

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

ADDRESS (number and street) 701 Pennsylvania Ave, NW Suite 600 Washington DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 / 01 / 2023 through 06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Muldoon, Allison, , ,

Signature of Treasurer Muldoon, Allison, , , Date 08 / 02 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="422616.69"/>	<input type="text" value="422616.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="807144.71"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="117639.13"/>	<input type="text" value="825322.15"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="924783.84"/>	<input type="text" value="1247938.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="230750.00"/>	<input type="text" value="553905.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="694033.84"/>	<input type="text" value="694033.84"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	112307.44	743625.66
(ii) Unitemized	5331.69	79196.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	117639.13	822822.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	117639.13	822822.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	117639.13	825322.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	117639.13	825322.15

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	127500.00	425000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	105.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	105.00
29. Other Disbursements (Including Non-Federal Donations).....	103250.00	128800.00
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
(c) Total Federal Election Activity (add 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)) ..	230750.00	553905.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	230750.00	553905.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	117639.13	822822.15
34. Total Contribution Refunds (from Line 28(d))	0.00	105.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	117639.13	822717.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amended to include additional contribution to Martin Heinrich for Senate made on 06/26/2023 for \$2,500.

Form/Schedule:

Transaction ID:

**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)	PAGE 7 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GAUDIO, JOSEPH, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR1159811868559
Mailing Address 4842 E MOUNTAIN VIEW RD		Amount of Each Receipt this Period 384.60
City PARADISE VALLEY	State AZ	Zip Code 85253-1539
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Regn CEO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MIGLIORI, RICHARD, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR1159827468559
Mailing Address 8025 VIA VECCHIA		Amount of Each Receipt this Period 384.60
City NAPLES	State FL	Zip Code 34108-7700
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) EVP, Senior Advisor	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MILLER, KATHERINE, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR1554324368559
Mailing Address 2321 HARBOR LAKE DRIVE		Amount of Each Receipt this Period 384.60
City ORANGE PARK	State FL	Zip Code 32003-7799
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc	Occupation (for Individual) Pres Ntwk	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 8 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ANDERSON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 AMATO CIRCLE
 City WETHERSFIELD State CT Zip Code 06109-3971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1575957368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KELLY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4901 HAWTHORNE COURT SUITE 304
 City EDINA State MN Zip Code 55436-5802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1575959768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JOHNSON, THAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9741 GLACIER BAY
 City EDEN PRAIRIE State MN Zip Code 55347-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1596304368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 9 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SCHUMACHER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 LARADA LANE
 City EDINA State MN Zip Code 55436-1024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Strat & Growth Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR1596305468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. THEISEN, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1950 MEADOWWOODS TRAIL
 City LONG LAKE State MN Zip Code 55356-9312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR1596305668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. ANDERSON, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17907 INVERNESS CURVE
 City EDEN PRAIRIE State MN Zip Code 55347-2155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR1596309368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 10 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BORCA, TROY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 STROLLING WAY
 City NORTHLAKE State TX Zip Code 76226-3369
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1596310468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. DAVIDSON, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6058 HARBOUR TOWN CIR
 City WESTERVILLE State OH Zip Code 43082-8144
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1596311668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HEUMANN, KURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 63 MUIRFIELD COURT
 City SAINT LOUIS State MO Zip Code 63141-7372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 574.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR1596313768559
 Amount of Each Receipt this Period 88.46
 Memo Item
 P/R Deduction (\$44.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 549.98
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 11 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HIGGINS, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 BELCREST ROAD
 City WEST HARTFORD State CT Zip Code 06107-3304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1596313868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. TODD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 467 PRAIRIE WAY SOUTH
 City BAYPORT State MN Zip Code 55003-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1596319068559
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

C. PETERSON, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2260 FOX STREET
 City ORONO State MN Zip Code 55356-8316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO Ancillary & Ind/Sgt CAO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1602669968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	511.52
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 12 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EMERSON, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1855 MEADOW VIEW BLVD
 City PRIOR LAKE State MN Zip Code 55372-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1806750368559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ANDERSON, CATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 57 SIMMONS LANE
 City SEVERNA PARK State MD Zip Code 21146-1921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Health Equity Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1903550768559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEYMOUTH, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 HOPKINTON RD
 City HOPKINTON State NH Zip Code 03229-2647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1903636968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 13 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DUPERRE, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 LONG HILL DRIVE
 City SOMERS State CT Zip Code 06071-1272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR1910417368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GILDERNICK, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2709 WILLIAMS GRANT
 City DE PERE State WI Zip Code 54115-9456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2119475268559
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. KANNE, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4826 PALOMINO COURT
 City ERIE State PA Zip Code 16506-6624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Experience
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2119479668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	501.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 14 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MACEMEADOR, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13531 CARLTON OAKS
 City SAN ANTONIO State TX Zip Code 78232-4902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2119482568559
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

B. NYGARD, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8056 CARPENTER CREEK AVENUE
 City LAS VEGAS State NV Zip Code 89113-3685
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Reg Adhr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2119485068559
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10471 STRAND TERRACE
 City SANTA ANA State CA Zip Code 92705-1495
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2119494168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	464.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 15 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HULTGREN, BROR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401-2452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2133133268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 303 ELMWOOD PLACE WEST
 City MINNEAPOLIS State MN Zip Code 55419-1349
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2133134268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RUMMEL, LEAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12100 TRAUTWEIN ROAD
 City AUSTIN State TX Zip Code 78737-9358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2145729568559
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	807.66
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 16 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LEWIS, KURT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2203967568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Hlth Advancement
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2455.38

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2225813668559
 Amount of Each Receipt this Period 390.00
 Memo Item
 P/R Deduction (\$195.00 Bi-Weekly)

C. RYAN, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 WESTMORELAND LN
 City NAPERVILLE State IL Zip Code 60540-5817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2225819668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1159.20
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 17 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. KANTOLA, KEVIN, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 7031 HALSTEAD DRIVE			Transaction ID : PR2247627068559
City MINNETRISTA	State MN	Zip Code 55364-3201	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP IT	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. OBRIEN, DENNIS, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 61 LOUGHLIN AVE			Transaction ID : PR2247627368559
City COS COB	State CT	Zip Code 06807-2621	Amount of Each Receipt this Period 384.60
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) Regn CEO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. PRINCE, JOHN, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 546 HARRINGTON ROAD			Transaction ID : PR2259738468559
City WAYZATA	State MN	Zip Code 55391-1550	Amount of Each Receipt this Period 192.30
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Mkt Grp Pres & COO	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2307.60	

SUBTOTAL of Receipts This Page (optional).....▶	961.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 18 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CRONN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1122 COLORADO STREET
SUITE 2399

City AUSTIN State TX Zip Code 78701-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2270522968559

Amount of Each Receipt this Period 115.38

Memo Item

P/R Deduction (\$57.69 Bi-Weekly)

B. KEPLEYCARRIER, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN State NC Zip Code 27282-8717

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2402317768559

Amount of Each Receipt this Period 40.00

Memo Item

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

C. MCGRATH, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 CHOWEN AVE S

City EDINA State MN Zip Code 55410-2759

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2402318568559

Amount of Each Receipt this Period 40.00

Memo Item

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

SUBTOTAL of Receipts This Page (optional).....	195.38
TOTAL This Period (last page this line number only).....	

**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)	PAGE 19 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HIGA, JOY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266-2809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compl Off & SVP Reg Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2402446268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 HIGHLAND DRIVE
 City CHEVY CHASE State MD Zip Code 20815-6608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2405428868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WEE, KATHLYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2225 46TH ST NW
 City WASHINGTON State DC Zip Code 20007-1032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2408545068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 20 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BALTHAZOR, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2002 SUGARWOOD DRIVE
 City ORONO State MN Zip Code 55356-9339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2437120768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NESS, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10550 PINNACLE WAY
 City WOODBURY State MN Zip Code 55129-4282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2437121568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. COSGRIFF, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1875 HUNTER LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2437121668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 21 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EDELSON, BRETT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4600 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2437127168559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RAINEY, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8850 COUNTY ROAD 26
 City MINNETRISTA State MN Zip Code 55359-9445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2437127568559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HEYMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815-3720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Strategy & Partnerships
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2444265768559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 22 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LANGER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494-1971
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2445015468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCMAHON, DIRK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 WILDHURST ROAD
 City EXCELSIOR State MN Zip Code 55331-8461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) President UHG & COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2491457068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. NATHAN, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1643 SPRING CREEK DRIVE
 City SARASOTA State FL Zip Code 34239-5046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP, Senior Advisor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2491457368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 23 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SMITH, KARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3917 TERRY PLACE
 City ALEXANDRIA State VA Zip Code 22304-1737
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2540175368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PURDY, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3615 THORNAPPLE STREET
 City CHEVY CHASE State MD Zip Code 20815-4113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2541300668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. RAMSAY, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2542542268559
 Amount of Each Receipt this Period 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	869.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 24 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DAVENPORT, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 141 PELHAM ROAD
 City PHILADELPHIA State PA Zip Code 19119-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2552313668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRYANT, JEREMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4534 MYSTIQUE WAY
 City ROSWELL State GA Zip Code 30075-2087
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clint Mgmt NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2552961368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. COLEMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 842 NAGLE STREET
 City HOUSTON State TX Zip Code 77003-1266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2552961468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 25 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FLANNERY, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024-6827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2552962368559
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. JAMES, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 KINGS POINT DRIVE
 City LARGO State FL Zip Code 33774-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2552962368559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KIDAMBI, NARASIMHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18477 85TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Bus Anlys
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2552963868559
 Amount of Each Receipt this Period
 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	309.22
TOTAL This Period (last page this line number only).....	

**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)	PAGE 26 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LOVELADY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5378 BUENA VISTA DR
 City FRISCO State TX Zip Code 75034-2253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2552964268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. PAULUS, LESLIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 E TUCKEY LN
 City PHOENIX State AZ Zip Code 85012-1048
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2552965268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. POTTER, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 FULLER LANE
 City WINNETKA State IL Zip Code 60093-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 449.93

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2552965468559
 Amount of Each Receipt this Period 69.22
 Memo Item
 P/R Deduction (\$34.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	530.74
TOTAL This Period (last page this line number only).....	

**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)	PAGE 27 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PROSKAUER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 240 DERBY STREET
 City NEWTON State MA Zip Code 02465-1006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Architecture
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2553475068559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. REIDY, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1005 BLAKEFIELD DRIVE
 City BRENTWOOD State TN Zip Code 37027-8479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2554013368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CLUTE, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560064468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 28 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GIANCURSIO, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560064968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LIPPMAN, SHELDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 CLIFFFIELD ROAD
 City BEDFORD State NY Zip Code 10506-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560065468559
 Amount of Each Receipt this Period 194.00
 Memo Item
 P/R Deduction (\$97.00 Bi-Weekly)

C. LOBERG, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211-3845
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560065568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	655.52
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 29 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MILICH, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2702 BIRCHMERE COURT
 City KATY State TX Zip Code 77450-1303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560066068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. NOEL, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4316 FREMONT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409-1721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2560398868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LUND, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11471 NORTH SHORE DRIVE
 City GRANTSBURG State WI Zip Code 54840-8059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2561457668559
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 30 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WILLSON, JOSH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 ADAMS CT
 City COLLEYVILLE State TX Zip Code 76034-6811
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) RVP SLS SB and Spec Ben
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2564802568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CARLSON, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10618 WEST RIVER ROAD
 City BROOKLYN PARK State MN Zip Code 55443-1233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2564802668559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. HANSEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4960 SHADY ISLAND CIRCLE
 City MOUND State MN Zip Code 55364-9218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2394.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2564802768559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	669.22
TOTAL This Period (last page this line number only).....	

**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)	PAGE 31 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MARDEN, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 VAN MULEN STREET
 City MAHWAH State NJ Zip Code 07430-2977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2564803368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MOQUIST, DARREN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5313 MINNEHAHA BLVD
 City EDINA State MN Zip Code 55424-1406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Natl Regnl Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2564803468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CARTER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1363 CHIPPENDALE RD
 City HOUSTON State TX Zip Code 77018-5257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2565448768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 32 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KUNST, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4872 103RD STREET
 City PLEASANT PRAIRIE State WI Zip Code 53158-6516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2566302168559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. STEARNS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5118 FAIRGLEN LANE
 City CHEVY CHASE State MD Zip Code 20815-6517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2571777968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PARRILLO, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 WOODSUM DRIVE
 City NEWBURY State NH Zip Code 03255-6232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1001.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2571778268559
 Amount of Each Receipt this Period 154.00
 Memo Item
 P/R Deduction (\$77.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	692.44
TOTAL This Period (last page this line number only).....	

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)	PAGE 33 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MOYER, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6890 CANTERBURY LANE
 City EDEN PRAIRIE State MN Zip Code 55346-2904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2571778368559
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. HINTON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W132N6475 MARACH RD
 City MENOMONEE FALLS State WI Zip Code 53051-6085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2571978768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRAY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6098 CLOPTON DRIVE
 City GREENSBORO State NC Zip Code 27455-8373
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Pricing
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 482.60

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2572588568559
 Amount of Each Receipt this Period 79.60
 Memo Item
 P/R Deduction (\$39.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	542.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 34 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CARLSON, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4511 BROWDALE AVENUE
 City EDINA State MN Zip Code 55424-1142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2448.15

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2572590068559
 Amount of Each Receipt this Period 392.00
 Memo Item
 P/R Deduction (\$196.00 Bi-Weekly)

B. WIFFLER, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3680 GRANDE BAY COURT
 City MELBOURNE BEACH State FL Zip Code 32951-3155
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2572992768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MASTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1894 VILLAGE GLEN DRIVE
 City SAINT JOHNS State FL Zip Code 32259-9215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2574979668559
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	853.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 35 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WOHNOUTKA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17597 HIBISCUS AVE
 City LAKEVILLE State MN Zip Code 55044-3906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2574981968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. CIANFROCCO, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 913 CHAMPLAIN PLACE
 City GIBSONIA State PA Zip Code 15044-8079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2574986268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BURNETT, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4625 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2574988268559
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	539.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 36 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LANG, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1210 RIVER TERRACE DRIVE
 City BLOOMINGTON State MN Zip Code 55431-4230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2574991468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SJOBLAD, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 2ND STREET NE #510
 City MINNEAPOLIS State MN Zip Code 55413-2541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575009168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FORKER, JUDITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5109 WEST 56TH STREET
 City EDINA State MN Zip Code 55436-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2170.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575013468559
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	895.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 37 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MADDOX, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7810 HANOVER ST
 City DALLAS State TX Zip Code 75225-8220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575039568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FITZPATRICK, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3936 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575053768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. LINDSAY, VIVIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14930 SW 39 ST
 City DAVIE State FL Zip Code 33331-2767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575054968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 38 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CLACKO, MARY ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6358 COTEAU TRAIL
 City EDEN PRAIRIE State MN Zip Code 55344-5205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575057968559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. ALLEN, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11359 ENTREVAUX DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-2862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575060268559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

C. CURRIE, ULYSSES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8232 GUNNAR DRIVE
 City FULTON State MD Zip Code 20759-2218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Health Equity
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575064168559
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	329.22
TOTAL This Period (last page this line number only).....	

**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)	PAGE 39 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZAETTA, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 PRINCE STREET
 City ALEXANDRIA State VA Zip Code 22314-3314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575068368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. VERCHICK, TAMI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9916 DUSTY WINDS AVE
 City LAS VEGAS State NV Zip Code 89117-5986
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Director Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575068968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ISMERT, JENNY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8494 E HAWAII LN
 City DENVER State CO Zip Code 80231-2732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575070068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 40 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NICHOLS, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16900 CROWN BRIDGE DRIVE
 City DELRAY BEACH State FL Zip Code 33446-2407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575074568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ONEILL, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 71 CHESTNUT RIDGE RD
 City QUEENSBURY State NY Zip Code 12804-7317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575089468559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. VIESTA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 COMPASS COURT
 City OYSTER BAY State NY Zip Code 11771-1602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2414.46

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575098568559
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	819.06
TOTAL This Period (last page this line number only).....	

**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)	PAGE 41 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CHAMPION, PHEBE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 TAPATIO ST
 City HENDERSON State NV Zip Code 89074-1934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575108368559
 Amount of Each Receipt this Period 50.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. HAYDEN, KARI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6109 BANEY COURT
 City MINNETONKA State MN Zip Code 55345-6301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575110368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DOERFLER, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9163 WASSERMANN CT
 City VICTORIA State MN Zip Code 55386-4592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575131568559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	165.38
TOTAL This Period (last page this line number only).....	

**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)	PAGE 42 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DEWALL, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7662 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575145368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PETERSOHN, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16413 BIRCH STREET
 City OVERLAND PARK State KS Zip Code 66085-7842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) GP Reg VP of SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575148368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PELNER, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 WEST MINNEHAHA PARKWAY
 City MINNEAPOLIS State MN Zip Code 55419-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Real Estate Svs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575155968559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 43 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THOMAS, DIANE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2701 KING JAMES AVE
 City SAINT CHARLES State IL Zip Code 60174-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575156468559
 Amount of Each Receipt this Period
 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. HAMANN, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7638 RIDGEVIEW WAY
 City CHANHASSEN State MN Zip Code 55317-4507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575170168559
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. DEMARIS, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2301 OLIVER AVE S
 City MINNEAPOLIS State MN Zip Code 55405-2448
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg eComm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575191868559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	730.74
TOTAL This Period (last page this line number only).....	

**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)	PAGE 44 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CONDON, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 268 OAK LANDING WAY
 City SEVERNA PARK State MD Zip Code 21146-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575203168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. REDMOND, GRETA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 350 N MAIN STREET #444
 City STILLWATER State MN Zip Code 55082-6758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Underwriting
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1915.20

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575211368559
 Amount of Each Receipt this Period 474.00
 Memo Item
 P/R Deduction (\$237.00 Bi-Weekly)

C. CARRIS, DONNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 WEST WILLOW LN
 City CHARLESTOWN State RI Zip Code 02813-1727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575212568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	935.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 45 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STORDAHL, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7001 W 175TH AVENUE
 City EDEN PRAIRIE State MN Zip Code 55346-2161
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Chief Actuary
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575213068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MEYERHOFER, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6624 IROQUOIS TRAIL
 City EDINA State MN Zip Code 55439-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575214668559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. WILSON, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 336 SALEM CHURCH ROAD
 City SUNFISH LAKE State MN Zip Code 55118-4719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575218668559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	615.36
TOTAL This Period (last page this line number only).....	

**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)	PAGE 46 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SHORS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4649 EWING AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR257522368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SANTORO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 OLD FIRE ROAD
 City TRUMBULL State CT Zip Code 06611-1431
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575222668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRUNDHOEFER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 317 SIDNEY BAKER STREET SOUTH SUITE 400 PMB 519
 City KERRVILLE State TX Zip Code 78028-6150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575232768559
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.20
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 47 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DIMARTINO, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49605 KEYCOVE ST
 City CHESTERFIELD State MI Zip Code 48047-2361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575248168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BRANT, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 ROCKY BROOK ROAD
 City WILTON State CT Zip Code 06897-1919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575250268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. KUETER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1500 WINGATE DRIVE
 City DELAWARE State OH Zip Code 43015-9200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575255868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

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)	PAGE 48 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BACHMANN, ANITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 815 NORTHERN SHORES POINT
 City GREENSBORO State NC Zip Code 27455-3459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575258468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BROOMFIELD, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12501 WEST 156TH STREET
 City OVERLAND PARK State KS Zip Code 66221-2662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 599.95

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575260468559
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

C. ZARN, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11192 BLUESTEM LANE
 City EDEN PRAIRIE State MN Zip Code 55347-4731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1087.30

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575269168559
 Amount of Each Receipt this Period 170.00
 Memo Item
 P/R Deduction (\$85.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	646.90
TOTAL This Period (last page this line number only).....	

**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)	PAGE 49 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HAMBLIN, JILLIAN, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 3103 BEACON GROVE ST			Transaction ID : PR2575290368559
City SPRING	State TX	Zip Code 77389-4348	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Product	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MUELLER, STEVEN, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 6895 LAKE HARRISON CIRCLE			Transaction ID : PR2575294568559
City CHANHASSEN	State MN	Zip Code 55317-4589	Amount of Each Receipt this Period 76.92
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Ops	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HEWITT, SCOTT, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023
Mailing Address 1443 RAYMOND AVE			Transaction ID : PR2575296768559
City SAINT PAUL	State MN	Zip Code 55108-1430	Amount of Each Receipt this Period 153.84
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Ntwk Prgms	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 999.96		

SUBTOTAL of Receipts This Page (optional).....	307.68
TOTAL This Period (last page this line number only).....	

**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)	PAGE 50 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WEBER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1791 RESTHAVEN LANE
 City MOUND State MN Zip Code 55364-1308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575298668559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. CUEVAS, BRANDON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 CLOISTER COURT
 City LADERA RANCH State CA Zip Code 92694-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Strat/Grwth Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575305668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PEEL, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7185 GUNFLINT TRAIL
 City CHANHASSEN State MN Zip Code 55317-4743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575329868559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	954.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 51 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WHITE, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8727 W BUCKHORN TRL
 City PEORIA State AZ Zip Code 85383-4852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575342368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. TELESKY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2602 PENNINGTON PLACE
 City VALPARAISO State IN Zip Code 46383-9163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575350968559
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

C. GUSTIN, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5717 AYRSHIRE BLVD
 City EDINA State MN Zip Code 55436-2059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2439.72

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575357768559
 Amount of Each Receipt this Period 393.80
 Memo Item
 P/R Deduction (\$196.90 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	856.40
TOTAL This Period (last page this line number only).....	

**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)	PAGE 52 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NIELSEN, MICHELE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 W 11TH STREET
 City SHIP BOTTOM State NJ Zip Code 08008-6303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Ntwk Regn Pres
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575361768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. COOK, JORDANA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 PALMETTO COVE COURT
 City BLUFFTON State SC Zip Code 29910-9580
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575371668559
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. CUNNINGHAM, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1708 ROLLING HILLS RD
 City CHARLESTON State WV Zip Code 25314-2216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Proj-Prgm Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575375968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	384.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 53 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BRATTEBO, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10202 HARMONY CIRCLE
 City EDEN PRAIRIE State MN Zip Code 55347-5019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575397268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. FELLER, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3715 HUNTINGTON AVE
 City ST LOUIS PARK State MN Zip Code 55416-4917
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575400368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. UNDERWOOD, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3151 ALBER SPRING CT
 City LAKE OSWEGO State OR Zip Code 97034-6733
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575403368559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	615.36
TOTAL This Period (last page this line number only).....	

**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)	PAGE 54 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ANDERSON, BRADLEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4613 W 56TH ST
 City EDINA State MN Zip Code 55424-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575405268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. VENKATESAN, CHANDRAMOULEESWARAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17698 62ND COURT NORTH
 City MAPLE GROVE State MN Zip Code 55311-4619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575410168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLER, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11671 45TH PLACE NE
 City SAINT MICHAEL State MN Zip Code 55376-4536
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575418168559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	653.82
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 55 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GOTTHARD, CAROL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16492 BROOKLANE BOULEVARD
 City NORTHVILLE State MI Zip Code 48168-8417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.34

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575419168559
 Amount of Each Receipt this Period 76.36
 Memo Item
 P/R Deduction (\$38.18 Bi-Weekly)

B. OHARA, KARIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1431 HENRY COURT
 City CHANHASSEN State MN Zip Code 55317-2200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Mkt Grp Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2448.15

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575428768559
 Amount of Each Receipt this Period 392.00
 Memo Item
 P/R Deduction (\$196.00 Bi-Weekly)

C. MURLEY, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2775 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9675
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575443668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	852.96
TOTAL This Period (last page this line number only).....	

**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)	PAGE 56 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SPILKER, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 FITCH LANE
 City NEW CANAAN State CT Zip Code 06840-5051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575446368559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RUNICE, PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4622 BRUCE AVENUE
 City EDINA State MN Zip Code 55424-1123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Treasury
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2398.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575451568559
 Amount of Each Receipt this Period
 369.00
 Memo Item
 P/R Deduction (\$184.50 Bi-Weekly)

C. GLATT, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 631 GOODRICH AVE
 City SAINT PAUL State MN Zip Code 55105-3522
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Aviation Corp Pilots
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575464968559
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	792.06
TOTAL This Period (last page this line number only).....	

**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)	PAGE 57 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SADUSKE, NANETTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4276 NICOLET DRIVE
 City GREEN BAY State WI Zip Code 54311-9798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575470268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HENSEL, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2211 HOMEWOOD DRIVE
 City ANCHORAGE State KY Zip Code 40223-1326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575482668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VESLEDAHL, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15598 MICHELE LANE
 City EDEN PRAIRIE State MN Zip Code 55346-2548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NVP Network
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575499268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 58 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MUNSON, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4707 HAZELTINE LANE
 City EAGAN State MN Zip Code 55123-2172
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575512468559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. COHEN, SANFORD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 CRESCENT LANE
 City LEVITTOWN State NY Zip Code 11756-2506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575526168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HUNTER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5420 COUNTRYSIDE ROAD
 City EDINA State MN Zip Code 55436-2524
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575528368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 59 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HERNANDEZ, MAYRENE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 850 SW 189TH AVENUE
 City PEMBROKE PINES State FL Zip Code 33029-6047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575529268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HOLOVIA, KRISTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4610 LAKEVIEW DRIVE
 City EDINA State MN Zip Code 55424-1518
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575533068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MULLANEY, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 HUNNEWELL STREET
 City NEEDHAM State MA Zip Code 02494-1421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575535168559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	499.98
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 60 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HAMLIN, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2800 NEWMAN
 City HOUSTON State TX Zip Code 77098-1408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575536268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SUN, TONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8408 ENSLEY PLACE
 City LEAWOOD State KS Zip Code 66206-1402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575540268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WENTZIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6350 SUMMIT CIRCLE
 City CHANHASSEN State MN Zip Code 55317-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1202.04

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575540868559
 Amount of Each Receipt this Period 198.00
 Memo Item
 P/R Deduction (\$99.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	351.84
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 61 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZMUDA, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 656 SUMMIT AVE
 City SAINT PAUL State MN Zip Code 55105-3435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575544068559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. STEINBRECHER, HOLLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 N FIELD ST APT 4211
 City DALLAS State TX Zip Code 75202-2782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575544568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CARLSON, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 695 FOUNTAINHEAD WAY
 City NAPLES State FL Zip Code 34103-2736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Exe Search & Mkt Intlgn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1953.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575573768559
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1218.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 62 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MILLER, MAXIMILLIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5328 CHOWEN AVENUE S
 City MINNEAPOLIS State MN Zip Code 55410-2122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575579568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FINCH, ANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 STATION CIR NO
 City HUDSON State WI Zip Code 54016-9555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575586668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SOLLER, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 S 2ND STREET UNIT 614
 City MINNEAPOLIS State MN Zip Code 55415-1375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575586768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 63 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. GISCH, SHAWNA, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR2575592168559
Mailing Address 320 PRESERVE COURT			Amount of Each Receipt this Period 384.60
City CHANHASSEN	State MN	Zip Code 55317-8717	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) Bus Unit CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MILLER, MICHAEL, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR2575595668559
Mailing Address 656 OCEAN AVENUE 1016			Amount of Each Receipt this Period 384.60
City REVERE	State MA	Zip Code 02151	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) Optum Services, Inc		Occupation (for Individual) VP Business Development Exe	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. IVERSON, LISA, , ,			Date of Receipt MM / DD / YYYY 06 / 30 / 2023 Transaction ID : PR2575603268559
Mailing Address 1330 EDGCUMBE RD			Amount of Each Receipt this Period 384.60
City SAINT PAUL	State MN	Zip Code 55116-1780	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer (for Individual) United HealthCare Services Inc		Occupation (for Individual) VP Strat Initiv	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 64 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. GOODMAN, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13828 EVERGREEN COURT
 City APPLE VALLEY State MN Zip Code 55124-9257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575603868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KING, SARAH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 247 MONTIBELLO DRIVE
 City MOORESVILLE State NC Zip Code 28117-9139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575612868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. WAULTERS, SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3344 SHOAL WAY
 City POWELL State OH Zip Code 43065-0501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575622168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.80
TOTAL This Period (last page this line number only).....	

**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)	PAGE 65 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THOMPSON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17829 63RD AVE N
 City MAPLE GROVE State MN Zip Code 55311-4650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP UHC CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575634668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. WILSON, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2420 DURHAM MANOR DRIVE
 City FRANKLIN State TN Zip Code 37064-5266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575636168559
 Amount of Each Receipt this Period 384.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

C. CLARK, TERENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 COOPER AVENUE
 City EDINA State MN Zip Code 55436-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) EVP, Chief Cust Mktg Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575636968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1153.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 66 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CABANILLAS, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2411 WORDSWORTH ST
 City HOUSTON State TX Zip Code 77030-1833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575637368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MULLIGAN, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 WHETTEN ROAD
 City WEST HARTFORD State CT Zip Code 06117-2856
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575656868559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. KANE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7624 N MOUNTAIN VIEW PASS
 City PARADISE VALLEY State AZ Zip Code 85253-2844
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575657468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1185.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 67 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ALLEN, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8675 AZURE SKY DRIVE
 City LAS VEGAS State NV Zip Code 89129-2227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575669368559
 Amount of Each Receipt this Period 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. BOGATYRENKO, VICTORIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 FIVE MILE RIVER ROAD
 City DARIEN State CT Zip Code 06820-6234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 748.67

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575675468559
 Amount of Each Receipt this Period 115.18
 Memo Item
 P/R Deduction (\$57.59 Bi-Weekly)

C. MITCHELL, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11499 ASHLEY COURT
 City INVER GROVE HEIGHTS State MN Zip Code 55077-5251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2414.46

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575678368559
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	589.18
TOTAL This Period (last page this line number only).....	

**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)	PAGE 68 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SIMONSON, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10982 SANCTUARY COVE COURT
 City LAS VEGAS State NV Zip Code 89135-9126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575682368559
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. STIDMAN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6504 CHEROKEE TRAIL
 City EDINA State MN Zip Code 55439-1109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575683868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. OCHIPINTI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26 SOUTH STREET UNIT 1 RIGHT
 City ANNAPOLIS State MD Zip Code 21401-2652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575685768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	861.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 69 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KALBACHER, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4952 EAST DARTMOUTH STREET
 City MESA State AZ Zip Code 85205-6458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1149.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575688368559
 Amount of Each Receipt this Period 176.92
 Memo Item
 P/R Deduction (\$88.46 Bi-Weekly)

B. KOENIG, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 509 ORLANDO AVE
 City ORELAND State PA Zip Code 19075-1223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575702268559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. PROKOCKI, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9091 KORNBRUST DR
 City LONE TREE State CO Zip Code 80124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575705868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 70 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THIERY, LINDA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 999 LABEAUX AVE NE
 City HANOVER State MN Zip Code 55341-9292
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2023.74

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575707868559
 Amount of Each Receipt this Period 457.86
 Memo Item
 P/R Deduction (\$228.93 Bi-Weekly)

B. VOLLRATH, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7647 MARKER ROAD
 City SAN DIEGO State CA Zip Code 92130-5616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS VP Clnt Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575719868559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. CAIN, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 COUNTRYSIDE CT
 City DANVILLE State CA Zip Code 94506-1126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575724368559
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	804.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 71 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MCKEE, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6500 TRANQUIL RIVER LANE
 City WAUSAU State WI Zip Code 54401-3302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR257526768559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. GROSGLAGS, JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3233 TIMBERWOLF CIRCLE
 City PRIOR LAKE State MN Zip Code 55372-3272
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575735768559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MURRAY, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 CIRCLE WEST
 City EDINA State MN Zip Code 55436-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575736568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	615.36
TOTAL This Period (last page this line number only).....	

**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)	PAGE 72 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LEWIS, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 PLEASANT VIEW ROAD
 City CHANHASSEN State MN Zip Code 55317-9509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1934.46

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575737468559
 Amount of Each Receipt this Period 316.00
 Memo Item
 P/R Deduction (\$158.00 Bi-Weekly)

B. CESARETTI, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5020 CIRCLE DOWN
 City GOLDEN VALLEY State MN Zip Code 55416-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Compli/Sr Dep Gen Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575739068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PORTZ, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2119 SHERIDAN HILLS RD
 City WAYZATA State MN Zip Code 55391-2327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575744568559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1100.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 73 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PROBST, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1927 SAUNDERS AVENUE
 City SAINT PAUL State MN Zip Code 55116-2016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575744668559
 Amount of Each Receipt this Period: 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

B. PINERSKI, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7501 HART LN
 City AUSTIN State TX Zip Code 78731-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575752868559
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. FULTON, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 805 LANEWOOD LANE NORTH
 City PLYMOUTH State MN Zip Code 55447-4347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575756968559
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	661.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 74 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EKLO, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3942 CAMPELLO CURVE
 City CHASKA State MN Zip Code 55318-4639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575761868559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. HOWARTH, CRAIG, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1820 NAPOLI DRIVE
 City APEX State NC Zip Code 27502-9659
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP IT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575762468559
 Amount of Each Receipt this Period **76.92**
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. PAIK, JESSICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BUTTONWOOD LANE EAST
 City RUMSON State NJ Zip Code 07760-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575783168559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 75 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MADDUX, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16426 FARMERS MILL LANE
 City CHESTERFIELD State MO Zip Code 63005-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2402.04

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575783868559
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

B. SUAREZ, MARIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 21294 SMOKEHOUSE CT
 City ASHBURN State VA Zip Code 20147-5316
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Product
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575787368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BERGDOLL, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 HARRIS PEAK ST
 City LAS VEGAS State NV Zip Code 89138-6351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575793768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	551.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 OF 200
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MAURER, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10204 NEWPORT PATH
 City WOODBURY State MN Zip Code 55129-4428
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575798168559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. WIX, LACOSTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 402 JULIA STREET APARTMENT 403
 City NEW ORLEANS State LA Zip Code 70130-3699
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575800068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. GALIAN, SANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SEQUAMS LANE WEST
 City WEST ISLIP State NY Zip Code 11795-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575803268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	553.84
TOTAL This Period (last page this line number only).....	

**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)	PAGE 77 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RUSSELL, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 SONIA DRIVE
 City LAS VEGAS State NV Zip Code 89107-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 507.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575812168559
 Amount of Each Receipt this Period
 78.00
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

B. LATINO, DAYNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 BROOK CROSSING EXTENSION
 City ELLINGTON State CT Zip Code 06029-2247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575813268559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SCHENEMAN, STEPHEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 8TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Clin Affordability
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2575813468559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	231.84
TOTAL This Period (last page this line number only).....	

**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)	PAGE 78 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SHAPIRO, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5215 MORGAN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-1026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Seg Chief Cnsmr Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575814268559
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. TAYLOR, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5430 E BLOOMFIELD RD
 City SCOTTSDALE State AZ Zip Code 85254-4202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn Pres Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575818168559
 Amount of Each Receipt this Period: 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCNATT, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4945 CANDACRAIG
 City ALPHARETTA State GA Zip Code 30022-6340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP SIs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575824968559
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 79 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KAUFMAN, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1580 BOHNS POINT ROAD
 City WAYZATA State MN Zip Code 55391-9309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CEO IFP & Chief Cnsmr/Grwth
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575829868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHMITT, MARIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3045 25TH AVENUE
 City SAN FRANCISCO State CA Zip Code 94132-1541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP Clnt Relationship
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575830068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HARPER, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8206 WEST 16TH STREET
 City SAINT LOUIS PARK State MN Zip Code 55426-1904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2402.04

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575835568559
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	859.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 80 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. JERDE, MARY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9324 N AERIE CLIFF
 City FOUNTAIN HILLS State AZ Zip Code 85268-6358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575837468559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. BOROCH, BLAIR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 BELFRY DRIVE
 City BLUE BELL State PA Zip Code 19422-1210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575849968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. COTTINGTON, NYLE BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15050 47TH STREET NE
 City SAINT MICHAEL State MN Zip Code 55376-1613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575865368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	884.58
TOTAL This Period (last page this line number only).....	

**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)	PAGE 81 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ADAMO, BRENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3109 E DESERT LN
 City PHOENIX State AZ Zip Code 85042-7198
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP, Software Engineering
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575867868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROSS, CHRISTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 211 JIM CANNON RD
 City VAN ALSTYNE State TX Zip Code 75495-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575873368559
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. PEZHMAN, PAYMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2825 MAPLEWOOD CIRCLE E
 City WAYZATA State MN Zip Code 55391-2633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575883568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 538.52
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 82 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RICHARDSON, KRISTIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 139 BALL GAP ROAD
 City ARDEN State NC Zip Code 28704-8748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575890968559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. SCHMUKER, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2575 TALL TIMBER COURT SE
 City GRAND RAPIDS State MI Zip Code 49546-6787
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2407.23

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575906668559
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

C. MARGHERIO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6412 JEFFERSON STREET
 City KANSAS CITY State MO Zip Code 64113-1542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP Sls Acct Mgt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2575916368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	874.92
TOTAL This Period (last page this line number only).....	

**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)	PAGE 83 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CZAJKA, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8590 BIG MANGROVE DRIVE
 City FORT MYERS State FL Zip Code 33908-7694
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Dir People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575918668559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. OLSON, TRUDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7208 WOODDALE AVE SOUTH
 City EDINA State MN Zip Code 55435-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575918768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCGOLDRICK, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 48 MOUNTAIN TERRACE ROAD
 City WEST HARTFORD State CT Zip Code 06107-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA VP SIs & Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575930468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 84 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MATTERA, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 640 LOCUST HILLS DRIVE
 City WAYZATA State MN Zip Code 55391-1973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG Chief Dev Officer
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575938468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. RILEY, FELICITY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3330 EDMUND BLVD
 City MINNEAPOLIS State MN Zip Code 55406-2348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575943368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DONAHUE, JEANINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 MORNINGSIDE DRIVE
 City MANDEVILLE State LA Zip Code 70448-7571
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575959268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 85 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LEMKE, HEATHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4135 TRILLIUM LANE EAST
 City MINNETRISTA State MN Zip Code 55364-7730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2424.07

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575965868559
 Amount of Each Receipt this Period: 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

B. FRANK, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1373 PRAIRIE MEADOW RD
 City MINNETRISTA State MN Zip Code 55359-6701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575970468559
 Amount of Each Receipt this Period: 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SIEBERT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 VIA BELLEZA
 City SAN CLEMENTE State CA Zip Code 92673-6910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2575979668559
 Amount of Each Receipt this Period: 200.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	980.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 86 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. RICHARDS, ALISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 WEST GRANTLEY
 City ELMHURST State IL Zip Code 60126-2237
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Division CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575987968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SCHULTZ, STACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4012 S XERXES AVENUE
 City MINNEAPOLIS State MN Zip Code 55410-1146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2575990968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. BRIGGS, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13534 TUSCALEE HILL CIR
 City DRAPER State UT Zip Code 84020-5653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576001668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 87 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SCHOENER, SHAUN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 884 LAS PALOMAS DR
 City LAS VEGAS State NV Zip Code 89138-5001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Health Plan of Nevada Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.42

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576012768559
 Amount of Each Receipt this Period 32.68
 Memo Item
 P/R Deduction (\$16.34 Bi-Weekly)

B. SONERHOLM, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3380 SHELBORNE WOODS PARKWAY
 City CARMEL State IN Zip Code 46032-8101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576033268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MOSHER, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4201 SUNSET DRIVE #108
 City SPRING PARK State MN Zip Code 55384-4515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Info Tech
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 458.26

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576038568559
 Amount of Each Receipt this Period 83.32
 Memo Item
 P/R Deduction (\$41.66 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.60
TOTAL This Period (last page this line number only)..... ▶

**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)	PAGE 88 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BYRNES, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3920 GLENWOOD STREET
 City DULUTH State MN Zip Code 55804-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576042868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KANDALAF, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16118 LOMACITAS LN
 City WHITTIER State CA Zip Code 90603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576043668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. STONE, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1485 COUNTY RD 286
 City COLLINSVILLE State TX Zip Code 76233-2389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Conctrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576045168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 89 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NELSON, KRISTA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18202 SHAVERS LAKE DRIVE
 City WAYZATA State MN Zip Code 55391-3338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHC Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2576047968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MONICAL, KENT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9795 E PIEDRA DRIVE
 City SCOTTSDALE State AZ Zip Code 85255-9231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2576051368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HUANG, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6838 IDLEWOOD WAY
 City EDEN PRAIRIE State MN Zip Code 55346-3519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2576059968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 90 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. REX, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) UHG CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576060068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCEWAN, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4916 ALDRICH AVE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576085768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FREIBERG, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9605 LEXINGTON CT
 City WESTON State WI Zip Code 54476-6730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Cust Strategy
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576093668559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	923.04
TOTAL This Period (last page this line number only).....	

**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)	PAGE 91 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PALMER, BRYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 346 COUNTRY CLUB DRIVE
 City TEQUESTA State FL Zip Code 33469-1944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576097968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. LESUEUR, REHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 254 JASPERS CIR S
 City CHASKA State MN Zip Code 55318-3210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576098968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DIAMOND, TIFFANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1801 SPANISH TRAIL
 City DELRAY BEACH State FL Zip Code 33483-4958
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2414.46

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576105568559
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	857.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 92 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LIRETTE, KARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **9 WEST WOODLAWN DRIVE**
 City **DESTREHAN** State **LA** Zip Code **70047-2535**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **Hlth Plan CEO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576138968559
 Amount of Each Receipt this Period **76.92**
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GROSSMAN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **15725 56TH AVE N**
 City **PLYMOUTH** State **MN** Zip Code **55446-2984**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **Division COO**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576145868559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FRIDNER, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address **782 PENFIELD DR**
 City **CAROL STREAM** State **IL** Zip Code **60188-4738**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **United HealthCare Services Inc** Occupation (for Individual) **SB NA VP SIs/Gen**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ **507.00**

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2576147568559
 Amount of Each Receipt this Period **78.00**
 Memo Item
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	539.52
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 93 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SCOTT, GARLAND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 CASTLE POND DRIVE
 City WINSTON SALEM State NC Zip Code 27107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2576151068559
 Amount of Each Receipt this Period: 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. LENTZ, MICHEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4004 FOREST GLEN DRIVE
 City GREENSBURG State PA Zip Code 15601-9062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Exec Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2576153568559
 Amount of Each Receipt this Period: 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. WARN, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2079 AUSTRIAN PINE LN
 City MINNETONKA State MN Zip Code 55305-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt: 06 / 30 / 2023
Transaction ID : PR2576157868559
 Amount of Each Receipt this Period: 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	192.30
TOTAL This Period (last page this line number only).....	

**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)	PAGE 94 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BENSON, JEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14951 HIGHLAND COURT NE
 City PRIOR LAKE State MN Zip Code 55372-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Regn CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2576310968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. COMBSMORGAN, LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 513 RIVERVIEW DRIVE
 City FRANKLIN State TN Zip Code 37064-5512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2578719868559
 Amount of Each Receipt this Period 38.40
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

C. EGELAND, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2659 E LAKE OF THE ISLES PKWY
 City MINNEAPOLIS State MN Zip Code 55408-1052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2578741068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	807.60
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 95 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DUFFEY, KRISTY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 42095 N 109TH PLACE
 City SCOTTSDALE State AZ Zip Code 85262-3293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2578823268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BUSBEE, NATHANAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 ROSEWOOD AVE
 City CATONSVILLE State MD Zip Code 21228-4938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2578826768559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MILLER, TRACI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 729 PINE TRAIL
 City ARNOLD State MD Zip Code 21012-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2578829968559
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 96 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ELLIS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 DRIPPING SPRINGS
 City FRISCO State TX Zip Code 75034-4039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.94

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2595209168559
 Amount of Each Receipt this Period 32.76
 Memo Item
 P/R Deduction (\$16.38 Bi-Weekly)

B. HAREWOOD, JUNIOR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 158 HAMPTON ROAD
 City GARDEN CITY State NY Zip Code 11530-1404
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2595231568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FRIAS, LORRAINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2116 STANFORD AVENUE
 City SAINT PAUL State MN Zip Code 55105-1219
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2601159068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	494.28
TOTAL This Period (last page this line number only).....	

**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)	PAGE 97 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KIMES, CARRIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1917 SW 27TH STREET
 City TOPEKA State KS Zip Code 66611-1643
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2601162068559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. PERERA, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 UNITY AVE N
 City GOLDEN VALLEY State MN Zip Code 55422-4735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2601168868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. MCBEATH, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2537 RED ARROW DRIVE
 City LAS VEGAS State NV Zip Code 89135-1628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2605708968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$0.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 98 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PATTEN, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7384 NARCISSUS LANE N
 City MAPLE GROVE State MN Zip Code 55311-1596
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Innovation
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2605711968559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. ANDERSONHUTCHINS, LEIGH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16786 RAINY VALE AVE
 City RIVERSIDE State CA Zip Code 92503-6535
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2605717868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. DAVIS, KELLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2285 N POWHATAN ST
 City ARLINGTON State VA Zip Code 22205-2113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2307.60

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2605734268559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	861.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 99 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LEIGH PITSTICK, EMILY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 70 SNOW CREEK LN
 City LEAVENWORTH State WA Zip Code 98826-7802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2605735268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MALONE, TRACY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 S 22ND ST
 City ARLINGTON State VA Zip Code 22202-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP External Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2605736968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETERSON, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7757 BECK LN
 City ZIONSVILLE State IN Zip Code 46077-9060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2605750468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 100 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SONSTEGARD, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4216 ZENITH AVE S
 City MINNEAPOLIS State MN Zip Code 55410-1413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 682.52

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2606844468559
 Amount of Each Receipt this Period 28.08
 Memo Item
 P/R Deduction (\$14.04 Bi-Weekly)

B. FICKER, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 945 MINERS RIDGE COURT
 City INCLINE VILLAGE State NV Zip Code 89451-8801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2607806768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WELDON, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1155 MOERS DRIVE
 City CHASKA State MN Zip Code 55318-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Corp Dev
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2608055568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	181.92
TOTAL This Period (last page this line number only).....	

**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)	PAGE 101 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LANDO, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 PINEAPPLE STREET
 APT 3J
 City BROOKLYN State NY Zip Code 11201-6839
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2608059568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. WRIGHT, NORMAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26335 N 104TH WAY
 City SCOTTSDALE State AZ Zip Code 85255-8009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Enterprise Health Equity
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2609812368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PATEL, KETAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1811 PITCAIRN DRIVE
 City COSTA MESA State CA Zip Code 92626-4702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Pharm Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2612523368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 102 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STEVENS, J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 133 MEADERBORO ROAD
 City ROCHESTER State NH Zip Code 03867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Dir Tech Prod Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2612528568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BAKER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2383 HIGHOVER TRAIL
 City CHANHASSEN State MN Zip Code 55317-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2612530568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHILTS, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WOODLAND ROAD
 City EDINA State MN Zip Code 55424-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Tech Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2612533268559
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	553.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 103 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KREJCI, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19880 LAKEVIEW AVENUE
 City EXCELSIOR State MN Zip Code 55331-9352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.04

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2614310768559
 Amount of Each Receipt this Period 56.16
 Memo Item
 P/R Deduction (\$28.08 Bi-Weekly)

B. THOMPSON, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3100 NORTH OCEAN BOULEVARD UNIT 1502
 City FORT LAUDERDALE State FL Zip Code 33308-7191
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) URS Dir Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2614322368559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. RHODES, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12439 GLENLIVET LOWLAND AVE
 City LAS VEGAS State NV Zip Code 89138-6244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Pres
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2615075168559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	133.08
TOTAL This Period (last page this line number only).....	

**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)	PAGE 104 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SOLOMON, RANDALL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 760 HAIGHT STREET
 City SAN FRANCISCO State CA Zip Code 94117-3317
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Behvrl Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2615671568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BIRNBAUM, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 55 DEAN STREET
 City BROOKLYN State NY Zip Code 11201-6245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Hlthcare Econ
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2615671668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. OSTRANDER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 BARTON COURT
 City PLEASANT HILL State CA Zip Code 94523-2029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2615960668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 105 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TRAW, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 518 13TH ST
 City HUNTINGTON BEACH State CA Zip Code 92648-4038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Cust Service
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2617365668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. DOMB, JULIET, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 116 CHURCH ST
 City WATERTOWN State MA Zip Code 02472-4721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2618988768559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. OLSON, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 848 S CORONA ST
 City DENVER State CO Zip Code 80209-4410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2622561668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 106 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MOURAS, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5942 BRIARWOOD COURT
 City CLARKSTON State MI Zip Code 48346-3176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2623702968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. GREIN, DEEDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6610 XERXES AVE S
 City EDINA State MN Zip Code 55435-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2488.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2624442268559
 Amount of Each Receipt this Period
 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. MULES, REBECCA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1136 BATTERY AVENUE
 City BALTIMORE State MD Zip Code 21230-4112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2624442268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1185.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 107 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SMITH, LISA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5040 INTERLACHEN BLUFF
 City EDINA State MN Zip Code 55436-1360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2625503768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DUKART, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2541 DRESDEN LANE
 City GOLDEN VALLEY State MN Zip Code 55422-3617
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2627749168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PARIS, KATHERINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17365 62ND AVE N
 City MAPLE GROVE State MN Zip Code 55311-6405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2628320668559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
TOTAL This Period (last page this line number only).....	

**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)	PAGE 108 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SHJERVE, NICHOLAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12126 94TH AVE N
 City MAPLE GROVE State MN Zip Code 55369-7154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2628329868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. MANNING, KIM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12703 DEER CREEK DRIVE
 City OMAHA State NE Zip Code 68142-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2628331468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. VANDERWALDE, LAMBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 AUDUBON CAUSEWAY
 City LANTANA State FL Zip Code 33462-4756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP UHG Research-Corp Affairs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2628332368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 109 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PIAZZA, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HILLSIDE LN
 City POTTSTOWN State PA Zip Code 19465-8583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2628334168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KORNHAUSER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 180 SUMMIT LANE
 City BALA CYNWYD State PA Zip Code 19004-2931
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 753.48

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2628335768559
 Amount of Each Receipt this Period 115.92
 Memo Item
 P/R Deduction (\$57.96 Bi-Weekly)

C. ERICKSON, ALYSSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6430 POLARIS LANE N
 City MAPLE GROVE State MN Zip Code 55311-4320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2628798968559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	385.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 110 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. THOMPSON, BRUCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2826 HEDGEROW DRIVE
 City DALLAS State TX Zip Code 75235-7590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2628833668559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DREFAHL, JASON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6104 FOX MEADOW LN
 City EDINA State MN Zip Code 55436-1217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Division COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2632078968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GORSUCH, KIRSTEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2780 COUNTRYSIDE DRIVE WEST
 City ORONO State MN Zip Code 55356-9676
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2632087868559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1153.80
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 111 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TUFFIN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5904 ASHBY MANOR PLACE
 City ALEXANDRIA State VA Zip Code 22310-2267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2632087968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MEENTS, BENJAMIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6531 BIG WOODS DRIVE
 City MINNETRISTA State MN Zip Code 55331-2026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2632088168559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WALTHOUR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5049 COLFAX AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2632877068559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 112 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HAPGOOD, WADE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 NW 82ND
 City TOPEKA State KS Zip Code 66617-2223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2634167068559
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. ROALDI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4720 HARRIET AVENUE
 City MINNEAPOLIS State MN Zip Code 55419-5434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Prd
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2634169568559
 Amount of Each Receipt this Period
 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

C. HACKNEY, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 N 15TH ST
 City NASHVILLE State TN Zip Code 37206-2774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2634170368559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	269.30
TOTAL This Period (last page this line number only).....	

**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)	PAGE 113 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PRIBLE, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1923 SHIVER DR
 City ALEXANDRIA State VA Zip Code 22307-1629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR263465668559
 Amount of Each Receipt this Period **384.60**
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SIEVERS, NORA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18605 75TH AVE N
 City MAPLE GROVE State MN Zip Code 55311-2244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Recruit
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2634880968559
 Amount of Each Receipt this Period **400.00**
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. THOMPSON, DUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3037 E BDE MAKA SKA PKWY
 City MINNEAPOLIS State MN Zip Code 55408-2520
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2634882768559
 Amount of Each Receipt this Period **416.00**
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1200.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 114 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WARGIN, AMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11149 SWEETWATER PATH
 City WOODBURY State MN Zip Code 55129-5293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2634883868559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. WOJCIK, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11424 BOULDER DRIVE
 City ORLAND PARK State IL Zip Code 60467-7419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2402.03

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2634886568559
 Amount of Each Receipt this Period 398.00
 Memo Item
 P/R Deduction (\$199.00 Bi-Weekly)

C. PESCATELLO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1311 HAMLIN STREET NE
 City WASHINGTON State DC Zip Code 20017-2451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2634888568559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	990.30
TOTAL This Period (last page this line number only).....	

**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)	PAGE 115 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. POWER, ROBERT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 SMITH LANE
 City SAINT JAMES State NY Zip Code 11780-3810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2235.38

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2634892868559
 Amount of Each Receipt this Period 424.00
 Memo Item
 P/R Deduction (\$212.00 Bi-Weekly)

B. PAYET, KEITH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26495 SE KENT KANGLEY RD
 City RAVENSDALE State WA Zip Code 98051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2635440068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MANN, MELISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15526 ELM RD
 City MAPLE GROVE State MN Zip Code 55311-3941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP People Team
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2635442168559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	847.06
TOTAL This Period (last page this line number only).....	

**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)	PAGE 116 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MIRAU, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 770 HAWKCREST CIR
 City CHANHASSEN State MN Zip Code 55317-4860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2635444268559
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

B. ROOS, THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3199 KAGEN AVE NE
 City SAINT MICHAEL State MN Zip Code 55376-3416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Chief Acctng Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2635451268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MADONDO, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 WINSTON ROAD
 City HOLLISTON State MA Zip Code 01746-1454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2636726168559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 117 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DEMPSEY, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6614 PARKWOOD LANE
 City EDINA State MN Zip Code 55436-1734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2636726368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HILL, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1800 RIDGE AVENUE UNIT 303
 City EVANSTON State IL Zip Code 60201-5980
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2636726568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. LUSIC, TANYA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20840 SAWMILL ROAD
 City JORDAN State MN Zip Code 55352-9633
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2636727568559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 118 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CALABRESE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 FARM HILL RD
 City CAPE ELIZABETH State ME Zip Code 04107-2220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Clin Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2639708368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. SMITH, ANTHONY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 ROCKAWAY AVE
 City MARBLEHEAD State MA Zip Code 01945-1726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2639746268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WIGGIN, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 MIDDLEBROOK RD
 City WEST HARTFORD State CT Zip Code 06119-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2639759368559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 119 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZUCCO, BETHANY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2608 CROMWELL COURT
 City MINNEAPOLIS State MN Zip Code 55410-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2639760068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DUTTA, SUMIT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1112 W WRIGHTWOOD AVE
 City CHICAGO State IL Zip Code 60614-1315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg Chief Med Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2639773868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SMITH, DELYLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 447
 City MT PROSPECT State IL Zip Code 60056-0447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director Technology
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2639801568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 120 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WEBER, ALISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10633 NW 74TH PLACE
 City JOHNSTON State IA Zip Code 50131-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2640461068559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. STOW, CHRISTINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5505 30TH ST NW
 City WASHINGTON State DC Zip Code 20015-1249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2640466468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SHARKEY, S PAUL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8607 ELLISTON DRIVE
 City WYNDMOOR State PA Zip Code 19038-7957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2640845468559
 Amount of Each Receipt this Period 57.70
 Memo Item
 P/R Deduction (\$28.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	557.68
TOTAL This Period (last page this line number only).....	

**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)	PAGE 121 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ESTESS, SHARON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 128 ASHBROOKE TRAIL
 City MADISON State MS Zip Code 39110-6855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2640876568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. METKO, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 23665 HIGHVIEW LANE
 City LAKEVILLE State MN Zip Code 55044-6025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2640877368559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ADVANI, PROTIMA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7618 BRITTANY PARC CT
 City FALLS CHURCH State VA Zip Code 22043-2907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Rsch
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2642024168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 122 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. STRAND, UTE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2323 SPRINGDALE DRIVE
 City NASHVILLE State TN Zip Code 37215-1134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2642025568559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. JENSEN, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6287 JUNEAU LANE N
 City MAPLE GROVE State MN Zip Code 55311-4166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2642031468559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

C. MARTIN, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7002 N VIA DE MANANA
 City SCOTTSDALE State AZ Zip Code 85258-3951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) PS Market VP SIs AM
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2642818068559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	230.76
TOTAL This Period (last page this line number only).....	

**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)	PAGE 123 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. LONG, RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4825 PENN AVE S
 City MINNEAPOLIS State MN Zip Code 55419-5258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2642831268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. FOX, ELIZABETH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 SECOND STREET
 City ALEXANDRIA State VA Zip Code 22314-1416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2642832068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. HASAN, NADIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16731 LAKE STREET EXTENSION
 City MINNETONKA State MN Zip Code 55345-2745
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1090.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2642832968559
 Amount of Each Receipt this Period 218.00
 Memo Item
 P/R Deduction (\$109.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	679.52
TOTAL This Period (last page this line number only).....	

**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)	PAGE 124 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KUSSIE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8445 NE NEW BROOKLYN ROAD
 City BAINBRIDGE ISLAND State WA Zip Code 98110-3611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2642838868559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. RUDOLPH, CLAYTON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4937 RUSSELL AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55410-1916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2336.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2643199368559
 Amount of Each Receipt this Period 409.70
 Memo Item
 P/R Deduction (\$204.85 Bi-Weekly)

C. CRAGLE, STEVE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6604 MOHAWK TRAIL
 City EDINA State MN Zip Code 55439-1030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2643200668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	832.76
TOTAL This Period (last page this line number only).....	

**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)	PAGE 125 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. NEELY, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1159 BUFFALO RIDGE RD
 City CASTLE PINES State CO Zip Code 80108-8190
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2643203168559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MCKOY, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 927 LINCOLN AVE
 City SAINT PAUL State MN Zip Code 55105-3149
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Mkt Grp CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2644651668559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. JEZARIAN, WENDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5251 HUMBOLDT AVE S
 City MINNEAPOLIS State MN Zip Code 55419-1121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Mktg Rsch Cnslt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2644659668559
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	807.66
TOTAL This Period (last page this line number only).....	

**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)	PAGE 126 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CHAPMAN, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1724 SECOND STREET
 City NEW ORLEANS State LA Zip Code 70113-1632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Acct Mgmt SB KA
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2645103068559
 Amount of Each Receipt this Period
 100.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

B. VALLI, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 JEFFERSON DRIVE
 City PITTSBURGH State PA Zip Code 15228-2166
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2645168868559
 Amount of Each Receipt this Period
 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. MAHRT, JONATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 N TOMSIK ST
 City LAS VEGAS State NV Zip Code 89129-4816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2645176968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	884.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 127 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PRICE, CASSANDRA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7903 S 193 AVENUE
 City GRETNA State NE Zip Code 68028-5017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2646263668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. HOFFMAN, SHERRI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3409 DEEP WILLOW AVENUE
 City PIKESVILLE State MD Zip Code 21208-3116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2646294668559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. STANKIEWICZ, DENNIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17761 WEAVER LAKE DRIVE
 City MAPLE GROVE State MN Zip Code 55311-1328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Corp Controller
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2646304068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 128 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SWENSSON, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6312 MERRIMAC LANE NORTH
 City MAPLE GROVE State MN Zip Code 55311-3835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2698403968559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. ROSENHAUS, MORGANNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 724 FARRAGUT STREET NW
 City WASHINGTON State DC Zip Code 20011-4012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Found/Social Resp
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2698409868559
 Amount of Each Receipt this Period
 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

C. ZENICK, GEOFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7714 TWISTED OAKS CIRCLE
 City DALLAS State TX Zip Code 75231-4711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2698410868559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	576.90
TOTAL This Period (last page this line number only).....	

**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)	PAGE 129 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TAYLOR, JOSHUA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 CARRIAGE HILL RD
 City WOODBRIDGE State CT Zip Code 06525-1037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2698416768559
 Amount of Each Receipt this Period 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

B. DOWLING, MELODY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 529 N EVERGREEN ST
 City GARDNER State KS Zip Code 66030-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2699182568559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. AHLSTROM, ALEXIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3421 OAKWOOD TERRACE
 City WASHINGTON State DC Zip Code 20010-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2699187168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	499.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 130 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ZHOU, JINGXIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12011 FAIRVIEW CT
 City MINNETONKA State MN Zip Code 55343-4516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2699187868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. WAYLAND, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5601 MATOAKA RD
 City RICHMOND State VA Zip Code 23226-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Transformation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2700924668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MCSWEENEY, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 EDINGTON PLACE
 City MARCO ISLAND State FL Zip Code 34145-2006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief People Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2701818068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 131 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. OCONNELL, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 LATIGO PLACE
 City COLUMBINE VALLEY State CO Zip Code 80123-6683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2701819668559
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. BRUCE, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1433 POWDER DRIVE
 City O FALLON State MO Zip Code 63366-1398
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2701823068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SPARKS, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10681 S CEDAR NILES BLVD
 City OLATHE State KS Zip Code 66061-7415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2701825568559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	807.66
TOTAL This Period (last page this line number only).....	

**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)	PAGE 132 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KRAMER, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4672 BITTERN LANE
 City LEBANON State OH Zip Code 45036-7562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2702501468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. BERKE, ETHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4624 TOWER ST
 City EDINA State MN Zip Code 55424-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CMO/VP Public Health
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2703245268559
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. MERZLICHER, CAREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 950 BENTLEY PARK CIRCLE
 City O FALLON State MO Zip Code 63368-8022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Fin
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2703246968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	233.84
TOTAL This Period (last page this line number only).....	

**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)	PAGE 133 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HOROHO, PATRICIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7808 PALMILLA COURT
 City REUNION State FL Zip Code 34747-6417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR270419468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DELANY, ANDREW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 209 GARLAND AVENUE
 City DECATUR State GA Zip Code 30030-4940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2704196368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. SPADE, NATHAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1060 ELLIOTT LANE
 City YORK State PA Zip Code 17403-3421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2705987068559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	923.04
TOTAL This Period (last page this line number only).....	

**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)	PAGE 134 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BARBARO, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 670 ARBUTUS STREET
 City MIDDLETOWN State CT Zip Code 06457-7106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP National Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2705988268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. KMIEC, ADAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4736 PRAIRIE DUNES WAY
 City EAGAN State MN Zip Code 55123-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2705989268559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. PETRONE, DAMIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 703 DEAN CT
 City WEST CHESTER State PA Zip Code 19382-2100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Assc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2706418968559
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	807.66
TOTAL This Period (last page this line number only).....	

**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)	PAGE 135 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. BARTHOLET, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5918 VALEWOOD DRIVE
 City MINNETONKA State MN Zip Code 55345-6545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2706451168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. MULDOON, ALLISON, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 E LURAY AVENUE
 City ALEXANDRIA State VA Zip Code 22301-1605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2706452768559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. MOORE, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9405 EAGLE NEST LANE
 City MIDDLETON State WI Zip Code 53562-5647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2706453568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	961.50
TOTAL This Period (last page this line number only).....	

**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)	PAGE 136 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. COLLETTI, JOSEPH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10551 INDIGO BROOM LOOP
 City AUSTIN State TX Zip Code 78733-5716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2043.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2740496568559
 Amount of Each Receipt this Period 454.00
 Memo Item
 P/R Deduction (\$227.00 Bi-Weekly)

B. HUNT, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5594 MARSHALL HOUSE CT
 City BURKE State VA Zip Code 22015-2141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2740514068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. WEINBERG, EDWARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8625 APPLETON COURT
 City ANNANDALE State VA Zip Code 22003-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2740514868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	607.84
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 137 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. DELANEY, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2876 GENEVA ST
 City DENVER State CO Zip Code 80238-3035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Fin
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2740759268559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. PONS, NATALIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3209 GALLERIA UNIT 803
 City EDINA State MN Zip Code 55435-2547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief Compli Off/SD Gen Cnsl
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2740761968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. FEHR, STEPHANIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6601 BLACKFOOT PASS
 City EDINA State MN Zip Code 55439-1103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Mkt Grp Chief People Off
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2748020568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 138 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PROCHNO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4640 ST JAMES GATE
 City EXCELSIOR State MN Zip Code 55331-9397
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SB KA VP SIs Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2748021968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SEVERANCE, DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2160 N MARION ST
 City DENVER State CO Zip Code 80205-5245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2750288168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ORIE, TIMOTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2317 RESIDENCE CIRCLE #B4-102
 City NAPLES State FL Zip Code 34105-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP People Team
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2754244168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 139 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PAGET, JAMIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15268 LOUISIANA AVE
 City SAVAGE State MN Zip Code 55378-5654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2754246068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. KONTOR, JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 123A SPA VIEW AVE
 City ANNAPOLIS State MD Zip Code 21401-3542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Advisory Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2754673668559
 Amount of Each Receipt this Period 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

C. BOTHRA, SIDDHARTH, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17200 SE 45TH STREET
 City BELLEVUE State WA Zip Code 98006-6510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Bus Segment COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2754720768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 140 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. WILSON, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15619 SWANSCOMBE LOOP
 City UPPER MARLBORO State MD Zip Code 20774-8412
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.60

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2755347868559
 Amount of Each Receipt this Period 38.40
 Memo Item
 P/R Deduction (\$19.20 Bi-Weekly)

B. ABRAHAM, SANTIAGO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4320 COTTONWOOD LN
 City EXCELSIOR State MN Zip Code 55331-9328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Seg CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2755652168559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. KRAUTKRAMER, MITCHELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 LAKEVIEW PKWY
 City MOUND State MN Zip Code 55364-2307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) M A VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2755995768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	499.92
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 141 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ASHENHURST, KARLA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 865 BRINSMERE DRIVE
 City ELM GROVE State WI Zip Code 53122-2102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.97

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2756173668559
 Amount of Each Receipt this Period 115.38
 Memo Item
 P/R Deduction (\$57.69 Bi-Weekly)

B. MASONER, AUDREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15400 MAPLE STREET
 City OVERLAND PARK State KS Zip Code 66223-3262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir, Health Plan Operations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2756359868559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. HERMELINGIII, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 5TH STREET
 City WILMETTE State IL Zip Code 60091-3405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2756521668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	576.90
TOTAL This Period (last page this line number only).....	

**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)	PAGE 142 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TANG, SHI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 142 WOOSTER STREET
 APT 3B
 City NEW YORK State NY Zip Code 10012-3195
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2756690668559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. SATTERWHITE, ERIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1722 MONUMENT STREET
 City CONCORD State MA Zip Code 01742-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2414.46

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2757435768559
 Amount of Each Receipt this Period 396.00
 Memo Item
 P/R Deduction (\$198.00 Bi-Weekly)

C. AZAM, MISHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 629 JEFFERSON AVENUE
 City CHERRY HILL State NJ Zip Code 08002-3704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.50

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2759343868559
 Amount of Each Receipt this Period 77.00
 Memo Item
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	889.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 143 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. HUNT, BRITTNEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7820 JARED WAY
 City TALLAHASSEE State FL Zip Code 32309-8110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2759756468559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. SCHLAIFER, MARISSA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 N STUART ST #400
 City ARLINGTON State VA Zip Code 22201-5727
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2759756868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. DIFRONZO, CHRISTINE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 CRAIG LN
 City HINGHAM State MA Zip Code 02043-3411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Analytics
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2759978168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	538.44
TOTAL This Period (last page this line number only).....	

**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)	PAGE 144 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KELLOGG, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1515 JEFFERSON AVENUE
 City NEW ORLEANS State LA Zip Code 70115-4120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2759984168559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROBERT, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 79373 FITZGERALD CHURCH ROAD
 City COVINGTON State LA Zip Code 70435-7809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2759986068559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. REYNOLDS, MARK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 106 SE 68TH STREET
 City OAK ISLAND State NC Zip Code 28465-4549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Ops
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1142.80

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2760046368559
 Amount of Each Receipt this Period 285.70
 Memo Item
 P/R Deduction (\$142.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	439.54
TOTAL This Period (last page this line number only).....	

**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)	PAGE 145 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. ALTMAN, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1861 TRANQUILITY COURT
 City PROSPER State TX Zip Code 75078-9744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2288.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2760046568559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. DECKER, WYATT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1482 HUNTER DRIVE
 City WAYZATA State MN Zip Code 55391-9658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) EVP Chief Phys, Innov & VBC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2760134068559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. GRUHN, GINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13 WEATHER VANE DRIVE
 City MORRISTOWN State NJ Zip Code 07960-4758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgmt
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2760769468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1185.20
TOTAL This Period (last page this line number only).....	

**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)	PAGE 146 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MASTEN, DALE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9845 BENNINGTON DRIVE
 City SHARONVILLE State OH Zip Code 45241-3619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2760775868559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. DELMONICO, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 MULBERRY CIRCLE
 City JOHNSTON State RI Zip Code 02919-2519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2760781768559
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

C. HENNESSY, NATASHA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2348 FORD RD
 City MINNETONKA State MN Zip Code 55305-3104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt **06 / 30 / 2023**
Transaction ID : PR2760810268559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1031.36
TOTAL This Period (last page this line number only).....	

**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)	PAGE 147 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CRAWFORD, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 744 SHELLEY LANE
 City FRANKLIN State TN Zip Code 37064-1621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2760825168559
 Amount of Each Receipt this Period
 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

B. VELASCO, JOEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6352 31 PLACE NW ST
 City WASHINGTON State DC Zip Code 20015-2358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP Intl Relations
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2760938568559
 Amount of Each Receipt this Period
 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. MILLER, CORINNA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6083 OLD BRICKSTORE ROAD
 City GREENSBORO State NC Zip Code 27455-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2761090068559
 Amount of Each Receipt this Period
 38.46
 Memo Item
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	653.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 148 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. OBRIEN, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11017 CAVELL CIR
 City BLOOMINGTON State MN Zip Code 55438-2284
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Tax
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 624.91

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2761138268559
 Amount of Each Receipt this Period 96.14
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

B. ARYA, RAJIV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 GALWAY ROAD
 City SKILLMAN State NJ Zip Code 08558-1731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Sr Director, Advisory Svcs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2762648768559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. SONNIER, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 301 DEMONBREUN ST UNIT 1805
 City NASHVILLE State TN Zip Code 37201-2248
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2762649968559
 Amount of Each Receipt this Period 230.76
 Memo Item
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	403.82
TOTAL This Period (last page this line number only).....	

**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)	PAGE 149 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CLAYTON, JUSTIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 163 BRIER RIDGE DRIVE
 City DURHAM State NC Zip Code 27703-0339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2762749968559
 Amount of Each Receipt this Period 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. BIDINGER, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3757 INDEPENDENCE RD
 City MAPLE PLAIN State MN Zip Code 55359-9759
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Chief of Staff
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2762957568559
 Amount of Each Receipt this Period 40.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. DAVIS, JENNIFER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4330 CROWN POINT DR
 City COLUMBUS State OH Zip Code 43220-4424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 624.91

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2763180368559
 Amount of Each Receipt this Period 96.14
 Memo Item
 P/R Deduction (\$48.07 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	289.98
TOTAL This Period (last page this line number only).....	

**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)	PAGE 150 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. FOLEY, BARBARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6260 BLACK FOX WAY
 City TALLAHASSEE State FL Zip Code 32312-4504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2769239268559
 Amount of Each Receipt this Period 92.30
 Memo Item
 P/R Deduction (\$46.15 Bi-Weekly)

B. HAUSMAN, ERIC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1617 WEST 25TH STREET
 City MINNEAPOLIS State MN Zip Code 55405-2466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Comm
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2778612768559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. BAKER, OMAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8100 SPRING HILL FARM DR
 City MCLEAN State VA Zip Code 22102-2330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) CMO/SVP Strat Intv
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2778986668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	861.50
TOTAL This Period (last page this line number only).....▶	

**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)	PAGE 151 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. PIERINI, RYAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3761 SAN YSIDRO WAY
 City SACRAMENTO State CA Zip Code 95864-2866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2778987368559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. GHAZANFARIANTALEGHANI, AZITA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1039 MOUNTAIN AVE
 City BERKELEY HEIGHTS State NJ Zip Code 07922-2343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Care, Inc. Occupation (for Individual) Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2782602168559
 Amount of Each Receipt this Period
 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

C. ROMANOW, KATHLEEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6804 MARBURY ROAD
 City BETHESDA State MD Zip Code 20817-6052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1249.95

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2782733068559
 Amount of Each Receipt this Period
 192.30
 Memo Item
 P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	346.14
TOTAL This Period (last page this line number only).....	

**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)	PAGE 152 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SABAL, PETER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6151 WILLOW ROCK ST
 City LAS VEGAS State NV Zip Code 89135-1482
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2783559968559
 Amount of Each Receipt this Period 76.92
 Memo Item
 P/R Deduction (\$38.46 Bi-Weekly)

B. OWEN, CHRISTOPHER, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9011 LESLIES GATE
 City BOERNE State TX Zip Code 78015-4779
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2786908668559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. CONWAY, PATRICK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 190 WINDING RIVER RD
 City WELLESLEY State MA Zip Code 02482-7320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2787875568559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	846.12
TOTAL This Period (last page this line number only).....	

**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)	PAGE 153 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. CLARKE, LACEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 MILO STREET
 City HUDSON State NY Zip Code 12534-2722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Govt Affs
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2789668268559
 Amount of Each Receipt this Period
 153.84
 Memo Item
 P/R Deduction (\$76.92 Bi-Weekly)

B. MORDEN, NANCY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4624 TOWER ST
 City EDINA State MN Zip Code 55424-1549
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) NA Med Dir/CMO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2790158668559
 Amount of Each Receipt this Period
 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

C. FISHER, HEIDI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 SPYGLASS PLACE
 City DELLWOOD State MN Zip Code 55110-1250
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2023
Transaction ID : PR2790274368559
 Amount of Each Receipt this Period
 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	649.84
TOTAL This Period (last page this line number only).....	

**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)	PAGE 154 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BILLS, MATTHEW, , ,

Mailing Address 18961 DEVONSHIRE ST

City BEVERLY HILLS State MI Zip Code 48025-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Clnt Svc Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 599.95

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2790558768559

Amount of Each Receipt this Period 92.30

Memo Item

P/R Deduction (\$46.15 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SEGERMAN, ANDREW, , ,

Mailing Address 7306 REDBRIDGE CT

City SPRINGFIELD State VA Zip Code 22153-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Dir Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2791475868559

Amount of Each Receipt this Period 38.46

Memo Item

P/R Deduction (\$19.23 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HAINES, CAROL, , ,

Mailing Address 203 NESHAMINY ROAD

City CROYDON State PA Zip Code 19021-5427

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Med Clin Ops

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2791476968559

Amount of Each Receipt this Period 400.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... 530.76

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

**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)	PAGE 155 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. SMITH, TAMEEKA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12201 CAPWELL DRIVE
 City MIDLOTHIAN State VA Zip Code 23113-2002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2791832968559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

B. BRADY, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5110 ALVARADO LAN N
 City PLYMOUTH State MN Zip Code 55446-3063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Medicare STARS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2794131668559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. MORSE, SARA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6398 VALE STREET
 City ALEXANDRIA State VA Zip Code 22312-1435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Govt Affs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 06 / 30 / 2023
Transaction ID : PR2794473468559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1169.20
TOTAL This Period (last page this line number only).....▶

**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)	PAGE 156 OF 200
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. TOWSLEY, JACK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10210 SAN FRANCISCO RD NE
 City ALBUQUERQUE State NM Zip Code 87122-3452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) CEO Med Grp Non Physn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2795226468559
 Amount of Each Receipt this Period 80.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. ALBERT, MATTHEW, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5365 CEDAR POINT RD
 City MINNETRISTA State MN Zip Code 55364-9394
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Auditor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2805722368559
 Amount of Each Receipt this Period 384.60
 Memo Item
 P/R Deduction (\$192.30 Bi-Weekly)

C. VINYARD, ANDREA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4019 E MITCHELL DR
 City PHOENIX State AZ Zip Code 85018-5911
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Optum Exec
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2805726168559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	864.60
TOTAL This Period (last page this line number only).....	

**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)	PAGE 157 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. MILLAR, JAMES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1101 BAYBERRY DRIVE
 City CHAPEL HILL State NC Zip Code 27517-9113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Industry Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2816690368559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. SALAMA, DANIEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 SNOWY OWL TERRACE
 City PLANTATION State FL Zip Code 33324-2105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2043.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2817286768559
 Amount of Each Receipt this Period 454.00
 Memo Item
 P/R Deduction (\$227.00 Bi-Weekly)

C. WALTHALL, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1948 ROCKINGHAM ST
 City MCLEAN State VA Zip Code 22101-4922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Unit CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2817960468559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1254.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 158 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. EINODSHOFER, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 WILLOW LINKS DR
 City BELLE VERNON State PA Zip Code 15012-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) VP Pharmacy Programs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2817961468559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. SCHWARTZ, ERICA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5935 PREMIER WAY UNIT 1425
 City NAPLES State FL Zip Code 34109-7903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Pres Insurance Sols
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2818047668559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. BECHAN, ANGELA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 MCVICKERS LANE
 City MENDHAM State NJ Zip Code 07945-2936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) SVP Comm
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1953.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2822501468559
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1234.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 159 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. KISLOFF, MICHELLE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1815 N UNDERWOOD ST
 City ARLINGTON State VA Zip Code 22205-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2288.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2823340568559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

B. MINOR, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 CHAPEL HEIGHTS DRIVE
 City MARIETTA State GA Zip Code 30062-2217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2288.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2823660868559
 Amount of Each Receipt this Period 416.00
 Memo Item
 P/R Deduction (\$208.00 Bi-Weekly)

C. SCHOENEBECK, DARCEY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 804 ECLIPSE PKWY
 City NEW PRAGUE State MN Zip Code 56071-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Client Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2170.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2824394768559
 Amount of Each Receipt this Period 434.00
 Memo Item
 P/R Deduction (\$217.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1266.00
TOTAL This Period (last page this line number only).....	

**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)	PAGE 160 OF 200
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. VISWANATHAN, KARTHIK, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 CARAWAY CT
 City SAN RAMON State CA Zip Code 94582-5027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Optum Services, Inc Occupation (for Individual) Chief Digital Svs Off
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2826678968559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

B. HUMMEL, KRISTI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 EDEN CIRCLE
 City WESTBOROUGH State MA Zip Code 01581-3653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) SVP, Talent
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2827479668559
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

C. LOCKE, ELLEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 732 SOUTH ALFRED STREET
 City ALEXANDRIA State VA Zip Code 22314-4004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) United HealthCare Services Inc Occupation (for Individual) Govt Affs Dir
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 316.98

Date of Receipt 06 / 30 / 2023
Transaction ID : PR2831507068559
 Amount of Each Receipt this Period 105.66
 Memo Item
 P/R Deduction (\$52.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	905.66
TOTAL This Period (last page this line number only).....	112307.44

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Bob Casey for Senate Inc

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement

Contribution

011

Candidate Name

Casey, Robert, P., Sen., Jr.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: PA

District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2023

FEC Identification Number

C00431056

Transaction ID : 48809095

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Bob Casey for Senate Inc

Mailing Address PO Box 58746

City Philadelphia

State PA

Zip Code 19102

Purpose of Disbursement

Void - Bob Casey for Senate Inc; Check Dated 05/30/2023

011

Candidate Name

Casey, Robert, P., Sen., Jr.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: PA

District:

Date of Disbursement

MM / DD / YYYY
06 / 07 / 2023

FEC Identification Number

C00431056

Transaction ID : 48809180

Amount of Each Disbursement this Period

- 2500.00

Memo Item Void - Bob Casey for Senate Inc; Check Dated 05/30/2023

Full Name (Last, First, Middle Initial)

C. Larson for Congress

Mailing Address PO Box 261172

City Hartford

State CT

Zip Code 06126

Purpose of Disbursement

Contribution

011

Candidate Name

Larson, John, B., Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: CT

District: 01

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C00330142

Transaction ID : 48852933

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form with checkboxes for line numbers 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Avenue Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement Contribution 011 Category/Type

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify) State: District:

Date of Disbursement 06 / 22 / 2023

FEC Identification Number C00387464 Transaction ID : 48857834 Amount of Each Disbursement this Period 5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Winning for America PAC

Mailing Address 101 W Argonne Dr. #24

City Saint Louis State MO Zip Code 63122

Purpose of Disbursement Contribution 011 Category/Type

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify) State: District:

Date of Disbursement 06 / 22 / 2023

FEC Identification Number C00826362 Transaction ID : 48857835 Amount of Each Disbursement this Period 2500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Lead, Encourage, Elect PAC

Mailing Address PO Box 183

City Hudson State WI Zip Code 54016

Purpose of Disbursement Contribution 011 Category/Type

Office Sought: House, Senate, President Disbursement For: Primary, General, Other (specify) State: District:

Date of Disbursement 06 / 22 / 2023

FEC Identification Number C00494302 Transaction ID : 48857836 Amount of Each Disbursement this Period 2500.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Believe In America PAC

Mailing Address C/O Red Curve Solutions
138 Conant Street, 2nd Floor

City Beverly State MA Zip Code 01915

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

C00691154

Transaction ID : 48857837

Amount of Each Disbursement this Period

Amount field: 5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

C00409003

Transaction ID : 48857838

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Truth Is Markets Work Fund A/K/A Tim W Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

C00498360

Transaction ID : 48857840

Amount of Each Disbursement this Period

Amount field: 2500.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal field: 10000.00

Total field: (empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Kat For Congress

Mailing Address 5200 NW 43rd St
Ste 102-180

City Gainesville State FL Zip Code 32606

Purpose of Disbursement

Contribution

011

Candidate Name

Cammack, Kat, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: FL District: 03

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C C00730895

Transaction ID : 48857859

Amount of Each Disbursement this Period

1500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement

Contribution

011

Candidate Name

Johnson, William, Leslie, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: OH District: 06

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C C00476820

Transaction ID : 48857860

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Contribution

011

Candidate Name

Joyce, David, P, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C C00527457

Transaction ID : 48857862

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

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

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

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Hern For Congress

Mailing Address 9521-B Riverside Pkwy
#350

City Tulsa State OK Zip Code 74137

Purpose of Disbursement

Contribution

011

Candidate Name

Hern, Kevin, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: OK District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

FEC Identification Number

C C00636092

Transaction ID : 48857864

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Jodey Arrington

Mailing Address PO Box 6687

City Lubbock State TX Zip Code 79493

Purpose of Disbursement

Contribution

011

Candidate Name

Arrington, Jodey, Cook, Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 19

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

FEC Identification Number

C C00588657

Transaction ID : 48857865

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Dr John Joyce For Congress

Mailing Address 1002 Logan Blvd
Ste 114 #237

City Altoona State PA Zip Code 16602

Purpose of Disbursement

Contribution

011

Candidate Name

Joyce, John, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 13

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

FEC Identification Number

C C00674259

Transaction ID : 48857867

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item Contribution

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

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

6	5	0	0	0	0
---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Ciscomani For Congress

Mailing Address PO Box 35103

City
Tucson

State
AZ

Zip Code
85740

Purpose of Disbursement

Contribution

011

Candidate Name

Ciscomani, Juan, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: AZ District: 06

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2023

FEC Identification Number

C C00786194

Transaction ID : 48857871

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. David Rouzer For Congress

Mailing Address PO Box 3142

City
Wilmington

State
NC

Zip Code
28406

Purpose of Disbursement

Contribution

011

Candidate Name

Rouzer, David, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: NC District: 07

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2023

FEC Identification Number

C C00501643

Transaction ID : 48857872

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Balderson For Congress

Mailing Address 4679 Winterset Dr

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement

Contribution

011

Candidate Name

Balderson, William, Troy, Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: OH District: 12

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2023

FEC Identification Number

C C00662650

Transaction ID : 48857873

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

4500.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Virginia Foxx For Congress

Mailing Address PO Box 2676

City Boone State NC Zip Code 28607

Purpose of Disbursement
Contribution 011
Candidate Name
Foxx, Virginia, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NC District: 05

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number
C C00386748
Transaction ID : 48857874
Amount of Each Disbursement this Period
2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Greg Pence For Congress

Mailing Address PO Box 275

City Taylorsville State IN Zip Code 47280

Purpose of Disbursement
Contribution 011
Candidate Name
Pence, Gregory, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: IN District: 06

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number
C C00658401
Transaction ID : 48857875
Amount of Each Disbursement this Period
2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Langworthy For Congress

Mailing Address PO Box 120

City Clarence State NY Zip Code 14031

Purpose of Disbursement
Contribution 011
Candidate Name
Langworthy, Nick, , Rep.,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: NY District: 23

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number
C C00817932
Transaction ID : 48857876
Amount of Each Disbursement this Period
2500.00

Memo Item Contribution

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

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

7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Marc For Us Inc.

Mailing Address PO Box 5158

City Poughkeepsie State NY Zip Code 12602

Purpose of Disbursement

Contribution

011

Candidate Name

Molinaro, Marc, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: NY District: 19

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 06/22/2023

FEC Identification Number

C00789586

Transaction ID : 48857877

Amount of Each Disbursement this Period

Amount field: 1500.00

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Feenstra For Congress

Mailing Address 641 2nd St

City Hull State IA Zip Code 51239

Purpose of Disbursement

Contribution

011

Candidate Name

Feenstra, Randall, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: IA District: 04

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 06/22/2023

FEC Identification Number

C00693663

Transaction ID : 48857878

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Elise For Congress

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801

Purpose of Disbursement

Contribution

011

Candidate Name

Stefanik, Elise, M., Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: NY District: 21

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

Date of Disbursement

Date field: MM/DD/YYYY = 06/22/2023

FEC Identification Number

C00547893

Transaction ID : 48857879

Amount of Each Disbursement this Period

Amount field: 2500.00

[] Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal amount field: 6500.00

Total amount field: (empty)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

21b 22 23 26 27
28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address P.O. Box 48928

City Sarasota

State FL

Zip Code 34230

Purpose of Disbursement

Contribution

011

Candidate Name

Buchanan, Vern, , Rep.,

Category/Type

Office Sought: House Senate President
State: FL District: 16

Disbursement For: 2024
Primary General Other (specify)

Date of Disbursement

06 / 22 / 2023

FEC Identification Number

C00412759

Transaction ID : 48857880

Amount of Each Disbursement this Period

5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Salazar For Congress

Mailing Address 3725 West Flagler Street #281

City Miami

State FL

Zip Code 33134

Purpose of Disbursement

Contribution

011

Candidate Name

Salazar, Maria, , Rep.,

Category/Type

Office Sought: House Senate President
State: FL District: 27

Disbursement For: 2024
Primary General Other (specify)

Date of Disbursement

06 / 22 / 2023

FEC Identification Number

C00714261

Transaction ID : 48857881

Amount of Each Disbursement this Period

2500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. McHenry For Congress

Mailing Address PO Box 2165

City Gastonia

State NC

Zip Code 28053

Purpose of Disbursement

Contribution

011

Candidate Name

McHenry, Patrick, Timothy, Rep.,

Category/Type

Office Sought: House Senate President
State: NC District: 10

Disbursement For: 2024
Primary General Other (specify)

Date of Disbursement

06 / 22 / 2023

FEC Identification Number

C00393629

Transaction ID : 48857882

Amount of Each Disbursement this Period

2500.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Form A: BRETTPAC - The Leadership PAC of U.S. Representative Brett Guthrie. Includes fields for Mailing Address (504 Derek Avenue, Ste. 1005), City (Elizabethtown, KY), Zip Code (42701), Purpose of Disbursement (Contribution), Candidate Name, Office Sought (House), Disbursement For (Primary), Date of Disbursement (06/22/2023), FEC Identification Number (C00483487), Transaction ID (48857883), and Amount of Each Disbursement (5000.00).

Form B: Friends For Gregory Meeks. Includes fields for Mailing Address (153-01 Jamaica Ave., Ste. 205), City (Jamaica, NY), Zip Code (11432), Purpose of Disbursement (Contribution), Candidate Name (Meeks, Gregory, W., Rep.), Office Sought (House), Disbursement For (Primary), Date of Disbursement (06/26/2023), FEC Identification Number (C00430991), Transaction ID (48860971), and Amount of Each Disbursement (5000.00).

Form C: Pete Aguilar For Congress. Includes fields for Mailing Address (PO Box 10954), City (San Bernardino, CA), Zip Code (92423), Purpose of Disbursement (Contribution), Candidate Name (Aguilar, Pete, Rep.), Office Sought (House), Disbursement For (Primary), Date of Disbursement (06/26/2023), FEC Identification Number (C00510461), Transaction ID (48860973), and Amount of Each Disbursement (5000.00).

SUBTOTAL of Disbursements This Page (optional) 15000.00
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Sharice For Congress

Date of Disbursement

Date of Disbursement form: 06 / 26 / 2023

Mailing Address 13851 W. 63rd St. Num 303

City Shawnee State KS Zip Code 66216

FEC Identification Number

FEC Identification Number form: C00670034

Transaction ID : 48861001

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 2500.00

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Dauids, Sharice, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: KS District: 03

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Angie Craig For Congress

Date of Disbursement

Date of Disbursement form: 06 / 26 / 2023

Mailing Address PO Box 22116

City Eagan State MN Zip Code 55122

FEC Identification Number

FEC Identification Number form: C00575209

Transaction ID : 48861002

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 5000.00

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Craig, Angela, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: MN District: 02

Disbursement For: 2024 [X] Primary [] General [] Other (specify) v

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Pete Aguilar For Congress

Date of Disbursement

Date of Disbursement form: 06 / 26 / 2023

Mailing Address PO Box 10954

City San Bernardino State CA Zip Code 92423

FEC Identification Number

FEC Identification Number form: C00510461

Transaction ID : 48861003

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period form: 1500.00

Purpose of Disbursement

Contribution

Category/Type form: 011

Candidate Name

Aguilar, Pete, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President State: CA District: 33

Disbursement For: 2024 [] Primary [X] General [] Other (specify) v

[] Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

SUBTOTAL form: 9000.00

TOTAL form: []

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial) A. Martin Heinrich For Senate		Date of Disbursement MM / DD / YYYY 06 / 26 / 2023
Mailing Address P.O. Box 25763		FEC Identification Number C C00434563 Transaction ID : 48861004 Amount of Each Disbursement this Period 2500.00
City Albuquerque	State NM	
Zip Code 87125		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Heinrich, Martin, , Sen.,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Debbie Wasserman Schultz For Congress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2023
Mailing Address 1071 Twin Branch Ln		FEC Identification Number C C00385773 Transaction ID : 48861005 Amount of Each Disbursement this Period 2500.00
City Weston	State FL	
Zip Code 33326		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Wasserman Schultz, Debbie, , Rep.,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 25	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. BergmanForCongress		Date of Disbursement MM / DD / YYYY 06 / 26 / 2023
Mailing Address 3585 Bunker Hill Rd, #434		FEC Identification Number C C00614214 Transaction ID : 48861006 Amount of Each Disbursement this Period 2500.00
City Acme	State MI	
Zip Code 49610		Category/Type 011
Purpose of Disbursement Contribution		
Candidate Name Bergman, John, , Rep.,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 01	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Troy Carter For Congress

Mailing Address PO Box 50730

City New Orleans

State LA

Zip Code 70150

Purpose of Disbursement

Contribution

011

Candidate Name

Carter, Troy, , Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify)

State: LA District: 02

Date of Disbursement

Date field: MM/DD/YYYY = 06/28/2023

FEC Identification Number

C00763649

Transaction ID : 48864452

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. David Scott For Congress

Mailing Address P.O. Box 960821

City Riverdale

State GA

Zip Code 30296

Purpose of Disbursement

Contribution

011

Candidate Name

Scott, David, Albert, Rep.,

Category/Type

Office Sought: [X] House [] Senate [] President

Disbursement For: 2024 [X] Primary [] General [] Other (specify)

State: GA District: 13

Date of Disbursement

Date field: MM/DD/YYYY = 06/28/2023

FEC Identification Number

C00369801

Transaction ID : 48864453

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Democrats Reshaping America (DREAMPAC)

Mailing Address PO Box 83142

City Gaithersburg

State MD

Zip Code 20883

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify)

State: District:

Date of Disbursement

Date field: MM/DD/YYYY = 06/28/2023

FEC Identification Number

C00423079

Transaction ID : 48864455

Amount of Each Disbursement this Period

Amount field: 5000.00

[] Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Amount field: 15000.00

Amount field: (blank)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Velvet Hammer PAC

Mailing Address PO Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date of Disbursement: 06 / 28 / 2023

FEC Identification Number

C00692111

Transaction ID : 48864456

Amount of Each Disbursement this Period

5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Nevadans for Steven Horsford

Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033

Purpose of Disbursement

Contribution

Candidate Name

Horsford, Steven, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: NV District: 04

Date of Disbursement

Date of Disbursement: 06 / 29 / 2023

FEC Identification Number

C00668228

Transaction ID : 48867828

Amount of Each Disbursement this Period

5000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Tony Cardenas for Congress

Mailing Address PO Box 15320

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Candidate Name

Cardenas, Tony, , Rep.,

Office Sought: House, Senate, President

Disbursement For: 2024 Primary, General, Other (specify)

State: CA District: 29

Date of Disbursement

Date of Disbursement: 06 / 29 / 2023

FEC Identification Number

C00498873

Transaction ID : 48867831

Amount of Each Disbursement this Period

5000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Tony Cardenas for Congress

Mailing Address PO Box 15320

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Void - Tony Cardenas for Congress; Check Dated 04/10/2023

011

Candidate Name

Cardenas, Tony, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2023

FEC Identification Number

C C00498873

Transaction ID : 48867832

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Tony Cardenas for Congress; Check Dated 04/10/2023

Full Name (Last, First, Middle Initial)

B. Elect Democratic Women

Mailing Address 600 Pennsylvania Ave SE
#15180

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2023

FEC Identification Number

C C00685297

Transaction ID : 48867833

Amount of Each Disbursement this Period

5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Elect Democratic Women

Mailing Address 600 Pennsylvania Ave SE
#15180

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Void - Elect Democratic Women; Check Dated 05/12/2023

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	29	/	2023

FEC Identification Number

C C00685297

Transaction ID : 48867834

Amount of Each Disbursement this Period

- 5000.00

Memo Item Void - Elect Democratic Women; Check Dated 05/12/2023

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

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

- 5000.00

--

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City
Albuquerque

State
NM

Zip Code
87125

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Heinrich, Martin, , Sen.,

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NM

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2023

FEC Identification Number

C C00434563

Transaction ID : 48867835

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

127500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Sara Carruthers

Mailing Address 601 Glenway Dr.

City Hamilton State OH Zip Code 45013

Purpose of Disbursement

Contribution

011

Candidate Name

Carruthers, Sara, , OH Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : 48741848

Amount of Each Disbursement this Period

[Redacted] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Tom Patton

Mailing Address 17157 Rabbit Run Drive

City Strongsville State OH Zip Code 44136

Purpose of Disbursement

Contribution

011

Candidate Name

Patton, Thomas, , OH Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : 48741918

Amount of Each Disbursement this Period

[Redacted] 750.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Lampton

Mailing Address 1326 Parkway Court

City Beavercreek State OH Zip Code 45432

Purpose of Disbursement

Contribution

011

Candidate Name

Lampton, Brian, , OH Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	7		2	0	2	3		

FEC Identification Number

C [Redacted]

Transaction ID : 48741919

Amount of Each Disbursement this Period

[Redacted] 2000.00

Memo Item Contribution

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

[Redacted] 3750.00

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

[Redacted]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

A. Seitz for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4401 Abby Court

City Cincinnati State OH Zip Code 45248

Purpose of Disbursement
Contribution 011 Category/Type

Candidate Name
Seitz, William, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2023

FEC Identification Number: C
Transaction ID : 48741920
Amount of Each Disbursement this Period: 2000.00
Contribution Memo Item

B. Adam Holmes for Ohio

Full Name (Last, First, Middle Initial)
Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Contribution 011 Category/Type

Candidate Name
Holmes, Adam, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2023

FEC Identification Number: C
Transaction ID : 48741921
Amount of Each Disbursement this Period: 2000.00
Contribution Memo Item

C. Friends of Jay Edwards

Full Name (Last, First, Middle Initial)
Mailing Address 35950 Union Ridge Road

City Albany State OH Zip Code 45710

Purpose of Disbursement
Contribution 011 Category/Type

Candidate Name
Edwards, Jay, , OH Rep.,

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 07 / 2023

FEC Identification Number: C
Transaction ID : 48741922
Amount of Each Disbursement this Period: 2000.00
Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Taxpayers for Marklein

Mailing Address S11665 Soeldner Road

City
Spring Green

State
WI

Zip Code
53588

Purpose of Disbursement

Contribution

011

Candidate Name

Marklein, Howard, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48815118

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Assembly Democratic Campaign Committee

Mailing Address PO Box 814

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48815148

Amount of Each Disbursement this Period

[] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Republican Party of Wisconsin

Mailing Address 148 East Johnson Street

City
Madison

State
WI

Zip Code
53703

Purpose of Disbursement

Contribution to State Party Committee Account

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48815336

Amount of Each Disbursement this Period

[] 2500.00

Memo Item Contribution to State Party Committee Account

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

[] 5000.00

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

[]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Form A: Alliance of Health Insurers PAC. Includes fields for Full Name, Mailing Address (10 East Doty St, Suite 500, Madison, WI 53703), Purpose of Disbursement (Contribution), Candidate Name, Office Sought, Disbursement For, Date of Disbursement (06/14/2023), FEC Identification Number, Transaction ID (48815635), and Amount of Each Disbursement (5000.00).

Form B: Friends of Kim Ward. Includes fields for Full Name, Mailing Address (P.O. Box 83, Harrisburg, PA 17108), Purpose of Disbursement (Contribution), Candidate Name (Ward, Kim, L., PA Sen.), Office Sought, Disbursement For, Date of Disbursement (06/14/2023), FEC Identification Number, Transaction ID (48815787), and Amount of Each Disbursement (1000.00).

Form C: Friends of Joe Pittman. Includes fields for Full Name, Mailing Address (119 South 3rd Street, PO Box 382, Indiana, PA 15701), Purpose of Disbursement (Contribution), Candidate Name (Pittman, Joe., PA Sen.), Office Sought, Disbursement For, Date of Disbursement (06/14/2023), FEC Identification Number, Transaction ID (48815969), and Amount of Each Disbursement (1000.00).

SUBTOTAL of Disbursements This Page (optional) 7000.00
TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. DiSanto for Senate

Mailing Address PO Box 6638

City
Harrisburg

State
PA

Zip Code
17112

Purpose of Disbursement

Contribution

011

Candidate Name

DiSanto, John, , PA Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48816213

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Matt Bradford

Mailing Address PO Box 349

City
Norristown

State
PA

Zip Code
19404

Purpose of Disbursement

Contribution

011

Candidate Name

Bradford, Matthew, , PA Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48816375

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends For Donna Oberlander

Mailing Address 44 W Main St

City
Clarion

State
PA

Zip Code
16214

Purpose of Disbursement

Contribution

011

Candidate Name

Oberlander, Donna, , PA Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	4			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48816608

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

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

[REDACTED] 7000.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Chamber PAC

Mailing Address 1 Commerce Sq
417 Walnut St

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48816818

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. House Republican Campaign Committee

Mailing Address 500 N. Third Street
4th Floor, P.O. Box 11787

City Harrisburg State PA Zip Code 17108

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48817038

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. The Mayfield Campaign

Mailing Address 50 S. Madison St.

City Mooresville State IN Zip Code 46158

Purpose of Disbursement

Contribution

Candidate Name

Mayfield, Peggy, , IN Rep.,

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48852934

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

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

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

[REDACTED] 6000.00

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Joanna King for the People

Mailing Address PO BOX 11

City
Middlebury

State
IN

Zip Code
46540

Purpose of Disbursement

Contribution

011

Candidate Name

King, Joanna, , IN Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C []

Transaction ID : 48852935

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Donna Schaibley for State Representative

Mailing Address 11492 St. Andrews Lane

City
Carmel

State
IN

Zip Code
46032

Purpose of Disbursement

Contribution

011

Candidate Name

Schaibley, Donna, , IN Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C []

Transaction ID : 48852937

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Fady 4 Hoosier Families

Mailing Address PO Box 90058

City
Indianapolis

State
IN

Zip Code
46290

Purpose of Disbursement

Contribution

011

Candidate Name

Qaddoura, Fady, , IN Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2023

FEC Identification Number

C []

Transaction ID : 48852938

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

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

[] 1500.00

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Elizabeth Rowray for Indiana

Mailing Address 616 S Riviera Ln

City
Yorktown

State
IN

Zip Code
47396

Purpose of Disbursement

Contribution

011

Candidate Name

Rowray, Elizabeth, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48852939

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Matt Lehman for State Representative

Mailing Address 663 Lehman St

City
Berne

State
IN

Zip Code
46711

Purpose of Disbursement

Contribution

011

Candidate Name

Lehman, Matthew, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48852940

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Chris Garten

Mailing Address 3415 County Road 160

City
Charlestown

State
IN

Zip Code
47111

Purpose of Disbursement

Contribution

011

Candidate Name

Garten, Chris, , IN Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : 48852941

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

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

[REDACTED] 2500.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Spencer Deery for Indiana

Mailing Address P.O. Box 2323

City
West Lafayette

State
IN

Zip Code
47996

Purpose of Disbursement

Contribution

011

Candidate Name

Deery, Spencer, , IN Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48852942

Amount of Each Disbursement this Period

[] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Snow Indiana State Representative

Mailing Address PO Box 650

City
Winona Lake

State
IN

Zip Code
46590

Purpose of Disbursement

Contribution

011

Candidate Name

Snow, Craig, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48852944

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. VoteCarbaugh.com

Mailing Address 1118 Skyline Pass

City
Fort Wayne

State
IN

Zip Code
46825

Purpose of Disbursement

Contribution

011

Candidate Name

Carbaugh, Martin, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C []

Transaction ID : 48852945

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

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

[] 2500.00

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Justin Busch

Mailing Address 123 W Wayne Street

City
Fort Wayne

State
IN

Zip Code
46802

Purpose of Disbursement

Contribution

011

Candidate Name

Busch, Justin, , IN Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48852946

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Barrett Election Committee

Mailing Address P.O. Box 2145

City
Richmond

State
IN

Zip Code
47375

Purpose of Disbursement

Contribution

011

Candidate Name

Barrett, Brad, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48852949

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Walker for Indiana

Mailing Address 6919 Royal Oakland Dr

City
Indianapolis

State
IN

Zip Code
46236

Purpose of Disbursement

Contribution

011

Candidate Name

Walker, Kyle, , IN Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48852950

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item Contribution

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

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

2	5	0	0	0	0
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2	5	0	0	0	0
---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Mike Gaskill for Indiana

Mailing Address 6838 S 50 W

City
Pendleton

State
IN

Zip Code
46064

Purpose of Disbursement

Contribution

011

Candidate Name

Gaskill, Mike, , IN Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852951

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Fleming for District #071

Mailing Address P.O. Box 1050

City
Jeffersonville

State
IN

Zip Code
47131

Purpose of Disbursement

Contribution

011

Candidate Name

Fleming, Rita, , IN Rep.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852952

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Taxpayers for Kapenga

Mailing Address PO Box 33

City
Hartland

State
WI

Zip Code
53029

Purpose of Disbursement

Contribution

011

Candidate Name

Kapenga, Chris, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	6		2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852953

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

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

2000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of LaTonya Johnson

Mailing Address PO Box 100813

City
Milwaukee

State
WI

Zip Code
53210

Purpose of Disbursement

Contribution

011

Candidate Name

Johnson, LaTonya, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852957

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Knodl for Senate

Mailing Address N101 W14475 Ridgefield Court

City
Germantown

State
WI

Zip Code
53022

Purpose of Disbursement

Contribution

011

Candidate Name

Knodl, Daniel, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852958

Amount of Each Disbursement this Period

500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Devin LeMahieu

Mailing Address PO Box 700200

City
Oostburg

State
WI

Zip Code
53070

Purpose of Disbursement

Contribution

011

Candidate Name

LeMahieu, Devin, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C

Transaction ID : 48852959

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

2000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Pfaff for State Senate

Mailing Address PO Box 684

City
La Crosse

State
WI

Zip Code
54602

Purpose of Disbursement

Contribution

011

Candidate Name

Pfaff, Brad, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48852960

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Eric Wimberger

Mailing Address 311 South Jefferson Street

City
Green Bay

State
WI

Zip Code
54301

Purpose of Disbursement

Contribution

011

Candidate Name

Wimberger, Eric, , WI Sen.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48852961

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Republican Assembly Campaign Committee RACC

Mailing Address 148 East Johnson

City
Madison

State
WI

Zip Code
53703

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : 48852962

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item Contribution

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

[REDACTED] 4000.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Democratic Party of Wisconsin - State Account

Mailing Address 15 N Pinckney Suite 200

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution to State Party Committee Account Category/Type 011

Candidate Name

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: District:

Date of Disbursement

Date of Disbursement: 06 / 19 / 2023

FEC Identification Number

FEC ID: C Transaction ID: 48854470 Amount of Each Disbursement this Period: 2500.00

Memo Item Contribution to State Party Committee Account

Full Name (Last, First, Middle Initial)

B. State Senate Democratic Committee

Mailing Address PO Box 164

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution Category/Type 011

Candidate Name

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: District:

Date of Disbursement

Date of Disbursement: 06 / 19 / 2023

FEC Identification Number

FEC ID: C Transaction ID: 48854471 Amount of Each Disbursement this Period: 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends for Judy Schwank

Mailing Address PO Box 12424

City Reading State PA Zip Code 19612

Purpose of Disbursement Contribution Category/Type 011

Candidate Name

Schwank, Judith, L., PA Sen.,

Office Sought: House, Senate, President. Disbursement For: Primary, General, Other (specify). State: District:

Date of Disbursement

Date of Disbursement: 06 / 22 / 2023

FEC Identification Number

FEC ID: C Transaction ID: 48857842 Amount of Each Disbursement this Period: 1000.00

Memo Item Contribution

SUBTOTAL of Disbursements This Page (optional).....

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

Summary boxes: 5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Dan Miller

Mailing Address PO Box 13421

City
Pittsburgh

State
PA

Zip Code
15243

Purpose of Disbursement

Contribution

011

Candidate Name

Miller, Daniel, , PA Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : 48857843

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Stephen Kinsey

Mailing Address PO Box 27331

City
Philadelphia

State
PA

Zip Code
19118

Purpose of Disbursement

Contribution

011

Candidate Name

Kinsey, Stephen, , PA Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : 48857845

Amount of Each Disbursement this Period

2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Mike Schlossberg

Mailing Address 1620 Pond Road
Ste 200

City
Allentown

State
PA

Zip Code
18104

Purpose of Disbursement

Contribution

011

Candidate Name

Schlossberg, Michael, H., PA Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : 48857847

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

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

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Campaign for Compassion Committee

Mailing Address P.O. Box 30234

City Elkins Park State PA Zip Code 19027

Purpose of Disbursement

Contribution

011

Candidate Name

Haywood, Art, , PA Sen., III

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48857848

Amount of Each Disbursement this Period

Amount field: 1000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens For Jordan A. Harris

Mailing Address PO Box 32097

City Philadelphia State PA Zip Code 19146

Purpose of Disbursement

Contribution

011

Candidate Name

Harris, Jordan, A., PA Rep.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48857851

Amount of Each Disbursement this Period

Amount field: 3000.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Friends of Sharif Street

Mailing Address PO Box 28854

City Philadelphia State PA Zip Code 19151

Purpose of Disbursement

Contribution

011

Candidate Name

Street, Sharif, , PA Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 22 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : 48857853

Amount of Each Disbursement this Period

Amount field: 2000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

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

Subtotal field: 6000.00

Total field: (empty)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Citizens for Hughes

Mailing Address PO Box 13031

City Philadelphia

State PA

Zip Code 19101

Purpose of Disbursement

Contribution

011

Candidate Name

Hughes, Vincent, J., PA Sen.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : 48857855

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Pennsylvania House Democratic Campaign Committee

Mailing Address PO Box 555

City Harrisburg

State PA

Zip Code 17108

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2023

FEC Identification Number

C

Transaction ID : 48857857

Amount of Each Disbursement this Period

2500.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of LaPointe

Mailing Address PO Box 30161

City Chicago

State IL

Zip Code 60630

Purpose of Disbursement

Contribution

011

Candidate Name

LaPointe, Lindsey, IL Rep.,

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C

Transaction ID : 48860980

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. The People for Emanuel 'Chris' Welch

Mailing Address 1005 W. Roosevelt Rd
Suite D

City Westchester State IL Zip Code 60154

Purpose of Disbursement

Contribution

011

Candidate Name

Welch, Emanuel, , IL Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860982

Amount of Each Disbursement this Period

[] 5000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Bob Morgan

Mailing Address PO Box 1074

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

Contribution

011

Candidate Name

Morgan, Bob, , IL Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860983

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Don Harmon for State Senate

Mailing Address 6939 W. North Avenue

City Oak Park State IL Zip Code 60302

Purpose of Disbursement

Contribution

011

Candidate Name

Harmon, Don, , IL Sen.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860986

Amount of Each Disbursement this Period

[] 5000.00

Memo Item Contribution

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

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

[] 11000.00

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends for Anna Moeller

Mailing Address PO Box 1086

City Elgin State IL Zip Code 60121

Purpose of Disbursement

Contribution

011

Candidate Name

Moeller, Anna, , IL Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48860987

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Elect Dan McConchie

Mailing Address 14 John Drive

City Hawthorn Woods State IL Zip Code 60047

Purpose of Disbursement

Contribution

011

Candidate Name

McConchie, Dan, , IL Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48860988

Amount of Each Disbursement this Period

3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Nicholas Smith

Mailing Address PO Box 286152

City Chicago State IL Zip Code 60628

Purpose of Disbursement

Contribution

011

Candidate Name

Smith, Nicholas, , IL Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C

Transaction ID : 48860989

Amount of Each Disbursement this Period

1000.00

Memo Item Contribution

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

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Napoleon Harris

Mailing Address PO Box 429

City Flossmoor State IL Zip Code 60422

Purpose of Disbursement

Contribution

011

Candidate Name

Harris, Napoleon, , IL Sen., III

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860990

Amount of Each Disbursement this Period

[] 3000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Mark Walker

Mailing Address 1310 W Northwest Highway

City Arlington Heights State IL Zip Code 60004

Purpose of Disbursement

Contribution

011

Candidate Name

Walker, Mark, , IL Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860991

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jawaharial Omarr Williams

Mailing Address 1648 W Warren

City Chicago State IL Zip Code 60612

Purpose of Disbursement

Contribution

011

Candidate Name

Williams, Jawaharial, , IL Rep.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	6		2	0	2	3		

FEC Identification Number

C []

Transaction ID : 48860992

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

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

[] 5000.00

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Bill Cunningham

Mailing Address 10402 S. Western Ave

City Chicago State IL Zip Code 60643

Purpose of Disbursement

Contribution

011

Candidate Name

Cunningham, Bill, , IL Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C []

Transaction ID : 48860993

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Julie Morrison for State Senate

Mailing Address PO Box 646

City Deerfield State IL Zip Code 60015

Purpose of Disbursement

Contribution

011

Candidate Name

Morrison, Julie, , IL Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C []

Transaction ID : 48860994

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Ann Gillespie

Mailing Address PO Box 94

City Mount Prospect State IL Zip Code 60056

Purpose of Disbursement

Contribution

011

Candidate Name

Gillespie, Ann, , IL Sen.,

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C []

Transaction ID : 48860995

Amount of Each Disbursement this Period

[] 1000.00

Memo Item Contribution

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

[] 3000.00

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

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Ram

Mailing Address PO Box 598085

City
Chicago

State
IL

Zip Code
60659

Purpose of Disbursement

Contribution

011

Candidate Name

Villivalam, Ram, , IL Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48860996

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

B. Friends for State Rep Anthony DeLuca

Mailing Address 852 Mackler Dr.

City
Chicago Heights

State
IL

Zip Code
60411-2049

Purpose of Disbursement

Contribution

011

Candidate Name

DeLuca, Anthony, , IL Rep.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48860997

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item Contribution

Full Name (Last, First, Middle Initial)

C. Citizens for Sara Feigenholtz

Mailing Address 3213 N Wilton Ave, Apt A

City
Chicago

State
IL

Zip Code
60657-2092

Purpose of Disbursement

Contribution

011

Candidate Name

Feigenholtz, Sara, , IL Sen.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : 48860998

Amount of Each Disbursement this Period

[REDACTED] 500.00

Memo Item Contribution

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

[REDACTED] 3500.00

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

[REDACTED]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Line 29 is checked.

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (UnitedHealth Group PAC)

Full Name (Last, First, Middle Initial)

A. Friends of John Curran

Mailing Address 5926 Grand Avenue

City Downers Grove State IL Zip Code 60516

Purpose of Disbursement

Contribution

011

Candidate Name

Curran, John, , IL Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 26 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48860999

Amount of Each Disbursement this Period

500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Win Stoller

Mailing Address 8415 N Allen Road

City Peoria State IL Zip Code 61615

Purpose of Disbursement

Contribution

011

Candidate Name

Stoller, Win, , IL Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 26 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48861000

Amount of Each Disbursement this Period

500.00

Contribution Memo Item

Full Name (Last, First, Middle Initial)

C. Friends to Elect Christine Tartaglione

Mailing Address PO Box 28566

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement

Contribution

011

Candidate Name

Tartaglione, Christine, , PA Sen.,

Category/Type

Office Sought: House, Senate, President

Disbursement For: Primary, General, Other (specify)

State: District:

Date of Disbursement

Date field: 06 / 26 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : 48861007

Amount of Each Disbursement this Period

1000.00

Contribution Memo Item

SUBTOTAL of Disbursements This Page (optional).....

2000.00

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

103250.00