<u>\</u>	IAME OF COMMITTEE (In Full)						
) I	JnitedHealth Group Incorporated	PAC (Ur	nitedHealth (Group PA	AC)		
٨	ull Name (Last, First, Middle Initial)	Date of Disbursement					
· · · ·	Friends of Christy Armendariz						
N	lailing Address 16212 West Maple Road	10 02 2023					
	ity Dmaha	State NE	Zip Code 68116		FEC Identification Number		
-	urpose of Disbursement						
	Contribution			011	C		
C	andidate Name			Category/	Transaction ID : 49144628 Amount of Each Disbursement this Period		
A	rmendariz, Christy, , NE Sen.,			Туре			
C	Office Sought: House Disburse	ement For:			750.00		
	Senate	Primary	General		Contribution		
9	tate: District:	Other (spe	city) 🔻		Memo Item		
	ull Name (Last, First, Middle Initial)						
D	Jay Costa Jr. for State Senate	Date of Disbursement					
N	ailing Address 314 Newport Road	10 10 / Y Y Y Y 2023					
C	ity	State	Zip Code		FEC Identification Number		
	Pittsburgh	PA	15221				
	urpose of Disbursement			011	C		
	Contribution			Transaction ID: 49236487			
	Costa, Jay, , PA Sen., Jr.				Amount of Each Disbursement this Period		
					5000.00		
	Senate	Primary	General				
	President	Other (spec	cify)				
S	tate: District:						
	ull Name (Last, First, Middle Initial)						
с. _Г	Friends of Kevin Boyle	Date of Disbursement					
N	lailing Address 8035 Burholme Avenue	10 10 2023					
C	ity	State	Zip Code				
Р	hiladelphia	PA	19111		FEC Identification Number		
	urpose of Disbursement	011	C				
	Contribution Candidate Name	Transaction ID : 49236489					
	andidate Name Boyle, Kevin, , PA Rep.,	Category/	Amount of Each Disbursement this Period				
	boyle, Revill, , PA Rep., iffice Sought: House Disburse	Туре					
0	Senate	Primary	General				
	President	Other (spe			Contribution Memo Item		
S	tate: District:	J					
SU	BTOTAL of Disbursements This Page (optional).				7750.00		
то	TAL This Period (last page this line number only	/)		••••••			

	CHEDULE B (FEC Form 3X)				OR LINE	NUMBER: PAGE 220 OF 222					
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(C	heck only						
					21b	22 23 28b 28c	26 X 29	27 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na				any pers	on for the purpose o	f soliciting c	ontributions			
\setminus	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (Un	itedHealth G	rou	ip PAC	C)					
	Full Name (Last, First, Middle Initial)										
Α.	Friends of Joanna McClinton	Date of Disburser									
	Mailing Address PO Box 16668	10 10 / Y Y Y Y Y 2023									
	City Philadelphia	State PA	Zip Code 19139			FEC Identification	FEC Identification Number				
	Purpose of Disbursement		· · · · · · · · · · · · · · · · · · ·	-	_	С					
	Contribution			C	011	Transaction	D : 4923649)2			
	Candidate Name				egory/	Amount of Each I	Amount of Each Disbursement this Period				
	McClinton, Joanna, E., PA Rep.,			Т	уре			3000.00			
	Office Sought: House Disburse	ment For:	General			3000.00					
	State: District:	Other (spec				Memo Item	Contribution				
_	Full Name (Last, First, Middle Initial)										
В.	Friends of Glen Mulready, 2022	Date of Disbursement									
	Mailing Address 7331 S Olympia Ave #320	10 10 2023									
	City Tulsa	State OK				FEC Identification Number					
	Purpose of Disbursement)11	C					
	Void - Friends of Glen Mulready, 2022; Check Dat Candidate Name	Transaction ID : 49236650									
	Mulready, Glen, , Commission,						Amount of Each Disbursement this Period				
		ment For:	Type			- 2500.00					
	Senate					Void - Friends of Glen Mulread					
	State: District:	Other (spec	cify)					Dated 08/14/2023			
	Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)									
C.	Friends of Nick Miller	Date of Disbursement									
	Mailing Address PO Box 1799	10 / D D / Y Y Y Y 10 11 2023									
	City	State	Zip Code								
	Allentown	PA				FEC Identification Number					
	Purpose of Disbursement	-	C								
	Contribution)11	Transaction ID : 49236905								
	Candidate Name	Amount of Each Disbursement this Period									
	Miller, Nick, , PA Sen., Office Sought: House Disburse	уре	1000.00								
	Senate					1 40 1					
	President	cify) 🔻			Contribution						
	State: District:										
s	SUBTOTAL of Disbursements This Page (optional).				····· ►			1500.00			
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S	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 221 OF 222			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		(check only	y one)			
			Summary Page	21b 28a	22 23 26 27 28b 28c X 29 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na			d by any pers	son for the purpose of soliciting contributions			
$\left \right\rangle$	NAME OF COMMITTEE (In Full)							
/	UnitedHealth Group Incorporated	PAC (Ur	itedHealth G	roup PAC	C)			
<u> </u>	Full Name (Last, First, Middle Initial)							
Α.	Lynch For Colorado	Date of Disbursement						
	Mailing Address 5962 Pawnee Court	10 / 19 / Y Y Y Y 2023						
	City	State	Zip Code		FEC Identification Number			
	Wellington	CO	80549					
	Purpose of Disbursement Contribution			011	C			
	Candidate Name				Transaction ID : 49250610			
	Lynch, Mike, , CO Rep.,			Category/ Type	Amount of Each Disbursement this Period			
		ment For:		71	225.00			
	Senate	Primary	General					
	President District:	Other (spec	cify) 🔻		Contribution Memo Item			
_	State: District: Full Name (Last, First, Middle Initial)							
В.	Lynch For Colorado	Date of Disbursement						
	Mailing Address 5962 Pawnee Court	10 19 / Y Y Y Y 2023						
	City	State	Zip Code		FEC Identification Number			
	Wellington	CO	80549					
	Purpose of Disbursement Contribution			011	С			
	Candidate Name				Transaction ID : 49250611 Amount of Each Disbursement this Period			
	Lynch, Mike, , CO Rep.,		Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburse				225.00			
	Senate	Primary	General		Contribution			
	State: District:	Other (spec	cify)		Memo Item			
_	Full Name (Last, First, Middle Initial)							
C.	Mark Tedford for State Represent	Date of Disbursement						
		M M / D D / Y Y Y						
	Mailing Address 9175 S. Yale Avenue, Suite 140		10 19 2023					
	City	State OK	Zip Code 74137		FEC Identification Number			
	Tulsa Purpose of Disbursement		14131		С			
	Contribution	Transaction ID : 49250612						
	Candidate Name	Amount of Each Disbursement this Period						
	Tedford, Mark, , OK Rep.,							
	Office Sought: House Disburse		1500.00					
	Senate President	Primary Other (spec	General		Contribution			
	State: District:		Sily) ♥		Memo Item			
Г	1							
s	SUBTOTAL of Disbursements This Page (optional).			••••••	1950.00			
Т	OTAL This Period (last page this line number only	/)						
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 222 OF 222		
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nitedHealth G	Group PAC	;)		
Full Name (Last, First, Middle Initial) A. Josh Cantrell for State House 2022	Josh Cantrell for State House 2022					
Mailing Address 802 N. Marshall	10 19 2023					
City Kingston	State OK	Zip Code 73439		FEC Identification Number		
•	Purpose of Disbursement 011					
Contribution Candidate Name				Transaction ID: 49250614		
Cantrell, Josh, , OK Rep.,			Category/ Type	Amount of Each Disbursement this Period		
	ement For:		турс			
State: District:	Primary Other (spe	General cify) ▼		Contribution Memo Item		
^{B.} Friends of Steve Bashore 2024	Full Name (Last, First, Middle Initial) Friends of Steve Bashore 2024					
Mailing Address 1025 McKinley St.	10 / 19 / Y Y Y Y 2023					
City Miami	State OK	Zip Code 74354		FEC Identification Number		
Purpose of Disbursement		·		С		
Contribution	011	Transaction ID : 49250616				
Candidate Name	Category/	Amount of Each Disbursement this Period				
Bashore, Steve, , OK Rep.,	Туре					
Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General		Contribution		
State: District:		.,		Memo Item		
Full Name (Last, First, Middle Initial) C. Friends of Mike Hilgers	Date of Disbursement					
Mailing Address 1320 Lincoln Mall	10 / D D / Y Y Y Y 24 2023					
City	State	Zip Code		FEC Identification Number		
Lincoln	NE	68508				
Purpose of Disbursement	C					
Contribution Candidate Name	Transaction ID: 49256086					
Hilgers, Mike, , ,	Amount of Each Disbursement this Period					
Office Sought: House Disburse	Туре	5000.00				
Senate President	Primary General Other (specify)			Contribution Memo Item		
State: District:				<u></u>		
SUBTOTAL of Disbursements This Page (optional)			····· ►	7000.00		
TOTAL This Period (last page this line number only	y)		••••••	50450.00		